



# **Business Strategy**

**2011/12 – 2015/16**

## **Social & Community Services Adult Social Care**

## Directorate Statement

**The Social & Community Services vision is to support and promote strong communities so that people live their lives as successfully, independently and safely as possible.**

**The directorate has two primary functions:**

- 1) the delivery of targeted services to the most vulnerable members of the community of Oxfordshire to keep them safe and well *and*
- 2) the delivery of universal community services to the whole population in Oxfordshire.

**There are four key elements of our overall Social & Community Services strategy as explained below:**

### **1) Prevention “keeping people well”**

By supporting people early on some individuals may not need to use adult social care services. Other people may need less support or not need it until later. Savings will be delivered through developing long term support options that prevent more people from having to go into hospital or a care home. We can also create other ways to care and support people safely which will save money at the same time.

### **2) Personalisation “promote choice and control”**

Eligible people now access social care via ‘self directed support’. Self Directed Support is the means by which people are allocated money – a personal budget – to arrange and purchase their own care and support to meet their assessed eligible needs. The Resource Allocation System (RAS) calculates personal budgets to people who are eligible for support from adult social care.

Personalisation is also about developing services that can be used by anyone and not only people who have care and support needs. This is about supporting the development of communities e.g. information/ advice; libraries that provide information and knowledge; day opportunities; employment; support to carers; volunteering and opportunities that can improve quality of life through cultural and community activity.

### **3) Protection “keeping people safe”**

We have to ensure that people do not have to worry about becoming vulnerable. We have to ensure that they can live a life free from both abuse and the fear of abuse and can have care and support which meets their needs. We will treat people as individuals and with dignity and respect.

#### **4) Partnerships “working together”**

We will achieve our overall strategy and efficiencies through working together with people who use services, carers and the wider community alongside our partners in the

- health sector
- district, parish and town councils
- community, voluntary and faith sector
- fire & rescue and police services
- independent sector.

### **Adult Social Care**

In partnership with the Health Service, Social & Community Services delivers crucial care services to the adult population of the county. We support the health and wellbeing of all adults by managing, designing and delivering/ procuring adult care services – this includes services for older people, adults with learning disabilities, adults with mental health problems and those with physical and sensory impairments.

The key elements of the strategy over the next 5 years are:

- 1) Keeping people well through investment in prevention and early intervention that deflects some people away from needing to access social care services as well as reducing or delaying the need for care for others. The types of services include information and advice, reablement, falls prevention, continence services, dementia services, carers support services, services for social isolation, employment, assistive technology, occupational therapy, equipment and day opportunities.
- 2) To ensure people can live a life free from abuse and the fear of abuse and can have care and support which meets their needs. We will treat people as individuals and with dignity and respect. We will take action to protect people where appropriate.
- 3) Self directed support is the means by which people are allocated money – a personal budget – to arrange and purchase their own care and support to meet their assessed needs. This new way of working enables people to decide how they want to be supported. Most services are currently purchased from providers external to the County Council. The Resource Allocation System (RAS) calculates personal budgets to people who are eligible for support from adult social care. While the level at which the RAS is set will determine the amount of savings, this personalisation stream will significantly change both our workforce and our relationship with service users and providers. We need to manage unit costs and inflation and we need to do this in partnership with service providers to ensure that personal budgets will be sufficient to enable people to purchase their care from a range of providers and still meet their needs.

- 4) To develop long term support options that increasingly reduce the number of people admitted to care homes and increases alternatives to care and support that continue to keep people safe in their own homes. This will provide better outcomes for people as well as achieving efficiencies for the council. We have to reduce the number of people going into residential care and we are generally low users of residential care. However, we have relatively limited provision of Extra Care Housing which we are addressing alongside developing other models of care.
- 5) To promote services that can be used by everyone and that support the development of communities and opportunities for meaningful occupation e.g. information and advice, day opportunities, employment, support to carers, volunteering and opportunities that can improve quality of life through cultural and community activity.

We will achieve this strategy through working together with people who use services, carers and the wider community alongside our partners in health. There is scope for much closer working with health and in genuinely pooling resources which could achieve more effective use of public resources.

<b>Employees 2010/11</b>	<b>1239.62 FTE</b> This does not include those employed by externally purchased services			
	<b>Internal Providers (805.10 FTE)</b> <b>Commissioning &amp; support staff (410.10 FTE)</b>			
<b>2010/11 Gross Budget</b>	<b>£195.27m</b> (including £18m recharges)			
<b>Cumulative</b>	<b>2011/12 £m</b>	<b>2012/13 £m</b>	<b>2013/14 £m</b>	<b>2014/15 £m</b>
<b>Net Savings Total</b>	<b>-15.975</b>	<b>-25.189</b>	<b>-30.670</b>	<b>-36.854</b>

	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>Total</b>
<b>Planned FTE savings (Commissioning &amp; Support Staff only)</b>	-35.30	-2.00	0	0	-37.3

### Comparative Spending

- Overall Oxfordshire is a very low spending authority on adult social care being the 6<sup>th</sup> lowest spending authority in 2009/10 of the 144 authorities who have published figures (6 authorities are yet to publish). Authorities are split into families of similar demographic characteristics. Oxfordshire are the 3<sup>rd</sup> lowest in our family of 14 reporting authorities.

