

ASCE Final Report: Annex

Review of savings for each council in the programme.

This section includes a summary of the savings already achieved and any proposals for the future. The reader is advised to use this as an index to make contact with the councils who have been or are tackling similar issues to you. The aim of the programme is for councils to assist each other through sector-led partnership to meet the challenge of delivering the savings that are required.

For each council the report has highlighted in bold type areas that may be of specific interest.

1. London Borough of Barking and Dagenham

Barking and Dagenham Council's long term commitment to prevention and personalisation has seen a significant increase in the uptake of direct payments (now used by 66% of customers). This has led to savings of £0.9 million.

In their original bid for this programme Barking and Dagenham had hoped to find savings through a joint programme with neighbouring authorities – Havering and Redbridge – with a focus on integration with health services. Although this particular project still exists in the form of the 'Integrated Care Coalition' the development of this arrangement has mostly focused on the various challenges presented by the changes in the structure of the health community and the financial viability of the acute hospital. Barking and Dagenham continue to develop their own programme of joint integrated projects with health – particularly the social work teams that with nursing and other health care professions are linked to six GP clusters across the borough.

These integrated projects have been developing for over four years. Their evidence would suggest that the integrated approach has led to increased activity for social care (rather than saving monies). New efforts will focus on how the Better Care Fund can ensure that all parties benefit from changes in front-line practice. However, Barking and Dagenham's longer term approach to personalisation and personal budgets offers some clear evidence that this can be a cost-effective approach to delivering care.

The reported gross spend for the last three years has been:

2011/12	2012/13	2013/14
£54.87 million	£55.666 million	£53.472 million

This demonstrates a small decrease in the available resources for adult social care in the borough. This will mean not only that the adult social care directorate has had to find these savings, they have in addition had to find the monies to address demographic growth, inflationary and other pressures on their budgets.

Barking and Dagenham's approach to finding savings in adult social care has focused on a combination of prevention and personalisation. They offer an active age programme for their older population (over 60s) which has seen a considerable uptake of involvement from their local residents – it is hard yet to show the impact of this on demands for social care. The joint assessment and discharge service run by the North East London Foundation Trust links closely to the council run reablement service across the borough and has had a positive impact on both reduced admissions of older people to residential care and to domiciliary care.

However, their main savings have come from their commitment to personal budgets – **and in particular to the take up of direct payments**. They are now moving to a position where over 66 per cent of their customers receive services in the form of a direct payment where in most cases people have recruited and used a personal assistant (PA). Barking and Dagenham has for some years worked closely with an agency whose contract enables them to focus on the training and support of new personal assistants, ensuring that a good supply of people is available in the borough. A payment of £12 per hour is paid which covers 'on costs' and enables the payment of London Living Wage (£8.24p per hour) to PAs. All payroll costs etc. are met by the individual from their personal budget and unlike some authorities they do not commission (and incur the costs of) additional 'direct payments' advice and support from a voluntary organisation.

They have a three year contract for 'PA finder' which includes implementation, hosting and support. The value of this is £81,000. Over recent years using this model of personal budgets has enabled the council to realise savings - £0.9 million from reduced use of the former in-house domiciliary care service. The cost of PAs at £12 per hour can be compared to a procured rate for support at home which is a minimum of £13.50 per hour from a domiciliary care provider. In addition to the development of personal assistants Barking and Dagenham have also used direct payments for equipment as part of their development of the retail model of equipment – which has also saved monies for the council (about £100,000).

Barking and Dagenham have also taken a specific approach to the front end of their service which they have redesigned with a strong emphasis **on qualified social workers making the initial assessment**. They have found that they generally make better judgements about lower-cost care packages related to sound assessments.

Barking and Dagenham face significant financial challenges over the next three years with a potential £70 million worth of savings needing to be found by the council (adult social care makes up about 25 per cent of the spend). The council will use some of their reserves to help them manage these challenges. The existing strong relationships with health have meant that discussions over the Better Care Fund are positive (despite the challenges for the local acute hospital). The Clinical Commissioning Group is expecting to be a beneficiary from the changes to the health funding formula and at this early stage a figure of £1.2 million has been set aside to assist social care in 2013/14 from this fund. Barking and Dagenham are developing a specific programme for adults with learning disability to modernise the services and expect to make further savings through this work.

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2. City of Bradford Metropolitan District Council

Bradford Council joined the programme to develop access arrangements for adult social care however they widened the scope to focus on the overall savings programme. Savings of £7 million have been delivered per annum (approx. 3% of the budget).

Bradford entered the programme with a view to focusing on the access arrangements for adult social care. A combination of a change in the leadership of adult social care (and the appointment of a new senior leadership team) and the difficulty in attributing direct savings to the changes made has led to Bradford reporting on their overall savings programme rather than the initial specific project.

The reported gross spend for the last three years has been:

2011/12	2012/13	2013/14
£198.266 million	£195.651million	£193.522 million*

* The final figure has to be yet confirmed.

Bradford has had a fall in their budget in real terms over the last three years and, despite some protection offered by the council, savings have had to be delivered at around £7 million a year in order to balance the budget (just over three per cent per annum). Officers reported that at present there is still an underlying budget pressure of £4.6 million which the council has indicated needs to be addressed within three years – as well as additional savings to be made.

