

HASC: Adults Health and Care Transformation to 2021 (Tt2021) Revenue Saving Proposals

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Summary

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County Council Context

- £480m removed from budgets over nine years.
- £80m forecast budget gap for the two years to 2021/22.
- Tt2019 was significantly more challenging than previous programmes and so Tt2021 will be even more difficult.
- Extended delivery and overlapping programmes increases risk and complexity.
- County Council public consultation - undertaken Summer 2019.
- Medium Term Financial Strategy update to Cabinet in October and County Council in November.

Departmental Context

- Greater than previously forecast demography and complexity and inflationary demand pressures, both in year and projected forward.
- Programmed to deliver remaining Tt2019, (and potentially most challenging) savings of £15m concurrently with the start of Tt2021
- Pressures across the entire Health and Social Care system that sits alongside individual organisational challenges – these pressures can be summarised as;
 - **Quality / safety**
 - **Workforce**
 - **Financial challenge arising from:**
 - **Increasing Demand**
 - **Market / Price Pressures**

Spending Round 2019

- 2019/20 represented final year of the current SR period.
- Four year SR originally planned for summer 2019 but impacted by Brexit and the national political situation.
- One year SR announced on 4th September. We still have no certainty beyond 2020/21, but this was not unexpected and was partly balanced by the promise of an early indication of the 'settlement' for local government.
- Content mirrored key issues we have been raising for some time with government, particularly cost pressures in social care services which are outstripping forecasts included in the original Tt2021 planning figures.

Spending Round 2019

- Key issues for the County Council:
 - ✓ £2.5bn nationally for continuation of existing one off grants across social care - HCC allocation circa £38.5m, majority already assumed in MTFS.
 - ✓ Extra £1bn for adults' and children's social care - HCC allocation £15m - £20m depending on distribution methodology (to be consulted upon).
 - ✓ Core council tax 2% and continuation of a 2% adult social care precept. Below assumptions in the MTFS - loss to HCC circa £12m of recurring income over the two years of the Tt2021 Programme.
 - ✓ Additional funding for schools, including £700m for SEN – HCC allocation if distributed on basis applied before, circa £16.8m. Would help address future growth but is not a solution to the cumulative deficit position schools will face at the end of 2019/20.
 - ✓ The Public Health Grant will increase in line with inflation and the Department of Health and Social Care's contribution will grow in line with the additional investment in the National Health Service next year
- Overall position broadly neutral. Largely any additional funding for Adults Health and Care will offset the recently emerging pressure.