### Annual Performance

Overall adult social care is a low spending, but high performing service. Performance has improved in 2010/11, with the performance improvements driven by changes in how we provide service (e.g. better consultation) rather than in the amount or cost of the service we provide. In 2010/11 financial pressures have had an adverse impact on how we get people out of hospital. However for older people, who make up most of the hospital population, Oxfordshire spends comparatively more per person than other client groups. This implies this is not a simple issue of amount of resources, but more how the pathway into and out of hospitals is working.

### General risks and opportunities

- The strategy assumes a greater reliance on informal carers to continue caring. This is the greatest risk facing adult social care. The value of the contribution from carers is several times greater than the resources spent by the local authority. Spending on carers has been protected in recognition of their contribution.
- The future funding of adult social care at a national level. The Government has established a Commission to make recommendations on the funding of long term care. Legislative proposals are expected in early 2012
- The implications of the NHS White Paper. This could be a major opportunity which encourages joint working across health and social care that focuses on the best outcomes for individuals and ensures the best use of limited public resources.
- Changes in eligibility for continuing health care means there is more demand for adult social care funding
- Health and adult social care have a duty to provide after care services for certain people detained under the Mental Health Act for free. This is referred to as Section 117 and the demand for this is increasing.
- The experiences this year have shown that the health and social care system is under considerable pressure. This is leading to delays in the provision of care. The solution has been to work much more closely together to achieve the changes necessary.
- There is the possibility that some service users may not have sufficient personal budget to purchase their care in the way they do now. The brokerage service will support service users to design support in a more efficient way that meets their needs.
- Management capacity to cope with the scale of change that we are managing will continue to be a challenge.

### Statutory minimum

- Statutory requirement to assess and meet care needs providing people meet our eligibility criteria
- Individuals have to pay towards their care if they have the means to do so (currently being reviewed nationally)

- The council can decide how we meet care needs
- Care plans cannot be changed without a reassessment of need
- Offering direct payments if individuals want one
- Keeping people safe but also ensuring that they can do what they want to do providing they are capable of making decisions
- Support informal carers to care
- Advocacy and Involvement e.g. Local Involvement Network

We also provide some services which are generally available. They are intended to prevent people needing care or avoid needing more expensive forms of care

### Main Statutes

National Assistance Act 1948; Health Services & Public Health Act 1968; Chronically Sick & Disabled Persons Act 1970; Mental Health Act 1983; Disabled Persons Act 1986; Community Care Act 1990; Carers Act 1995; Community Care (Direct Payments) Act 1996; Carers and Disabled Children Act 2000; Community Care (Delayed Discharges etc) Act 2003; Carers (Equal Opportunities) Act 2004; NHS Act 2006; Local Govt & Public Involvement in Health Act 2007; Mental Capacity Act 2005; Fair access to Care; Health & Social Care Act 2008

## Activity Area - Older People

<b>Employees 2010/11</b>	<b>463.90 FTE</b> <b>Internal provider services</b>
<b>2010/11 Gross Budget</b>	<b>£83.292m</b>

<b>Cumulative</b>	<b>2011/12 £m</b>	<b>2012/13 £m</b>	<b>2013/14 £m</b>	<b>2014/15 £m</b>
<b>Net Savings</b>	-7.804	-12.813	-17.313	-20.901

### Current service activity

The service supports older people (people aged over 65 years) and their carers to live healthy, safe and valued lives through the provision of information, professional assessment and support, rehabilitation, reablement, brokerage and the implementation of support plans that promote independence and keeping well.

The service also ensures there is an adequate supply of good quality, cost-effective services that people want to purchase and that meet the needs of older people and their carers. There is a focus on developing a range of preventative approaches aimed at keeping people well. The budgets for residential and nursing home placements, home support, initial assessment and enablement, day services and equipment are within a pooled budget with Oxfordshire Primary Care Trust. Specialist care management activity is funded from budgets outside of the pooled budget. This pooled budget is a budget that includes services for older people and people with a physical and sensory impairment.

### **Proposals to deliver efficiencies**

To be able to deliver cost effective services and deliver efficiencies we need to support strong and safe communities, develop services that everyone can access, reduce demand and provide more for less. A significant opportunity exists to make large scale savings whilst continuing to meet people's needs with good individual outcomes. This is to stop people needing and choosing a care home to meet their needs.

### **Plans for Efficiencies**

**1)** Deliver a change of policy for long term support in line with the 'Ageing Successfully' framework that potentially reduces the number of older people admitted to care homes and increases alternatives to care and support that keep people safe and well in their own homes. This will provide better outcomes for people as well as achieving efficiencies for the council. The plan is to provide alternative services that will allow people to live in their own home rather than a care home e.g. extra care housing, more equipment and technology.

The net cost to the council of placing a person in a care home is currently £338 per week compared with £216 in extra care housing and a potential £197 per week through home support. Diverting one person per week from a care home placement will save in the region of £200,000 per year.

The work being done to achieve savings:

- Review of Oxfordshire Care Partnership care home and extra care housing contract. We are working with the Oxfordshire Care Partnership to explore ways of meeting care needs in a way which reduces the cost of providing services and leads to developments to achieve efficiencies.
- Develop extra care housing as an alternative to care homes
- Continue to develop assistive technology (telecare and telehealth) to keep people at home safely
- Improve availability of equipment and practical support at home
- Develop adult family placement services (Shared Lives) as an alternative to care homes
- A significant proportion of care home placements funded by adult social care each month are people who have chosen to purchase a place with their own funding before they really needed it and then their funding has run out. We need to

provide information before self funders make this choice and encourage them to choose options in the community.