Bradford has reported their savings programme for 2012/13. This included savings in the following areas

- Review of client contributions – relating charging closer to real costs which raised £848,000 additional income.
- Maximising opportunities for service users to qualify for continuing health care (with only limited success).
- Reducing the in-house domiciliary care service through natural wastage and transferring all new customers to the private sector. The changes reduced the costs from in-house rates of £35 per hour to the local rate for providers (including central recharges) of £14 per hour. This saved £908,000.
- Changes to the management of the equipment service.
- The review of access and assessment and care management which reduced staffing and saved £1.069 million.

The full year impact of the **closure of three former care homes** that had been run by the council, saving £621,000 (This programme is now part of a wider review under the title, 'Great places to grow old' which may include further closures and will include the development of more extra-care housing schemes in Bradford – The current in-house provision provides some step-up and step-down beds). Bradford

accepts that it has higher admissions to residential care and is looking to reduce this in the longer term by

- Proposed changes to a day centre for adults with a physical disability.
- **Review of the costs and effectiveness of former Supporting People funded services** which produced savings of £3.382 million. Much of the information to form this review came from benchmarking the unit costs and hourly rates with other similar schemes in the region.
- A review of voluntary and community projects funded by the council (with responsibility moved from the corporate centre to the relevant service department's commissioners) which delivered £433,000 in savings for Adult Social Care.
- Changes in the learning disability services following the agreed ending of a pooled budget – section 75 agreement with health and moving some services to new contractors, producing £150,000 savings.
- Some renegotiation of contracts with providers which produced £650,000 in savings with further savings to come.
- The decision by the Mental Health Trust to withdraw from the section 75 pooled budgets and moving services to new providers delivered small amount of savings.
- Review of staff training budget and moving responsibility to the corporate centre produced £100,000 in savings.

Bradford is financially challenged over the next three years with expectations that £115 million of savings will have to be found across the council. Adult Social Care will be expected to deliver a proportion of that and they already have undertaken some actions to prepare. These include:

- Completing the consultation to move from moderate to critical and substantial eligibility criteria.
- Continuing to reshape the customer journey to improve staff efficiency while improving outcomes for service users.
- Working with health colleagues on models of integrated services.
- Development of new extra-care housing and a focus on reducing admissions to residential care.

Further application of many of the programmes identified above.

At the outset the council had expected that the Better Care Fund (BCF) would deliver about £15 million of the required savings (the current BCF pot in Bradford is £34 million). There is now a growing realisation in discussions with partners and in recognition of the challenges facing the health economy that this may be unrealistic in the time frame. Discussions are taking place in a positive way to look at how the gaps are going to be addressed. The work in Bradford involves the wider health community.

3. Calderdale Council

Calderdale Council focused on managing demand for social care, delivering £1.2 million of savings per annum for the duration of the programme. They have created a joint access service for health and social care 'Gateway to care' which assisted over 97% of customers without the need for a full social care assessment.

Calderdale agreed to look at how they would manage demand for social care through providing better outcomes for their customers in this programme.

The reported gross spend for the last three years has been:

2011/12	2012/13	2013/14
£72.68 million	£72.56 million	£72.94 million

Calderdale's budget has remained stable over the last three years and will be reasonably stable over the next three years:

2014/15	2015/16	2016/17
£68.63 million	£67.07 million	£68.14 million

This means that Calderdale Council has offered some protection to adult social care budgets both in the past and into the future (in the agreed medium term financial plan). However, the Adult Social Care Directorate has met its demographic pressures and inflationary costs within its own savings plans. They have delivered £1.205 million of savings in each of the last three years.

Most of the savings that have been delivered have come from a range of work on efficiencies plus increasing income from service users, increasing take-up of continuing health care and using National Health Service (NHS) monies and reviews for people with longer term packages of care.

But the main approach from Calderdale is the development of a new model of '**Gateway to Care**'. This is a service offered as the first point of contact between customers and adult social care which has a strong focus on prevention, early intervention and safeguarding. The councils vision for adult care states:

Our ambition is for Calderdale to be a place where:

- People with care and support needs, focus on what they can do for themselves either independently or with family and community support.
- People are provided with good quality information and advice and support which is available to all, including those who fund their own care.
- Assessments will focus on building on people's strengths through a variety of options including work, being part of the local community, family, friends and social contacts.
- Individual and families are supported to take positive risks through the council encouraging a 'can do' approach.
- People are helped by social care to obtain other forms of funding whenever it is appropriate.

- People are treated with dignity and respect.
- We work actively in partnership to deliver better outcomes for people.

This has been translated into an investment in the **Gateway to Care** which is a joint service for health and social care – offering a response service for the public and other professionals (particularly GPs) who want assistance offered to people. The service helps 97.2 per cent of the people who come to it for assistance without need for a full social care assessment. This is because it has a range of trained staff from health and social care (including nurses and social workers) that operate the model. The service received 37,000 contacts around adult social care last year. The primary aim of the service is to help the customer find a resolution to their presenting problem – sometimes this will require a short- term piece of support.

The service has many features which include the ability to offer an emergency response to people who need this – such as the crisis home support service which will visit people who are at home and need a fast response for whatever reason from health or care. It includes a service which focuses on supporting people to remain in their own homes, which again helps people (as an alternative to their being referred to reablement) where **making connections in their local community / family/ friends can be the main part of meeting their needs**. One hundred and fifty-five older people were assisted by this service, which is run by 1.5 (full time equivalent) staff. In the past, these people would have been referred to the reablement service). The service has direct access to short-term residential and other care settings to help in a way that does not commit someone to long-term care before attempts to offer other interventions have been exhausted. The service looks to slow down the need to find an urgent long-term solution for people who approach them. It gives them time to work with people in a personalised way on the solutions that may be available. It works on promoting independence but in a way that safeguards people's best interests.