Departmental Transformation Journey

✓ 2010 - 11

Efficiencies Programme - £24.4m

✓ 2011 - 13

Cost Reductions & Efficiencies
Programme - £26.9m

✓ 2013 - 15

Transformation to 2015
Programme - £40.7m

✓ 2015 - 17

Transformation to 2017
Programme - £43.1m

Public Health Savings
2015 – 2020
£8.3m

2017 - 19

Transformation to 2019
Programme - £55.9m

2021 - 22

Transformation to 2021
Programme - £43.1m

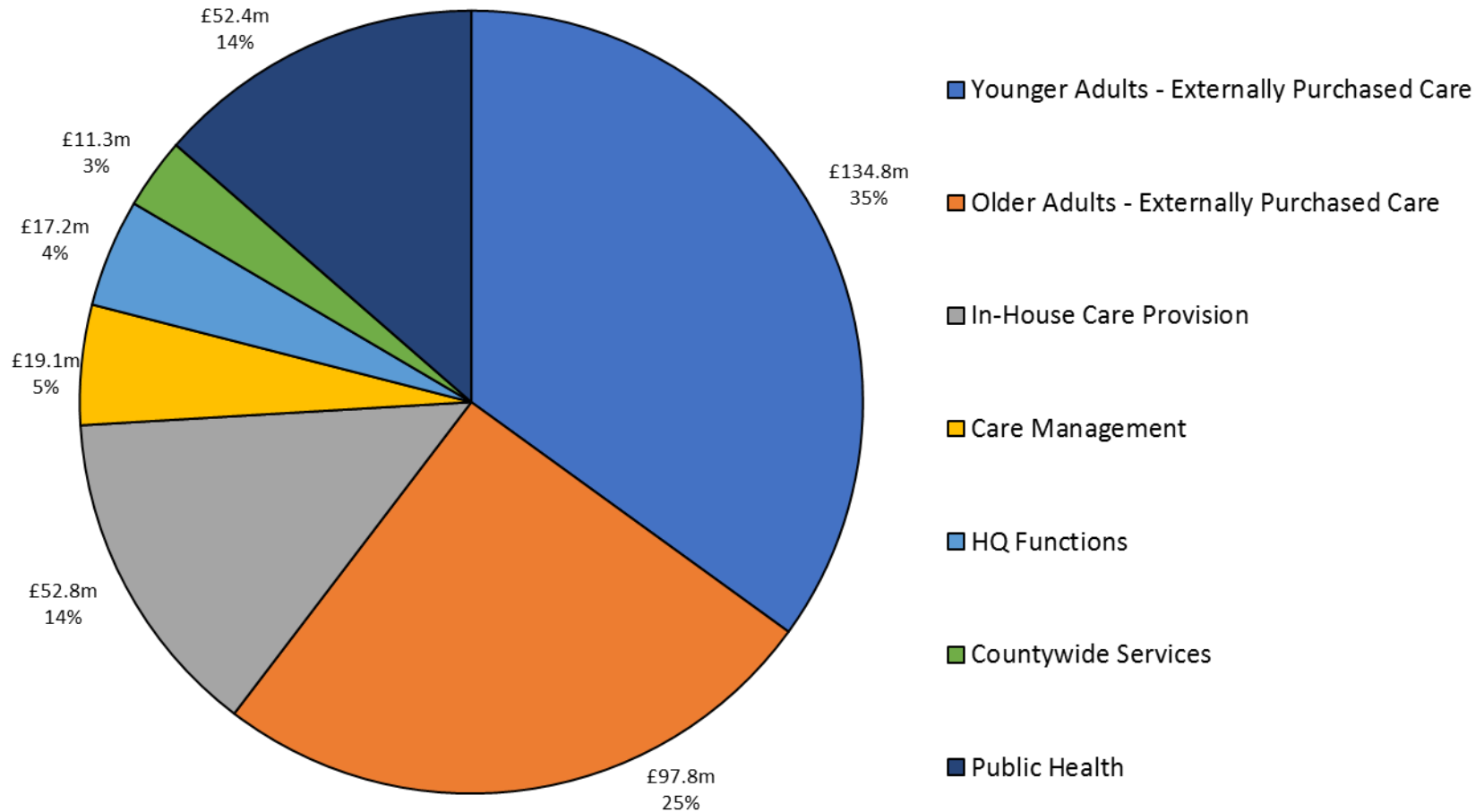
By 2021 - 22

Cumulative Saving Total -
£242.4m



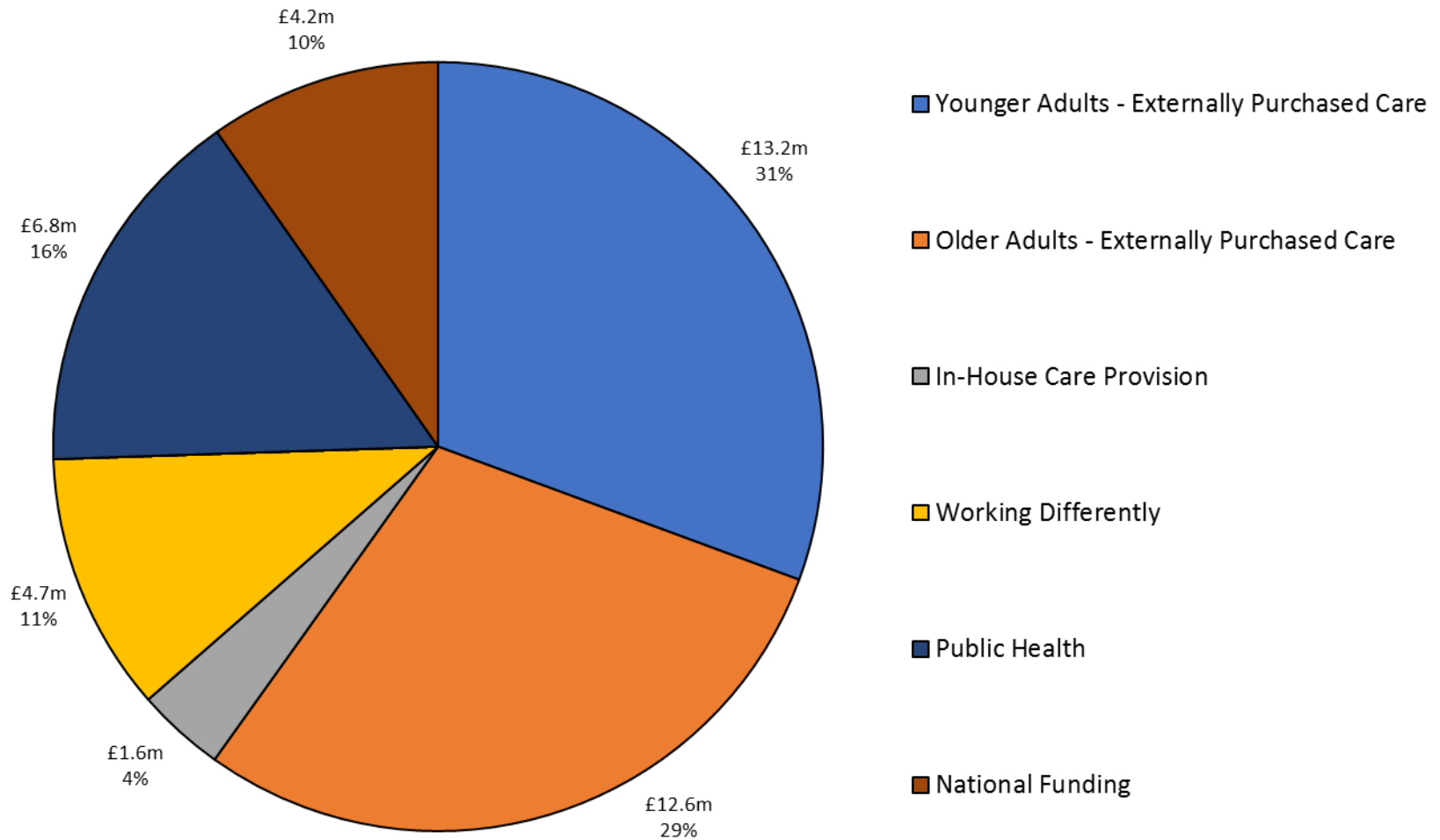
Adults' Health and Care Budget

Net Budget 2019/20 of £385.4m by Service Activity



Adults' Health and Care Tt2021 Reductions

Tt2021 Target of £43.1m by Workstream



Tt2021 Approach

- **Principles, through continued application of the ‘straight-line’ approach:**
 - **Prevention:** Strengthen the prevention strategy to reduce and/or contain demand. Includes: improved working with Carer’s and VCS, improved information and advice (CtSH) and greater and wider use of Technology
 - **Independence:** Increase the number of clients living independently and reduce the cost of care
 - **Productivity:** Improve efficiency and productivity of the department’s operations
 - **External spend:** Increase outcomes and service efficiency from commissioned services
 - **Income generation:** Increase departmental income through traded services including technology enabled care