To engage the public in this idea we will develop a communications strategy that identifies the benefits to individuals of living at home and the options available in the community. We will focus resources on prevention and early intervention so we can limit the need for adult social care whilst continuing to keep people safe. To achieve change we need a high profile strategy to challenge cultures of dependency.

**2)** The Resource Allocation System (RAS) allocates personal budgets to people who are eligible for support from adult social care. Efficiencies from the move to self directed support and personal budgets will result in more efficient delivery of care. Costs included in the RAS reflect best practice nationally.

The main issue is the cost that has been included as part of the formula for the RAS for home care of £15 an hour. This is significantly less than the historic cost of home care - whether provided externally or internally. The services that people purchase with their personal budget do not have to cost £15 per hour some could cost less and some could cost more as the initial personal budget is an estimated budget.

Currently, the hourly rate paid for home support is significantly more than £15 an hour whether the service is provided internally or externally. A survey conducted by the Association of Directors of Adult Social Services (ADASS) earlier this year identified that the average cost of home care was approximately £15 an hour. Work is also underway to review the costs of the internal home support service and to facilitate the availability of personal assistants directly employed by service users at a lower cost. We need to continue to work with providers to be able to support them to deliver and encourage them to be creative in the way they deliver support.

**3)** Reduce the number of care packages through continuing to deliver the prevention strategy – Preventive services are those that prevent ill health across the whole population so that people are healthier for longer and services that prevent or delay the need for more costly and intensive health and social care services. Services like reablement. The reablement strategy is about ensuring that there are effective and efficient services in place in Oxfordshire so that most older people do not need care packages after their stay in hospital or accident or illness and supports them to learn or relearn the skills necessary for daily living. Regular reviews of support that focus on enabling people will also reduce the need for care. Another factor is to improve the stroke, dementia and continence pathways and enable more people to be independent.

We will also continue to develop the 'Whole System Pilot' to test a new health and social care model of care that aims to prevent hospital admission, provide care closer to home and facilitate quicker discharge. This whole systems approach aims to reduce demand and therefore costs to adult social care. The Abingdon pilot is supported by the ORH, the Primary Care Trust,



Community Health Oxfordshire and the County Council

- 4) Manage contract inflation – Work to keep costs of contracted services down by expecting providers to make efficiency savings in the costs of providing their services.
- 5) Support carers to continue caring – the value of the contribution from carers is several times greater than the resources spent by the local authority.
- 6) Maintain spending on day opportunities for older people and ensure that they are more effective and efficient and meet the needs of local people and communities – We believe there is room to increase the proportion of service users who use their personal budgets for day opportunities providing that the services are good and well marketed.
- 7) Transport for day services – service users will be encouraged to make their own transport arrangements or use voluntary transport options. People may choose to use part of their personal budget to cover transport costs. We need to ensure that vulnerable users of services are provided with new arrangements for how they can travel.

**Impact of the proposal on service users and communities**

People will be encouraged to choose options in the community to meet their long term needs as opposed to a care home. The strategy is intended over time to encourage people to be more independent and more able to direct their own support.

Although Service Users will have sufficient budget to meet their eligible care needs this will involve service users working with the brokerage service or their social worker to design support in a more efficient and effective way that meets their needs. This could increase delays in people needing support at home if they are unable to purchase support in a more efficient way or if there is a limited but growing number of personal assistants. This could lead to legal challenges. Delays could increase the need to protect people but we have good safeguarding processes and we have enhanced our risk management arrangements.

The availability of new Extra Care Housing at the right time is a risk to delivering the strategy as well as sufficient turnover within Extra Care Housing developments to meet demand.

A reduction in building based services may be seen as a service reduction whereas in some cases services may be provided in a different way. This could lead to greater negative publicity and an increase in complaints. There is a cost to recruiting, training, supporting and maintaining volunteers.

**Impact on providers**

Providers may not be able to attract and recruit staff if unit costs are managed at a level lower and at a speed at which the market cannot sustain. Self directed support and the changes in the way services are commissioned means that there will be few if any

guaranteed block contracts. Care home providers could be impacted upon by Social & Community services purchasing less care home placements.

### **Impact of the proposal on other council services and partners**

If we have less funding to purchase care then this may impact upon key partners like the Primary Care Trust e.g. discharges from hospital. We will need to work in partnership with Environment and Economy to deliver transport savings not only in terms of the impact on the Integrated Transport Unit but also in the way that voluntary transport is supported. To deliver Extra Care Housing we will need to work jointly and creatively with Property Services especially in terms of the way that we use land owned by the County Council.

### **Capital implications of proposed changes**

#### **1) Review of the Oxfordshire Care Partnership (OCP)**

Since the commencement of the Oxfordshire Care Partnership contract the commissioning strategy for Older Persons residential care has changed. This has given rise to a review of what should be delivered under the next phase of the 'Homes for Older People' programme. The main objective of the new strategy is to withdraw from residential care and encourage the use of Extra Care Housing (ECH). However, it is recognised that there is a need for some specialist care homes and some preventative bed-based services. As a consequence it is proposed to replace the 8 remaining homes with 4 new Extra Care Housing developments and 3 new care homes, 2 of which would be nursing, including Intermediate care beds and the third one would be for residential dementia care.