There is a strong belief in Calderdale that putting the investment into this front end for social care and including a range of health and social care trained staff into the service will deliver better preventive outcomes. The service maintains a strong set of connections with community organisations and the local voluntary sector.

The overall approach in Calderdale has a very strong focus on promoting independence and helping people find local solutions that avoids admissions to residential care. This is shown in the most recent admission figures for the council where the number of older people in residential care has reduced from 760 to 660 placements (during a year where there was a much lower death rate than had previously been experienced).

Calderdale continue to make plans for increased use of extra-care housing including a specific resource that will offer a short-term service where an assessment can take place in a 'normal' housing environment with good use of telecare and trained staff. This will add to the step-up/ step-down range of options available to health and care. The combination of strong integrated local services, a less challenging financial environment for adult social care and a strong local dialogue about the future of the local Accident and Emergency Unit has led the council to feel very positive about the likely positive outcomes from the Better Care Fund.

4. Central Bedfordshire Council

Central Bedfordshire Council implemented a programme of targeted reviews aimed at getting the 'right size' for each care package. The reviews looked at workforce optimisation in achieving outcomes of improved independence. The programme contributed £1.4 million to £14 million efficiency savings across adult social care.

Central Bedfordshire has made a specific contribution to this programme through a programme of targeted reviews.

Over the last three years the gross expenditure on adult social care has been:

2011/12	2012/13	2013/14
£79.570 million	£79.766 million	£84.425 million

There has been a small growth in the gross spend in Central Bedfordshire in adult social care which has mainly been achieved through putting monies from the local authority for demographic growth and health funding into base budgets, including continuing health care monies (from a low base). Central Bedfordshire has a comprehensive efficiency programme and has made £14 million of savings in adult social care over this period (just over 5.5 per cent per annum). These have been made in older people's services (£7.5 million); in learning disability and mental health services (£3.4 million); in commissioning and contracting (£1.6 million); and in their central resources budgets (£1.5 million).

The specific project in Central Bedfordshire (for this programme) was based on an original diagnostic from an independent consultancy which showed them that there **was scope from savings within existing care packages**. They developed the concept of getting the 'right size' for each care package – based on an analysis that many packages were 'oversized' by the time of a review. They particularly focused their efforts on higher-cost packages of care that had not been properly reviewed for some time. The programme of reviews was undertaken by unqualified workers who received training from the independent consultant on the approach itself and on preparedness when undertaking a review to ensure outcomes were maximised. The practitioners involved in this work were also encouraged to share best practice with each other under the leadership of an operational manager – this also gave them the confidence to set consistent standards. The key message for staff was a combination of a focus on outcomes for people and recognition as to where a customer can be located in their journey towards independence. To drive the performance of the team, measures are collected around each worker's performance in relation to the outcomes from their reviews. Graphs that are collated show: the productivity of workers (volumes undertaken); savings per review; and the quality of the outcomes that were agreed.

In the first year £460,000 was saved with a further £514,000 saved in year 2 (2013/14) – these were above the original anticipated figure (£880,000) with a further £460,000 expected for this coming financial year. It should be noted this was the total review saving and not just those from the targeted reviews themselves. In undertaking this programme Central Bedfordshire have also worked **on the**

productivity of review workers which have increased to five reviews each per week (6- 7 hours average per full review).

In addition to these savings through reviews, Central Bedfordshire has based its savings programme on moving people from institutional care settings into the local community – in part using the housing resources at their disposal. There are plans to further extend this housing programme with more extra-care housing places. The council has also been successful in helping eligible people acquire continuing health care funding – reducing the costs for the council. Throughout the Central Bedfordshire approach is the role of the qualified social worker – seen as the person who can best help people assess their needs and find the right solutions. The council is working closely with their health partners to further develop partnership working on the ground – using risk stratification tools to help identify people at risk of an acute episode and developing a model of a single assessment related to the person telling their story only once to a single professional. Central Bedfordshire has been able to retain their eligibility criteria at 'moderate'. There will be financial challenges in the future but through the Better Care Fund, the use of housing resources, the improvement of the reablement service and closer alignment with health services, Central Bedfordshire are optimistic that they will be able to develop sustainable services in the future – the only concern is the uncertainty of costs relating to the Care Bill and how they will fall on the Adult Social Care Budget.

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5. Cheshire East Council

Cheshire East Council have undertaken a full savings programme which, among other things, focused on high cost packages of care in learning disability services, residential care for older people and provision of in-house services.

Cheshire East has contributed its entire saving programme as the learning for this programme.

The gross spend on adult social care for the last three years has been:

2011/12	2012/13	2013/14
£160 million	£154 million	not available

Cheshire East has delivered savings in order to bring in a balanced budget where there had been an overspend in the preceding years. The reductions above are where the spending has been above the budget (was £10 million overspent). Associated with this, there has been a lack of stability in the leadership of adult social care until recently and the task set has been to ensure a stable budget for the future.

At the outset to the programme, the council commissioned an external consultancy to review their spending and recommend savings. The report that was produced made recommendations on which the council has looked to deliver savings. These include: looking to reduce the costs of high packages of care for those with learning disabilities; seeking to understand why older people were staying longer than average in residential care (admitted earlier and staying longer than average as well as making higher usage of nursing care); considering some generous packages of care for both younger adults and older people in the community and reviewing the higher costs of in-house services run by the council.