Adults Health and Care T2021 Savings

Adults Health and Care Tt2021 Programme

	£m	£m	£m
Adult Social Care			36.3
Younger Adults Services		13.2	
Demand Containment	6.9		
Younger Adults Accommodation	2.7		
NHS Integration	1.1		
Least Restrictive Practice	2.0		
Volunteering	0.5		
Older Adults Services		12.6	
Demand Containment	6.0		
Care at Home	2.4		
Alternatives to/lower cost of Residential and Nursing Care	2.8		
Extra Care	0.8		
Increased Use of Technology	0.6		
In-House Care Provision		1.6	
Working Differently		4.7	
National Grant Funding		4.2	
Public Health			6.8
Total			43.1

Adult Social Care Tt21 Programme (£36.3m)

- **Five main blocks within the proposals:**
 - Younger Adults services including learning disabilities, physical disabilities, mental health and children's to adults transition
 - Older Adults services for people aged 65 and over
 - In-house care provision
 - Working differently
 - National grant funding – resource to support provision
- **Underpinned by:**
 - Demand management and prevention

Demand Management and Prevention

- Containing and reducing demand for services will be key within a reducing budget
- There will be a focus on initiatives and investment to help individuals and communities to do more for themselves, including access to better advice and information and greater/wider use of technology
- Key function to be further developed with the Voluntary and Community Sector, Carer's and with people who use services – this includes lower cost / not 'no' cost

Adults' Health & Care Key Proposals

Younger Adults (£13.2m) - includes

- Demand Containment (**£6.9m**) – greater and wider use of strengths based practice model, improved use of care technology, earlier intervention and joint working with children's service's complex clients who will transition to adulthood.
- Younger Adults Accommodation (**£2.7m**) – continuing successful Extra Care Housing, Supported Living programmes that move clients on from higher cost, less personal residential care settings. Learning and Physical Disability clients to benefit.
- NHS Integration (**£1.1m**) – integrated services for Learning Disability and Mental Health clients including probable joint commissioning team with the CCG's.
- Least Restrictive Practice (**£2.0m**) – furthering reductions to those presenting with challenging behaviour resulting in lower cost onward care solutions for providers.
- Volunteering (**£0.5m**) – reduced support costs through evolving volunteering model that results in some elements of a personal support plan being met by volunteers.

Adults' Health & Care Key Proposals

Older Adults (£12.6m) - includes

- Demand Containment (**£6.0m**) – range of activities incl. CtSH, resolving more queries earlier - CART, Community Connectors, Voluntary Sector aimed at reducing annual demand for paid for care – will require continued investment.
- Care at Home (**£2.4m**) – reduction in cumulative package hours whilst providing more client support through improved use of reviews, consistent application of strengths-based practice, wider and greater use of Technology Enabled Care.
- Alternatives to/lower cost of Residential and Nursing Care (**£2.8m**) – includes greater use of short term beds, more reablement, earlier discharge from hospital, wider use of technology. Will also involve tightening of decisions (moving) 'Capital Depleters'.
- Extra Care (**£0.8m**) – further facilitation and delivery of at least 5 new Extra Care schemes for Older Adults across Hampshire.
- Increased Use of Technology (**£0.6m**) – includes working with Technology partner to pilot / trial the introduction of cobots and exo-skeletons to support the lifting and handling of complex clients – especially applicable to those in receipt of double-up care.