#### **2) Development of Extra Care Housing (ECH)**

There are 1400 Extra Care Housing units planned by 2015. This is crucial to our strategy to make revenue savings from the older person's budget from avoiding the use of care homes if at all possible. The move from care home provision to Extra Care Housing means that the County Council will no longer own the assets through which a significant part of the care for older people will be provided. The exception to this will be where accommodation is provided through the contract with Oxfordshire Care Partnership (as above) on county owned sites where the county holds the ground lease. Priority must be given to preserving the capital for the current schemes.

We need to respond to the reduced funding from the Homes and Communities Agency by: 1) using our land and capital to subsidise the development of Extra Care Housing and 2) we should seek development partners that have access to finance. This may include some sort of partnership arrangement with a large Housing Association.

#### **3) Day Opportunities Strategy and Transport Strategy**

Social & Community Services currently funds a range of day services for older people that are building based and rely on an integrated transport service. The proposed model indicates three tiers and will include a review of the way transport is provided.

**Tier 1: Community Initiatives** - One-off bids for small amounts of funding to support older people in their communities.

**Tier 2: Community & Low level support** – Local decision-making will decide how the resources should be used locally taking account of local needs and the services and community activities which do not require funding. The support therefore should have the potential to be delivered in a range of venues (including support in peoples own homes).

**Tier 3: Health and Well Being resource centre** – building based services available in major market towns. This will include a mobile centre that will be there to specifically meet the needs of older people living in rural Oxfordshire.

The capital implications of this strategy are additional capital resources that are likely to be required to develop Resource and Well Being Centres in Didcot and Wantage. Potential funding sources are Section 106 agreements for the major strategic site developments in those areas and working with the PCT on potentially combining the day hospitals in those towns with the existing County Council owned Day Centres.

#### **4) Transforming Adult Social Care Capital investment**

- ICT (software license) to support Personal Assistants. Builds a core of flexible support and volunteers
- Delivery of a payment card solution for people to manage their personal budget.
- Provision of laptops to support flexible working.
- Solution for accurately calculating personal budget and storing electronically. The replacement of adult social care ICT system, if implemented, will remove the need for this solution.

#### **5) Adult Social Care Systems Capital Investment**

The Adult Social Care Systems Review aimed of establishing if the care management systems were fit for purpose. The project scope included the emerging business requirements being developed by the Transforming Adult Social Care (TASC) programme and also the aspects of the service not immediately impacted by the programme.

The review stated that the system is dated and has suffered from a lack of development. Our current system will not adequately sustain the changes required by the TASC programme or the efficiencies and savings being demanded from the service generally. It was agreed to either purchase AIS or procure a new system. The final decision will be taken once the specification and business cases are complete.

#### **Risks to Adult Social Care if the current system is not replaced.**

- Adult Social Care will not have a system that is fit for purpose for the future
- Adult Social Care will not be able to deliver the efficiencies expected
- The organisation will not be able to fully support the self-directed support model
- The opportunity to use a replacement system will be lost.

## Activity Area - Learning Disability

<b>Employees 2010/11</b>	<b>362.10 FTE</b> This does not include those employed by externally purchased services  <b>Internal Providers (304.90 FTE)</b> <b>Commissioning &amp; Support Staff (57.20 FTE)</b>
<b>2010/11 Gross Budget</b>	<b>£42.738m (£42.415m in the pool)</b>

<b>Cumulative</b>	<b>2011/12 £m</b>	<b>2012/13 £m</b>	<b>2013/14 £m</b>	<b>2014/15 £m</b>
<b>Net Savings (after new pressures)</b>	-2.706	-5.268	-5.139	-7.374

### Current service activity

The Learning Disability Service supports people with learning disabilities aged 18 and over and their carers to live healthy, safe and valued lives. There are approximately 2000 people over age 18 with severe to moderate learning disabilities known to services in Oxfordshire. Learning Disability is defined as a significantly reduced ability to understand new or complex information, combined with a reduced ability to cope independently which started before adulthood having a lasting effect on development (Valuing People 2001). Learning disabled people with additional physical or mental health needs come under the remit of the Learning Disability service, as do older people with Learning Disabilities. The team provides professional assessments, care planning, social work support and information and ensures there is an adequate supply of good quality, cost effective services. The team supports 1,185 people to live in the community and 265 people are supported in a permanent placement.

### Proposals to deliver efficiencies

#### **Plans for Efficiencies**

The Resource Allocation System (RAS) allocates personal budgets to people who are eligible for support from adult social care. Efficiencies from the move to self directed support and personal budgets has resulted in more efficient delivery of care. We therefore aim to reduce people's personal budgets by approximately 12% over 4 years. Proposals are aimed at reducing reliance on paid services and reducing unit costs of services through a wide range of activities so that people continue to be able to meet their eligible needs within the reducing budget through for example -

- employing personal assistants
- focusing on support that enables people to be independent through regular reviews

<ul style="list-style-type: none"> <li>• a review of transport</li> <li>• investing in developing independence skills and confidence, including work with teenagers</li> </ul>
Contracts are being retendered to providers who hold framework contracts. These zero hours contracts establish an agreement of lower costs for people to spend their personal budgets to be able to manage unit costs.
Limit contract inflation - work to keep costs of contracted services down by expecting providers to make efficiency savings.
Review of internal independent living service and review of day services
Increase the availability of assistive technology and equipment options that enable people to stay in their own homes and reduce the need for paid staff
Delay admissions to more costly supported living through improved respite and shared care services
Reduce the cost of supported living through the supported accommodation review

### **Impact of the proposal on service users and communities**

The strategy is intended over time to encourage people to be more independent and better supported to direct their own support.