The council used one of the Care Funding calculator models to deliver £800,000 of savings, which are expected to rise to £2 million when all the reviews are completed. Cheshire East has used a pre-paid card facility to assist those who have taken their care funding in the form of a Direct Payment. This has enabled them to track exactly on what the money for care has been spent. They found a significant number of customers were not using all the monies that were made available to them and they have now taken action both to recover the monies that were not used and also to ensure that reviews are undertaken to reset the amount that is necessary to meet eligible needs.

There has been a redesign of the front-of-house approach to social care – with a focus on getting the assessment right for people but also assisting them to use local resources, their own resources and those from their families to contribute to meeting eligible care needs. There has been the development of an 'innovation fund' to encourage community activities to support this approach. There is a common target that has been developed with the Clinical Commissioning Group to address social isolation, the needs of carers and community activities to support adults with learning disabilities. A community organisation can qualify for a £10,000 grant if they can show how they will ensure the service is self-sufficient (in relation to funding) for subsequent years. The programme includes supporting the development of Village Agents. Alongside this approach at the 'front door' is a new assessment tool which looks at the potential value of assistive technology as a universal service to help people who are not eligible for care.

Cheshire East has adopted an 'open-book accounting' approach to fee levels with their residential care providers.

One of the successful programmes which Cheshire East has completed is a review of the transport arrangements for adults with disabilities. The costs of transport are now fully included in the personal budget after other allowances and eligibility criteria are taken into account. Customers who attend day opportunities are expected to make their own arrangements and this is currently working well. This approach has also delivered a saving for the council.

The council has had a strong focus on collecting debts which has reaped a reward in increased income. The council, which reports very good relationships with the Clinical Commissioning Group, also reports that they have taken a robust approach to ensuring that appropriate costs fall on the right party – that has meant an increase in the numbers of Cheshire East residents who are eligible for continuing health care funding.

There will be requirements to deliver modest savings in Adult Social Care over the next few years - £2 million in 2014/15; £2 million in 2015/16 and £4 million in 2016/17. There are positive relationships with health – as shown in the Cheshire West report – where, as a pioneer for integration, there is work to bring Cheshire together for a whole-system delivery of care and health. The Better Care Fund will assist the council in its discussions for the future.

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6. Cheshire West and Chester Council

Cheshire West and Chester Council seek to re-design services and culture which has included the establishment of a social enterprise and steps have been taken to develop a fully integrated health and social care system across Cheshire. Savings of £11.3 million have been delivered to balance the books to date.

Cheshire West and Cheshire offered their full approach to delivering savings as their contribution to this programme.

The gross spend on Adult Social Care for the last three years has been:

2011-12	2012-13	2013-14
£101.757 million	£110.090 million	£108.305 million

Savings delivered in each year

£3.638 million	£4.768 million	£2.871million
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Cheshire West and Chester have taken a radically different approach to delivering savings (they have delivered on average 3 per cent per annum). They have determined that, as they deliver efficiencies, they want to ensure that they are not slashing and burning services in an arbitrary manner, but taking a constructive approach with staff, main partners and residents so as to engage everyone in finding the solutions to their reduced resource base. They have wanted to meet budget pressures and demographic pressures through redesign and transformation of services in which all key stakeholders have a say and have contributed. They have recognised that there needed to be a cultural change around the behaviours required to operate differently and the skills required to deliver transformed and personalised services.

For adult social care, Cheshire West and Chester have based their approach on all social care staff understanding the behaviours and skills required to deliver individual assessments, supported by better commissioning and a robust review programme. To assist with this, there has been an improved understanding of the local care market with a focus on a strong relationships and engagement with a smaller number of providers who will contribute to the longer term solutions. There is also strong engagement with all stakeholders, especially service users, carers and third

sector organisations. These stakeholders have actively been involved in the creation of new approaches to delivering savings.

Cheshire West and Cheshire have focused on ensuring that all processes are streamlined and are very effective in delivering the business requirements at minimum cost. They have changed the culture of the organisation to deliver personalised services in partnership with all stakeholders. Staff have been empowered to transform service with users and carers.

There are two key developments that are also critical to their approach. They have established an independent company (social enterprise) in which the council owns the single share but which is **run by the staff to provide services in the borough**. The services include day care for adults with learning disability, some specialist dementia care and supported housing services. The arrangement is based on a model of a social enterprise/staff mutual which has used European procurement rules to set up a company that is expected to be able to establish itself within the care market within three years, by which time the council will only provide 90 per cent of its funding (as it will develop work and contracts direct with citizens in the borough). There is really strong staff support for this approach. Staff jobs are protected for three years while the company establishes itself. The company will trade as a provider of care and can make its own decisions about how it develops and runs its services. The contract with the council will require some efficiencies to be delivered for each of the three years (with the savings benefitting the council). This leaves the council as a pure commissioning organisation.

There is also a strong desire to **develop a fully integrated health and social care system across Cheshire** (with partners in Cheshire East). The council and the local health community had their own programme – Shaping the Future Together. This has now been developed with partners in health across all of the former area of Cheshire (includes Cheshire East) to implement a programme called 'Connecting Care across Cheshire'. The new programme has been awarded integration pioneer status by the Department of Health. The programme is built at four different levels: The development of an integrated approach to the local delivery of services through a focus on local communities, building on community capacity. This will include a focus on telecare and telehealth.