Adults' Health & Care Key Proposals

Other (£10.5m)

- In-House Services (**£1.6m**) – a more commercial approach, improved staffing productivity / efficiency, better use of technology, more beds (c100-150) overall – but possible closure(s) / consolidations of estate. All linked to a fundamental review of the service incl. possible arms length arrangement option.
- Working Differently (**£4.7m**) – further changes and refinement of the staffing structure linked to improved productivity, more effective business processes/systems and a new, more efficient case management system. Trading income – other LA's sales, private providers.
- National Funding (**£4.2m**) – current levels of one-off funding to support, amongst other things, winter pressures, has been **confirmed as recurring funding as part of the 2019 Spending Round, meaning this 'SAVING' has been secured**

Public Health

Tt21 Programme (£6.8m)

- A range of significant savings proposals across commissioned spend, including mandated and non-mandated service areas such as:
 - Substance Misuse
 - Smoking Cessation
 - Health Checks
 - 0-19 Services.
- Increased focus on directing available funding to the most vulnerable and highest risk groups where it will have the greatest impact.
- Continued reduction of central expenses including restrictions on travel and training costs.
- All subject to the confirmed ending of the existing 'ring-fence'.

Risks to Highlight

- Risk that changes in the Department's service offer may reduce (or may be perceived to reduce) – managing the message and maintaining outcomes is key
- Adult social care case law turns upon circumstances in individual cases and as such some areas of risk are by their nature less predictable – oversight of practice and working with people and their representatives and co-producing are vital

Adults' Health & Care Overall Key Impacts

- Increasing demand for Adult Social Care will be mitigated through the extension of prevention and demand management solutions and services, including but not limited to greater and wider use of technology enabled care, to help people to remain independent for longer without the need to access support.
- Reduction in high cost residential and nursing care placements through application of the Strengths Based Approach.
- Enhanced information and advice provided to individuals, their families and carers to support them to help themselves.
- Improved wellbeing and decreased levels of social isolation through community networks, more employment opportunities and continued work with the voluntary and community sector.
- Joined-up approach to provision through closer integration and working with all of our partners, internal and external.
- Increased productivity and resilience through further embedding of more efficient ways of working.
- Reduction in staffing blueprint to deliver safe and quality services within budget.
- Potential impact on providers and Hampshire citizens in relation to the reduction of commissioned services and contracted spend, and associated reputational risks.

Service Specific Equality Impacts & Mitigation

- **Learning disabilities, physical disabilities, children's to adults transition, and mental health:**
 - Impact: Fewer service users will be supported in residential care in favour of more flexible supported living; respite and day services may change/reduce with alternative provision identified for the most vulnerable
 - Mitigation: Packages of care will continue to be personalised to the needs of the individual; Direct Payments will be promoted to maximise service user choice
- **Older adults:**
 - Impact: Some older people may receive less formal domiciliary, residential and nursing care with greater expectations on families and communities – this may increase safety/wellbeing risk
 - Mitigation: Working with partners, a range of approaches will be taken to seek to increase or maintain people's independence for longer and there will be ongoing investment in Demand Management and Prevention
- **In-house services:**
 - Impact: Potential changes to services will impact upon predominantly older people and may affect residents who are either physically frail, have physical disabilities and/or Dementia
 - Mitigation: Care will continue to be provided to the same overall levels. Any provision changes will be carefully managed and follow best practice to minimise impact

Service Specific Equality Impacts & Mitigation

- **Working differently:**
 - Impact: There will be a reduction in the number of staff employed impacting on staff and potentially service users
 - Mitigation: Staff levels will be managed down through 'natural' turnover, redeployment and voluntary redundancy, and the impact on service users will be minimised through process efficiencies, a more flexible workforce and increased use of technology
- **Public Health:**
 - Impact: Younger people and those from disadvantaged backgrounds may be disproportionately impacted by reductions to commissioned services
 - Mitigation: Increased focus on directing available funding and resources to the most vulnerable and highest risk groups where they will have the greatest impact