Although Service Users will have sufficient budget to meet their eligible care needs this will involve service users working with the brokerage service or their social worker to design support in a more efficient and effective way that meets their needs. This could increase delays in people needing support at home if they are unable to purchase support in a more efficient way or if there is a limited but growing number of personal assistants. This could lead to legal challenges. Delays could increase the need to protect people but we have good safeguarding processes and we have enhanced our risk management arrangements.

Pressures may result in a need to return to providing support in larger groups or larger properties or clusters of smaller properties. This could result in people with learning disabilities experiencing fewer opportunities to live active lives as reduced funding may be focused on sustaining essential support. There is a chance that informal carers may need to provide more support to meet need so carers' assessments will continue to be a priority and we would seek to involve carers in circles of support and explore the use of volunteers and wider family members.

Increased use of volunteer support and pressure on providers to reduce costs to a minimum may increase the likelihood of inexperienced staff. This could increase the need to protect people but we have good safeguarding processes and we have enhanced our risk management arrangements.

We have assessed the impact on vulnerable and minority groups and consider that whilst the proposals will affect all those with learning disabilities the main groups that could be disproportionately affected by the proposals are Black, Asian and Minority Ethnic (BAME) communities and those living in rural areas. People in rural areas may incur additional costs in meeting their needs because of the need to travel. This will be addressed through review of an individual’s indicative personal budget where they are unable to meet their needs within the budget initially allocated due to exceptional costs. Users who are also physically disabled may face additional difficulties (and costs) if they have to provide their own transport and/or have to travel further to access services.

**Impact on providers**

Providers may not be able to attract and recruit staff if unit costs are managed at a level lower and at a speed at which the market cannot sustain. Self directed support and the changes in the way services are commissioned means that there will be few if any guaranteed block contracts.

Capacity to innovate may be reduced. Providers have been involved in discussions with commissioners around developing more cost effective approaches of support and some innovative approaches are being pursued.

**Impact of the proposal on other council services**

An increased need to protect people will increase demands upon the Learning Disability teams and the safeguarding team.

**Capital implications of proposed change**

Delivery of the savings through the Supported Accommodation Review is dependent on the availability of previously agreed Prudential Borrowing. It will also be dependent on successfully re-negotiating the legal charge on properties previously owned by the health service so that they can be reconfigured.

**Activity Area - Physical Disability and Sensory Impairment**

<b>Employees 2010/11</b>	<b>See all client groups</b>
<b>2010/11 Gross Budget</b>	<b>£7.512m</b>

<b>Cumulative</b>	<b>2011/12 £m</b>	<b>2012/13 £m</b>	<b>2013/14 £m</b>	<b>2014/15 £m</b>
<b>Net Savings</b>	-0.385	-0.557	-0.512	-0.446

**Current service activity**

The Physical Disability Service supports disabled people and their carers to live healthy, safe and valued lives by enabling people to make choices while maintaining dignity and respect. The team provides professional assessments, rehabilitation, care planning, social work support, brokerage and information services to people aged over 18 years (primarily aged 18-64 years) with a permanent physical impairment and/ or sensory impairment and/or brain injury and their family/ carers. The team also provides services to children aged 0 – 18 years with visual, hearing or dual sensory loss and their families. The budgets for residential and nursing home placements, home support, initial assessment and enablement, day services and equipment are within a pooled budget with Oxfordshire Primary Care Trust. Specialist social work activity is funded from outside the pooled budget. This pooled budget is a budget that includes services for older people and people with a physical and sensory impairment.

**Proposals to deliver efficiencies****Plans for Efficiencies**

There have been unforeseen pressures upon this service in 2010/11 which impact disproportionately on such a small budget. Changes to the Independent Living Fund; the impact of changes in continuing health care criteria and an increase in the number of students applying to come to university in Oxford have all placed large pressure upon this budget. As a result there are efficiencies planned in relation to the introduction of personal budgets but otherwise plans are focusing on reducing the current spend.

- 1) The Resource Allocation System (RAS) allocates personal budgets to service users. Efficiencies from the move to self directed support and personal budgets has resulted in more efficient delivery of care.
- 2) Continue to deliver the strategy for support that provides alternatives to residential care

To address the spending pressures that we face this year we intend to:

- Reduce the number of long term care home placements and develop alternatives
- Increase the availability of technology and equipment options that enable people to stay in their own homes and reduce the need for paid staff
- Reduce the cost of care through a shift towards models of supported living
- Continue regular reviews that focus on enabling people
- Review residential care costs
- Accelerate the move to personal budgets
- Support carers to continue caring

**Impact of the proposal on service users and communities**

The strategy is intended over time to encourage people to be less dependent and more physically and psychologically able to direct their own support.

Although Service Users will have sufficient budget to meet their eligible care needs this will involve service users working with the brokerage service or their social worker to design support in a more efficient and effective way that meets their needs. This could increase delays in people needing support at home if they are unable to purchase support in a more efficient way or if there is a limited but growing number of personal assistants. This could lead to legal challenges. Delays could increase the need to protect people but we have good safeguarding processes and we have enhanced our risk management arrangements.

**Impact on providers**

Providers may not be able to attract and recruit staff if unit costs are managed at a level lower and at a speed at which the market cannot sustain. Self directed support and the changes in the way services are commissioned means that there will be few if any guaranteed block contracts. Capacity to innovate may be reduced and the availability of 24 hour care may be an issue.