The development of integrated case management teams across health and social care. Two early adopter teams have been established with a further seven to come on-stream this year. These are based around GP surgeries with multi-disciplinary teams established. There will be joint multi-disciplinary teams for mental health services as well.

A joint strategy will be developed for health and care on the role of extra-care housing, residential and nursing care (including dementia care). This will cover all service user groups and all bed-based facilities and will all be procured jointly. There will be a joint framework and arrangements for joint commissioning between health and care. This will include the creation of a new provider hub for mental health and other services in which commissioners will be actively involved in the day-to-day outcomes from the services.

Cheshire West and Chester has so far met its budget requirements without having to resort to a large 'savings programme'. The transformation it has driven has delivered balanced budgets (as described above). There are financial challenges ahead, not least because of anticipated demographic pressures alongside loss of grants from central government and the costs of the new Care Bill. There is likely to be a requirement that adult social care reduces its spending by 11 per cent in the next three years. They will deliver these savings through a combination of continuing with the culture that they have built, seeking some savings through the Better Care Fund and others through the transformation of services including better use of technology and wider use of extra-care housing.

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7. Coventry City Council

Coventry City Council developed their care pathway to increase independence and reduce demand. They have also looked to increase the use assistive technology for older people.

Coventry's initial contribution to this programme was to develop a care pathway that will promote independence and reduce demand for care for older people with attention paid to the use of assistive technology.

The reported gross spend for the last three years has been:

2010/11	2012/13	2013/14
£115.404 million	£115.295 million	£105.447million

Coventry has reduced its budget for Adult Social Care by £10 million (9.5 per cent reduction) – this includes the new monies that have come from the NHS to reduce the impact of the reductions in government grant.

To date, the savings plans for Coventry have focused on six areas (which arose from an extensive consultation programme that engaged widely with stakeholders):

- developing a reablement-based domiciliary care services within the existing care market
- reviewing all former Supporting People contracts to ensure value for money and delivered outcomes
- reviewing the commissioning of advice and information services provided across the City
- using health resources and seeking investment from health in intermediate care
- replacing sheltered and other old supported housing buildings with new alternatives for accommodation and in some cases with support for customers
- changes to Day Opportunities for both older people and adults with learning disabilities.

In addition, an initial telecare project, which looked to increase the take-up and use of telecare products across the service, has recently been revitalised and a new business case is being developed.

Developing a reablement-based domiciliary care service within the existing care market

Coventry decided to look to change the way in which it delivered its reablement-based domiciliary care service through building capacity in the independent sector within the City. Coventry works with 29 domiciliary care providers who operate within their quality and price framework contracts. They had (in recent years) asked these existing providers of domiciliary care to start to take on some reablement work. This was a pre-cursor to their current proposal, which has invited all 29 providers to indicate their capacity to take on a full level of domiciliary care reablement for one third of the City (three large district contracts each covering a part of the City). Up to three of these providers will then be invited to take on all the reablement work for one of the areas. The contracts for these services will focus on delivering outcomes and will be monitored for both quality and performance (in relation to the numbers of people helped to regain independence through the programme).

The council has been transparent and open with staff about the potential impact of ceasing the current in-house service. A series of Employment Support Events have been held for staff to enable them to talk to professionals about training opportunities and employment support. A number of staff have chosen to leave the organisation and for those wanting to remain with the council a process of job matching is being undertaken. It is anticipated that this approach will minimise the number of redundancies.

Coventry estimate that this approach will deliver £1.5 million savings from an existing spend of £2.3 million.

Coventry's Adult Social Care is anticipating a minimum of £8 million to be saved from its Community Services budgets (which include a range of other services in addition to Adult Social Care) over the next two years (a further 7.6 per cent). This is likely to increase given future reductions in council funding over the next three years and likely pressures arising from the Care Bill.

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8. Croydon Council

Croydon Council focused on developing a more cost-effective service model for adults with learning disabilities, particularly focusing on higher cost packages of care. The programme delivered a balanced budget despite inflationary and demographic pressures.

Croydon's contribution to this programme has been their focus on developing a more cost-effective model of service for adults with **a learning disability**.

The reported gross spend for Adult Social Care for the last three years has been:

2011/12	2012/13	2013/14
£129.930 million	£126.490 million	£129.988 million

Croydon's gross expenditure has remained stable (in line with other councils) and they have found £19.27 million of savings in order to retain a balanced budget.

They have plans already in place to deliver a further £5.11 million for 2014/15. Croydon have found their savings in the following areas which include all adult client groups:

Care package redesign	£3.32 million
Cuts to services	£0.20 million
Income maximisation	£0.38 million
Outsourcing – setting up trading company	£0.83 million
Prevention and reablement	£3.18 million
Re-commissioning services	£3.53 million
Move from residential to community	£4.69 million
Staffing and management reductions	£1.22 million
Systems and processes	£0.10 million

The case study of the work that Croydon specifically undertook to reduce the costs within their Learning Disability Service is highlighted elsewhere in the report.

In relation to delivering their savings, one of the interesting features of Croydon's programme has been the establishment of a **Local Authority Trading Company** which is incentivised to deliver its own savings through efficiencies. The figures above show that already it has made a £0.83 million contribution.

Croydon does however see significant challenges in the next three years where the council faces a budget shortfall of about £100 million – arising from capital charges, estimated demand growth, inflationary pressures and loss of grant from central government. To face this Croydon has set '**The Croydon Challenge**'. This is a programme which is looking at how a council and its communities can face the future together and maybe find new solutions. For adult social care there are four main areas which are being explored to develop their approach.