Serving Hampshire – **Balancing the Budget 2019 Consultation**

Headline Findings



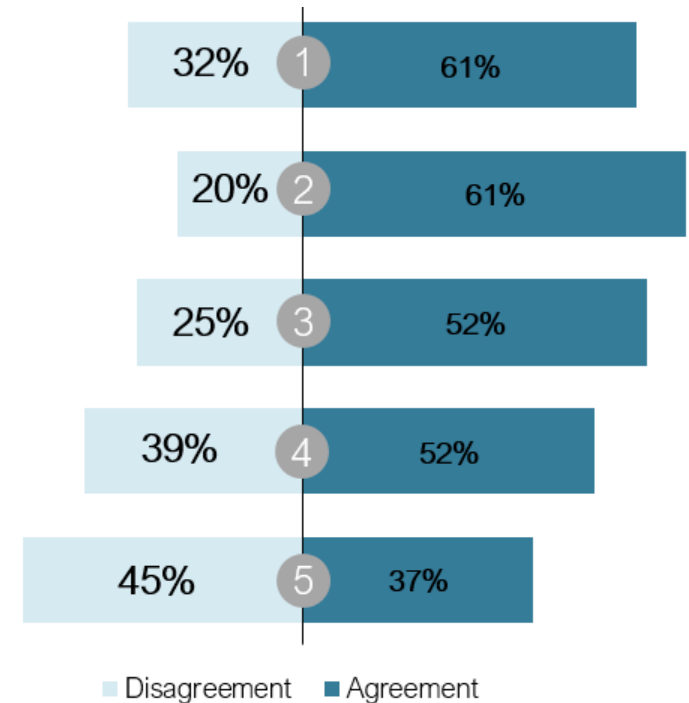
Consultation context

- The *Serving Hampshire - Balancing the Budget* 2019 consultation was designed to give all Hampshire residents and stakeholders the opportunity to have their say about ways to balance the County Council's budget.
- The consultation ran from midday on 5 June to 11.59 on 17 July 2019 and was widely promoted through a range of online and offline channels.
- Information Packs and Response Forms were made available both digitally and in hard copy in standard and Easy Read formats, with other formats available on request. Unstructured responses could be submitted via email, letter or as comments on social media.
- The **consultation received 5,432 responses** – 4,501 via the consultation Response Forms and 931 as unstructured responses via email/ letter (22) or social media (909).
- Of the responses submitted via the consultation Response Forms, 1,491 were from individuals and 28 from democratically elected representatives. Including the unstructured responses 44 groups, organisations or businesses responded.

Level of agreement with proposed options

1. Six out of ten respondents (61%) agreed with the position that reserves should not be used to plug the budget gap.
2. The same proportion (61%) felt that consideration should be given to changing local government arrangements in Hampshire.
3. Just over half of respondents (52%) agreed that the County Council should continue with its current financial strategy.
4. This was also the number that agreed with the principle of introducing and increasing charges for some services.
5. Just over one in three respondents (37%) agreed with the principle of reducing or changing services - but the proportion who disagreed was slightly higher (45%).

Agreement or disagreement as to whether the County Council should. . . (Base: 4264)



Service Specific Tt2021 Consultations

- We are planning to consult on detailed options with regards to the following service areas:
 - Learning disabilities and mental health integration with the NHS
 - Older adults – alternatives to residential care (TBC)
 - In-house service provision
 - Public Health reductions to commissioned spend

Tt2021 Key Messages

- Overall the complexities of the Transformation to 2021 programme will be delivered through three approaches:
 - Continue with and build upon the transformation created through Tt2019
 - Protect key services through application of the IBCF in order to achieve increased integration across social care and health
 - Undertake new transformational saving and income generation opportunities

...this will mean

- Strengths based approach – maximising independence
- Developing increased integration between social care and health, as well as other partners / stakeholders
- Positive staff engagement
- Investment in Prevention and Demand Management
- Increased use of technology and Technology Enabled Care
- Closer working with Carer's and the Voluntary and Community Sector
- Capital investment to enable new service models (includes in-house configuration and Supportive Living/Extra Care
- Co-production with service user groups / others
- Resetting of public expectations about what we can do and about how people's needs will be met

Thank you

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