**Impact of the proposal on other council services**

If we have less funding to purchase care then this may impact upon key partners like the PCT and health trusts, particularly the Nuffield.

**Capital implications of proposed change** - none**Activity Area - Mental Health**

<b>Employees 2010/11</b>	<b>36.30 FTE</b> This figure is for Council seconded staff to the Trust only
<b>2010/11 Gross Budget</b>	<b>£8.361m (£6.694m in the pool)</b>

<b>Cumulative</b>	<b>2011/12 £m</b>	<b>2012/13 £m</b>	<b>2013/14 £m</b>	<b>2014/15 £m</b>
<b>Net Savings</b>	-0.219	-0.474	-0.691	-1.025



**Current service activity**

Almost all of Social & Community Services investment in mental health is managed within a joint commissioning pooled budget by Oxfordshire PCT. The County Council contribution purchases professional assessment (including mental health act assessments), support, and care planning, that promote recovery and keeping well within integrated teams within Oxfordshire & Buckinghamshire Mental Health Trust. It funds residential placements, direct payments to support independence and support for carers managed by the Trust. It also contributes to day and housing support services that provide universal information, preventative and recovery

services that are largely delivered by the voluntary and community sector. The Better Mental Health in Oxfordshire 2009 -12 strategy is reviewing this provision in line with Creating a Health Oxfordshire and Transforming Adult Social Care. We are redesigning services along a pathway that helps people take control, stay well, maximize the use of mainstream activity to support well-being and provide more intensive support to enable people to self-manage long term conditions.

**Proposals to deliver efficiencies****Plans for Efficiencies****1) Supported into Independent Living (SIL)**

This will be managed by the creation of a housing pathway that supports people to move through from hospital to supported living to independent accommodation and makes the most efficient use of resources. The pathway pools adult social care, health and Supporting People investment in housing for people with mental health problems. This pathway is currently being procured and new services will be in place in March 2011. It will deliver efficiencies over time by reducing the number of small contracts and by moving people who are receiving support towards self-management of their care with the support of Keeping People Well

**2) Workforce restructure**

A review of the structure of the community mental health and specialist teams. It is currently subject to consultation. Detailed plans to support these efficiencies have not yet been agreed.

**3) Personalisation**

As part of the mental health strategy we will offer self directed support to eligible people that supports greater independence and self-management of care within a recovery pathway. We plan to achieve savings within the Resource Allocation System through the move to self-directed support and the use of brokerage

**4) Keeping People Well (KPW)**

The creation of a pathway in day services that both prevents people becoming so unwell that they need to use adult social care services and promotes recovery so that people can self-manage their own care in the wider community. This pathway is currently being procured and new services will be in place in March 2011.

**Impact of the proposal on service users and communities**

We have assessed the impact on vulnerable and minority groups and consider that the main groups affected by the proposal are Black, Asian and Minority Ethnic communities, younger adults and those living in rural areas. The strategy is intended over time to encourage people to be more independent and more able to direct their own support. It is intended to facilitate an environment where communities can grow. The focus on prevention and recovery will mean that fewer people need to use adult social care, and those that are will be able to move on to self-management of their care. Services will work to help people remain in or move towards mainstream lifestyles and activity both by helping people plan to meet their needs and by helping develop more inclusive communities where it is easier for people living with mental health problems to participate fully.

**Impact of the proposal on other council services/ providers**

All services are currently being re-commissioned. The potential impacts of this are being mitigated through co-ordinated transition plans. The current procurement activity under Supported to Independent Living and Keeping People Well will have a significant impact on the provider market place. There may be an impact on carers services and on brokerage contracts to support self directed support. The pathway developments in Supported to Independent Living and Keeping People Well will support the development of the clinical pathway within mental health.

**Capital implications of proposed change** - there is no dependency on capital funding.

**Service Area – All Client Groups**

<b>Employees 2010/11</b>	<b>256.64 FTE</b> This does not include those employed by externally purchased services
	<b>Commissioning &amp; Support Staff</b>
<b>2010/11 Gross Budget</b>	<b>£19.549m</b>

<b>Cumulative</b>	<b>2011/12 £m</b>	<b>2012/13 £m</b>	<b>2013/14 £m</b>	<b>2014/15 £m</b>
<b>Net Savings (after new pressures)</b>	-1.055	-1.273	-1.456	-1.549

**Current service activity**

The service supports all client groups and their carers to live healthy, safe and valued lives through the provision of information, professional assessment and support, rehabilitation, reablement, brokerage and the implementation of support plans that promote independence and keeping well. This budget now includes all social work staff apart from those working with adults with learning disabilities. This reflects the reorganisation of Adult Social Care which has taken place during the course of this year.

There is a focus on developing a range of preventative approaches aimed at keeping people well. The budgets for residential and nursing home placements, home support, initial assessment and enablement, day services and equipment are within a pooled budget with Oxfordshire Primary Care Trust. Specialist care management activity is funded from budgets outside of the pooled budget. This pooled budget is a budget that includes services for older people and people with a physical and sensory impairment.

**Proposals to deliver efficiencies**

<b>Plans for Efficiencies</b>
<b>Occupational Therapy Services</b> A range of initiatives to allow people to be more independent, be in control and make decisions about how they meet their own needs, such as the selection and purchase of small items of equipment and prescriptions for equipment
Discontinue service & maintenance of stair lifts – we would no longer offer a free service for adults, who have received a Disabled Facilities Grant to pay for the installation of a lift. This change would bring us into line with the practice in most other local authorities
Restructure adult placement service and community development team
Restructure of adult social care - the need for staff directly employed by the council is reduced as more people take up the option to arrange and purchase their own care through a personal budget.