The first is to ensure that the council is fully aware of the assets in the community that can help people and that it encourages people to use their local resources. Second is to look at how current assessments of people's needs take place and to develop a much stronger asset-based approach to people and their needs so that the assessment identifies strengths in people's own abilities and the capacity in

families and in their communities that can help them meet their needs. Third, the council wants to continue to invest in the third sector to ensure that they play an increasing part in meeting needs – for example tackling social isolation – as preventive measures to reduce people's need for care. And fourth, working in much closer partnership with all other public bodies will be a priority – most notably with health but also housing, transport and other public bodies that have a legitimate role in also meeting people's day-to-day needs.

Croydon will continue to build on its already successful reablement service and will continue to work closely with health. The Better Care Fund will be part of the solution for adult social care in Croydon and already £2 million has been allocated to support front-line care services. However, there are challenges for the local health economy – particularly in the acute hospitals serving the area. There were a lot of changes to key personnel in the health leadership over the last two years – the council managers are now rebuilding good relationships with the new key players. Current plans are for closer working in partnership rather than full integration.

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9. Cumbria County Council

Cumbria County Council undertook an evaluation of the Neighbourhood Care Independence programme where preventative care is provided in the community to reduce demand for formal social care. The programme has helped 3000 people to date.

Cumbria has offered a unique contribution to this programme. They wanted to use the resources available in the programme to evaluate their county-wide '**Neighbourhood Care Independence Programme**'. Their programme supported an approach to investment in communities to deliver low-level preventive services. They wanted to see if their investment could show a pay-off in relation to lower demand for formal adult care services.

The gross spend on Adult Social Care for the last three year has been:

2011/12	2012/13	2013/14
£188.15 million	£192.016 million	£194.237 million

This shows that there has been a steady increase in expenditure in Cumbria over the last three years (slightly counter to the national trend).

Cumbria developed an annual £900,000 investment fund which encouraged bids from voluntary and community organisations to create activities that tackled social isolation, befriending services, practical assistance for people and home-from-hospital services. The aim was to reduce reliance on statutory services; reduce and avoid some hospital admissions (part of the monies was contributed from Clinical

Commissioning Groups' budgets); and reduce and delay admissions to residential care. It was agreed (after procurement and some discussions) that the Cumbria Community Foundation (an amalgamation of larger voluntary sector organisations) would administer the fund. They were paid ten per cent of the funds distributed for carrying out this task. There was a strong emphasis on building community capacity and volunteering by developing local community assets. There was already a strong community presence of Red Cross, Age UK (Cumbria) and other local voluntary organisations. Most of the grants issued were relatively small to facilitate local community groups with activities. There was an expectation that the voluntary sector partners would also lever in additional funding of their own to support the programme.

So far Cumbria has calculated that over 3,000 people have received help and support through the neighbourhood care programme. They plan to recruit about 1,000 volunteers of whom about 600 are already visiting people in their communities. There are 30 different voluntary organisations using the funds across six localities of the county. Each locality has a single point of telephone/IT access for referrals for all of the activities in the programme. Customers are linked through the programme to Trusted Assessors, to volunteer befrienders or to handypersons and so on. Advice and access to equipment (aids to daily living), handypersons schemes and other practical help including decorating and gardening are key features of the programme. The Trusted Assessors ensure that the right options are offered to customers in each locality.

Cumbria Council procured an independent organisation (the Institute of Public Care (IPC) at Oxford Brookes University) to evaluate the impact of the programme, using in part the resources from the Local Government Association (LGA). So far an interim report provided by IPC is inconclusive. The programme is no doubt extremely popular with its customers who have given very positive feedback, but its direct impact on longer-term care is harder to assess. A full evaluation and report is due from IPC after the end of the LGA Programme – probably by late October 2014 (councils who are interested are invited to contact Cumbria in November/December to read any final conclusions).¹

Cumbria Council thinks that there has been specific value for the role of the community-based Trusted Assessor (similar to the Village Agent model developed in the POPPs programme). They can show savings in the time of both occupational therapists and some duty workers through the use of these valued members of the community. Cumbria would also want to point to the recruitment of volunteers as a particular success within the programme. They have also found that the programme has been mostly reliant on self-referrals and there has been less evidence of people being diverted from the single point of access for adult social care that is run by the council. They are currently looking into the reasons for this.

¹ Of course there are very close parallels to the former Department of Health's 2010 published 'Partnership for Older People's Projects' (POPPs) programme which proved to be inconclusive (www.pssru.ac.uk/pdf/rs053.pdf) as to whether one could track low-level investment as a preventive service. A subsequent evaluation by the Nuffield Trust in 2011(www.nuffieldtrust.org.uk > [Our work](#)) considering the same evidence came to the conclusion that there was little confirmation that the investment saved any monies in the longer term.

Cumbria already has one of the lowest admissions to residential care funded by the council in their region – although as they still run 29 in-house residential care homes their costs are the highest in their region. It may be challenging to reduce the number of admissions (a few of their care homes experience high vacancy levels). Cumbria has also identified that it has much higher costs for its assessment and care management services than its benchmarked neighbours.