**Impact of the proposal on service users and communities**

The adult social care restructure introduces a locality approach to service delivery which could mean that younger adults have less of a focus but will help with closer working with health care workers in that locality. See below for the Community Development Team

**Impact on providers**

Greater access to equipment and technology.

**Impact of the proposal on other council services**

Social & Community Services may no longer be a provider of services which will change the market in Oxfordshire.

**Community Development Team****Current service activity**

Volunteering – Two initiatives: (1) a Good Neighbour Scheme to increase the number of people supported at home through volunteers befriending, carrying out small repairs, light housework or gardening, safety checks or enabling access to community activities; to reduce loneliness and to enable people to be independent in their own homes for as long as possible (2) 'Volunteering in Partnership' which is being managed by the Learning Disability service to achieve ongoing volunteering opportunities for vulnerable adult service users to promote personal independence, confidence and to develop skills; reduce current and future dependency on services.

The Community Development Team works with groups and communities, and particularly those who are vulnerable and/or from Black and Minority Ethnic communities to enable them to access information, funding and services and help individuals to engage with the communities they live in. The team administers a small Community Support Fund grant scheme £25k – to date 5,667 people and 50 groups have benefited from this funding; promotes volunteering; works with Carers Groups and the Support Brokers to improve the quality of community life for the people of Oxfordshire.

**Proposals to deliver efficiencies**

Following the recent positive evaluation of the Good Neighbour Scheme, it is proposed as part of the commissioning of day opportunities for older people to consolidate this volunteering budget with others in adult social care and further invest in such a scheme to increase the benefits to individuals and communities. The Learning Disability project 'Volunteering in Partnership' is not due to be evaluated until towards the end of 2011.

With the need for adult social care to reduce its expenditure on residential care and increase its preventative services; the refocusing of day services into day opportunities; the need for support for brokers and personalised budgets and the potential for the Renaissance funding to increase the heritage outreach capacity for reminiscence and other work with older people, it is appropriate to consider the role to be played by the Community Development team, the outcomes they could achieve and at the same time offer a potential saving to the directorate.

**Impact of the proposal on service users and communities**

The key role and local knowledge that the community development team offers in supporting breaking the cycle of deprivation; tackling rural issues, the development of Good Neighbour Schemes and other volunteering initiatives would be reduced by a reduction in the community development team which could have a negative impact on service users' and communities' ability to

engage with services and on the quality of vulnerable individuals' community life. As a council we are exploring the opportunities with the voluntary sector that developing the 'Big Society' (a stronger society where people are supported to do more for each other) will provide for developing community partnerships, deciding what we want to provide and devolving more decisions to communities. This will help to fill the potential gaps left by a reduced community development team like the support to small voluntary groups to grow and sustain themselves and the development of community services that people want to buy with their personal budgets. This proposal will retain some work with Black and Minority Ethnic communities to ensure that their needs and concerns can continue to be supported.

### **Impact of the proposal on other council services**

The team currently works extensively in partnership with other Directorates within the County Council and with District Councils to support their work and this level of engagement could not be sustained in the reduced team.

**Capital implications of proposed change** - none

## **Service Area - Strategy & Transformation**

<b>Employees 2010/11</b>	<b>103.80 FTE</b>
<b>2010/11 Gross Budget</b>	<b>£15.814m</b> (excluding recharges) <b>£33.818m</b> (including recharges)

<b>Cumulative</b>	<b>2011/12 £m</b>	<b>2012/13 £m</b>	<b>2013/14 £m</b>	<b>2014/15 £m</b>
<b>Net Savings</b>	-3.806	-4.804	-5.559	-5.559

### **Current service activity**

The key elements of this work are: facilitating the development and delivery of the directorate strategy and key partnerships; analysis of the population of Oxfordshire and performance management; facilitating 'involvement' in service development and monitoring; supporting delivery of future systems and technology to deliver the long term service strategy; managing comments, complaints & compliments; facilitating change management; maintaining supply of services through contract management and market development; developing and monitoring housing related support for vulnerable people; supporting the directorate in its relationship with internal service providers e.g. shared services, customer service centre, property, facilities and asset management ensuring that needs are met, changes are facilitated and standards are upheld.

### **Statutory minimum** **Government Returns**

The council is currently required to provide statistical returns to the department of health information centre. These returns provide the information for the national indicator set. The future of this is currently under review. Additionally under the Health and Social Care Act 2008 we are required to provide evidence to the Care Quality Commission.

### **Duty to Involve**

Where a best value authority considers it appropriate for representatives of local persons to be involved in the exercise of any of its functions by being provided with information or consulted about the exercise of its function or involved in another way it must take such steps as it considers appropriate to secure that such representatives are involved in the exercise of the function in that way' (Local Government & Public Involvement in Health Act 2007).

### **Local Involvement Network**

Each Local Authority must make contractual arrangements to ensure LINK activity can be carried out. The activity is to promote and support involvement in commissioning, provision and scrutiny of local care services; monitor local care services i.e. Health and social care organisations have to allow LINKs representatives onto their premises to view services. They are also required to respond to suggestions made by LINKs and outline the action taken (Local Government & Public Involvement in Health Act 2007).

### **Data Protection**

The Data Protection Act 1998 states that the authority has a duty to ensure personal information held by the authority is used for the purposes for which it was intended, is kept securely and is only retained for the minimum amount of time. The authority has to provide an annual notification and notification of security breaches to the Information Commissioner.

### **Complaints**

From 1st April 2009 a single approach to dealing with statutory complaints was introduced by the Government under The Local Council Social Services and National Health Service Complaints (England) Regulations 2009.

### **Proposals to deliver efficiencies**

Restructure the division as part of the formation of the Quality and Compliance division.

### **Impact of the proposal on service users and communities**

The bringing together of the adult services and children's services involvement teams will provide sustainability for the service as well as an ability to call on the best practice existing in the council. This will therefore provide a far more effective service to users and members of the public as well as better informed commissioning decisions. It will deliver an improved performance monitoring

approach and advise commissioners as to the impact that their services are having on communities. Going forward there will be a far greater emphasis on locality management and this will benefit communities directly.

### **Impact of the proposal on other council services**

There should be no impact on other council services, in fact the impact should be positive as long as the restructure produces a more effective entity and key staff are retained.

### **Capital implications of proposed change** None

### **Supporting People**

Key facts about the supporting people programme in 2010-11 are:

- It commissions essential services for 11,500 vulnerable people who need support to secure and sustain a stable home and lead independent lives for as long as possible
- Funding covers 100+ support services and a cluster of direct payments for older people
- The team undertake specific projects and manage 40 contracts with 30 provider organisations.

The supporting people budget was made up of the administration grant and the programme grant. In 2010/11 the Oxfordshire administration grant of £320k has been cut as part of the national cut. The plan was to cut Oxfordshire's programme grant of £16.5m in 2010/11 by 5% year on year until April 2014 when Oxfordshire would have reached its planned budget. This represents a decrease in spending of 34% in the size of the programme since 2003/4.

Reductions in the supporting people programme impact upon all client groups within adult social care. Commissioners have had to revise their commissioning plans as a result and therefore reductions in the grant needs to be managed alongside service and resource planning within adult social care. The savings that have been identified by services such as mental health, adults with learning disabilities and older people are designed to cope with reductions in funding of up to about 25% including reductions in Supporting People funding.

### **Directorate's external pressures**

1.

<b>External pressure</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Cumulative				
<b>Demography Older People</b>	£0.895m	£1.158m	£1.289m	£1.394m

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### **Rationale for external pressure –**

The rationale for including this is that population changes are external circumstances beyond the control of the service. Each year the directorate updates a model agreed with corporate finance based on the latest population estimates. The current demographic pressures (Service and Resource Planning – Service Analysis 2010/11) were calculated in September 2009 based on the then latest estimates from a 2006 base population. The above figures are updated based on the 2008 ONS sub-national population estimates which were published in May 2010. The latest forecast shows an additional 1,100 people over 65 in Oxfordshire in 2011/12 over the forecast used last year, rising to 2,700 people for 2015/6. This is an increase of 1.1% in 2011/12 rising to 2.37% in 2015. For over 85's the situation is more marked with an additional 300 people in 2011/12 rising to an additional 600 people in 2015/16. This is an increase of 1.9% in 2011/12 rising to 3.5% in 2015. The increase in the number of older people reflects the national situation.

2.

<b>External pressure Cumulative</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
<b>Demography Physical &amp; Sensory Impairment</b>	£0.102m	£0.206m	£0.370m	£0.534m

### **Rationale for external pressure**

Demographic pressures for external home support have been agreed in the current annex 3 for 2011/12 and 2012/13. Further modelling has been done to identify the pressures upon this service. The average increase of take up of benefits for people with a physical impairment aged 18-64 years in Oxfordshire over the last 8 years has evidenced an increase of 1.98%. If we apply this to a budget of £8.279m we would expect an increase of demand equivalent to £0.164m year on year.

3.

<b>External pressure Cumulative</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
<b>Change to Independent Living Fund policy impacting upon Local Authority</b>	£0.175m	£0.350m	£0.525m	£0.700m

### **Rationale for external pressure –**



The Independent Living Fund is an organisation that administers a national pool of money to fund support for people with disabilities to live in the community. It has closed its doors to new applications for funding. Oxfordshire will now be expected to pick up the full costs of new people that the Independent Living Fund would have previously contributed funding towards. The future of the Independent Living Fund is under review and depending on the outcome there could be additional pressures in the future. This will impact on adults with physical disabilities as well but most of the impact will be on adults with Learning Disabilities. This is a national issue.

4.

<b>External pressure Cumulative</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
<b>Funding of Further Education - change of national policy</b>	£0.080m	£0.160m	£0.240m	£0.240m

**Rationale for external pressure –**

Assessment of learning needs can lead to a requirement for the Local Authority to provide specified education for learners with disabilities up to age 25. Local colleges or Independent Specialist Providers which are approved and funded by Young Person's Learning Agency may provide this. If neither can then responsibility falls to the Local Authority

5.

<b>External pressure Cumulative</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
<b>Prudential Borrowing costs - Deferred Interest Loans and Adult Social Care ICT system</b>	£0.074m	£0.163m	£0.241m	£0.282m

**Rationale for external pressure –**

The cost of borrowing money to fund loans under the Chronically Sick and Disabled Persons Act and for a replacement ICT system for Adult Social Care to improve efficiency.