For the future Cumbria has a further £100 million of savings to deliver across the whole council (£88 million delivered to date). This gives an indicative figure of £28 million for Adult Social Care. There is a positive view that the Better Care Fund can be part of the solution to finding these savings even though the local health economy has been identified as one of the 11 economies in England that are 'distressed' and requiring help. Cumbria will continue to find ways of reducing demand for formal care of which their work on prevention will be a key action with health partners (including a review of their in-house reablement and domiciliary care services). They will look to reduce costs and their central procurement team will continue to find savings from local providers. They have established a trial brokerage scheme in two of their districts and are ensuring that staff use Direct Payments as the standard care arrangement. For this they already have a cash pre-paid card which is an efficient way of both running and accounting for spend on Direct Payments.

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10.11.12. Darlington, Redcar and Cleveland and Hartlepool Councils

Darlington, Redcar and Cleveland and Hartlepool Councils developed a business case to merge adult social care and children services across the three boroughs, however the programme was ended. Each has delivered between £4.2 and £5.1 million of savings by taking approaches to promote independence.

The three boroughs from the North East (who are not immediate neighbours) made an initial application to this programme to undertake work and to develop a business case to bring the management functions for both adult social care and children's services under a single set of management arrangements across the three councils – the "Tri-Borough Project".

The project was developed and in February 2012 all three councils received the same report which outlined the business case for progressing further. The business case showed that a saving of about £2 million would be shared between the three councils if the proposal was acceptable. The councils all approved the business case in principle but agreed that a number of local factors needed to be addressed before a decision about progressing to the next stage could be made. A deadline of December 2013 was set as a point at which the proposals could be revisited. During this period Councils were able to set the project in line with their respective medium term financial plans in terms of the way in which their immediate local savings plans would impact upon the Tri borough proposals.

When the councils reviewed progress a number of other factors also played in – mainly the government's drive for integration with health and the new arrangements for the Better Care Fund. Each of the three councils is working with a different Clinical Commissioning Group (CCG) and with a different acute hospital. Two of the councils shared their CCG boundaries with another local authority not involved in the tri-borough work; Hartlepool with Stockton and Redcar and Cleveland with Middlesbrough.

The review process determined that whilst viable, the tri-borough project did not represent the most efficient solution for addressing the challenges faced by the three Councils and should therefore be concluded. All the councils committed to continued collaboration on the improvement of practice, the sharing of ideas and the development of efficient services, whilst also seeking closer working with health. Other partnerships have also been built on the back of the experience of the close working including a Tees-wide Strategic Adult Safeguarding Service.

To assist the overall programme each of the three councils shared their financial information and the savings they had made over recent years. The gross spend on Adult Social Care over the last three years for each of the councils was:

Darlington		
2011/12	2012/13	2013/14
£34.324 million	£33.465 million	£32.322 million
Redcar and Cleveland		
2011/12	2012/13	2013/14
£57.695 million	£56.385 million	£54.211 million
Hartlepool		
2011/12	2012/13	2013/14
£42.469 million	£46.835 million	£45.400 million

In order to deliver these required savings, meet demographic and inflationary pressures the boroughs have delivered the following levels of savings over the last three years:

- Darlington -£5.1 million
- Redcar and Cleveland -£5.0 million
- Hartlepool -£4.2million.

Each council has adopted a similar approach – a combination of driving out inefficiencies and reducing costs, diverting people away from the care system when their needs can be appropriately met elsewhere, whilst working on the culture within their organisations to develop a model of care which focuses on “promoting independence” and outcomes for the people who need care and support.
All three councils have

- Taken the opportunity to use monies transferred from the Department of Health and the NHS to assist in reducing the pressure to make savings.

- Looked at eligibility for health funded continuing health care to ensure an equitable split of responsibilities.
- Reviewed their contributions policies and looked to collect client contributions more efficiently.
- Looked to develop more extra care housing both as an alternative to residential care and as part of a housing strategy.
- Worked with public health to link their programmes to the preventive agendas for adult social care.
- Looked to develop their use of telecare and other assistive technology.

Darlington has tightened the application of eligibility criteria (removing the moderate criteria), reduced costs of directly provided services, reviewed staffing structures (particularly management posts) and reviewed all main contracts and services. They now include transport costs for customers within their fairer contributions policy (within the personal budget). Darlington has created a single Life Stages Service that brings together all services for children and adults with a disability up to the age of 25 and for people with a learning disability from 26 years onwards under a single Head of Service. More recently the Head of Service has also taken responsibility for services for adults with needs arising from mental ill health. The Care Management and Review Team have been merged and a customer pathway with improved screening, signposting and wider use of reablement. Work with the health community has included the development of a Responsive Integrated Assessment Care Team (RIACT) which includes the reablement service working alongside clinical staff. Finally there has been a renewed focus on volunteering in Darlington with a campaign across the Borough to recruit and support 1000 volunteers by 2015 (600 are already in place) to support 1500 older people in the community to help them remain in their own homes.

Redcar and Cleveland has similarly undertaken a range of reviews of low level services, existing services including day care, reviewed management structures and staffing, rolled out their reablement service across the borough (it had originally operated as a pilot in one area) with a high success rate of 92 percent of people at home 91 days after a successful intervention, reviewed support functions, renegotiated care home fees which has so far been successful for the council, reviewed high cost placements (with assistance from external support) and renegotiated some home care contracts. They have developed a scheme of community agents which assist in sign-posting people to the right community based services.

Hartlepool has undertaken a range of reviews of all commissioned services, former supporting people funded services, management and staffing (including in-house provider services which have been refocused to provide short term reablement support), day services and workforce development. There has been an increasing focus on low level support and preventative services including telecare, support for carers, a carers emergency respite service and reablement. Services have been commissioned from the third sector to provide signposting and care navigation as well as practical support such as luncheon clubs, social activities and a handyperson service, which can be accessed through welfare notices by people who have low level needs that don't meet the council's substantial and critical eligibility criteria.

Like Darlington, Hartlepool has created a 0-25 disability service to improve transitions and to develop more personalised approaches for children and young people, building on the work of the SEND Pathfinder. Hartlepool also has a long history of using personal budgets which they have reinforced with extensive use of extra care housing as an alternative to residential care

There are different challenges for the councils over the next three years – mainly because of the ranging issues that they will separately have to face with their respective health partners. All three councils will continue to develop a model of social care which places a strong emphasis on promoting independence linked to prevention and early intervention.

In Darlington both the Clinical Commissioning Group (CCG) and the local council feel that their resources will be severely restricted over the coming years. This is driving them together to find common solutions (including the dialogue over the Better Care Fund) – and they are working hard with the acute hospital to bring them into that partnership. The council anticipates a further £14 million worth of savings will need to be found of which £3 million will need to come from adult social care.

In Redcar and Cleveland they are working closely with Middlesbrough Council over the development of the Better Care Fund approach. There may be opportunities to redesign the system but a lot will depend on the approach to community healthcare in the two boroughs. They will rely on the design of a new care and health system which will reduce demand for both services to assist in finding the resources to help manage the local authority budget pressures, which are identified as £17.7 million to find over the next three years (£2.3 million from adult care).

In Hartlepool they share their CCG with Stockton, who are not experiencing the same level of financial pressures. There is some uncertainty regarding the future model of acute hospital services, as a decision is awaited regarding funding for a new hospital. They will rely on the delivery of the Better Care Fund plans for integrated services to reduce demand and assist them in meeting their current known pressures which will fall on adult care of £3.3 million in the next three years.

All three councils are fully committed to working collaboratively with their health partners and all three describe positive relationships with the Clinical Commissioning Groups. For all of them it is the sustainability of the acute sector that is the big unknown.

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13. Durham County Council

Durham County Council delivered a £12 million under-spend through a programme of service transformation which included a significant culture change programme. The new vision for social care is based on the principle of promoting independence.

Durham was contributing their total savings to this programme.

The gross spend on Adult Social Care for the last three years has been:

2011/12	2012/13	2013/14
£224.01 million	£227.3 million	£226.7 million

The above data shows a steady state in the budgets for adult social care in Durham. However, as is outlined below, they have made significant savings through a programme of transformation of their services and in 2012/13 they delivered a £12 million under-spend as the impact of their work made a very positive contribution to their budget management.

Durham initially commissioned one of the external consultants from the LGA programme to undertake a diagnostic for them. They found the diagnostic really helpful – not that it particularly told them anything new but it gave councillors and officers a new ambition to deliver the savings that were identified (with some minor changes). Overall Durham identified that their model of social care was very protective and paternalistic. They helped many older people (more than their neighbours 81.6 per 10,000 of the population – nearest neighbours were assisting 69 per 10,000). This operated at all levels within their services with high use of both domiciliary care and residential care. They met a common profile for a council with moderate eligibility and high admissions to residential care. They also provided most of the services themselves and the county was characterised with an undeveloped voluntary sector (the council looked after you).

Durham launched a **new vision for social care based on the principle of 'promoting independence'**. They embarked on a major cultural change which involved front line staff, all managers and councillors (there were many new councillors as a result of the change of the county into a unitary authority). They focused on the front end of the organisation (the call centre) where they trained staff to be more confident and able to divert people away from social care when they could find alternative solutions for them (they also added an OT to the centre to assist with simple enquiries). They developed a new Integrated Short Term Intervention Service (ISIS). They promoted the better use of telecare (with a move away from universal allocation of community alarms to much more targeted services for people with needs that could be met with the telecare equipment). They rolled out a £600,000 community chest for which voluntary sector was invited to bid with innovative schemes (with a strong emphasis on tackling social isolation). But most of all they changed the culture of practice – issuing practice guidance in the form of tool kits which showed the new care pathways, flow charts for ways of helping people and many practice examples of better outcomes through promoting independence. To assist the development of the work, service managers spent time in each other's locations with constructive advice offered to each other on how practice could be improved across the county.

The new ISIS service, which is a jointly managed service with the NHS, has a range of interventions on offer to assist people with recovery. It includes new intermediate care beds in independent sector residential care home (previous services had been run in-house with poorer outcomes). There are key health staff (therapists, nurses, falls prevention staff, a night sitting service, osteoporosis service and telehealth)

alongside the reablement service which is now part offered by the council's former in-house domiciliary care service and part offered by a local independent sector provider. There has been a 6.3 per cent increase in the numbers of older people who are 'reabled' with the probability of further hours in the future. **Sixty-three per cent of people who use this service need no further assistance from the council** (84 per cent require a decreased service). It has had a very positive impact on reducing demand both for domiciliary care and for residential care for older people.

There have been significant changes for the whole system – **there is a 23.55 per cent reduction in the numbers of older people who need social care help** – yet many are still helped but in a different way. There has been a **21 per cent reduction in those who have a longer-term service**. The number of home care hours being purchased has fallen each quarter with the annual spend reduced from £24 million to £19 million and a **9.5 per cent reduction in admissions to residential care for older people** (with high expectations that this will continue to fall). There has been a 5 per cent increase in the numbers of people using a direct payment to manage their care.

All of this transformation has happened in parallel to a significant reduction in the amount of money spent on in-house services, with a budget reduction from £35 million to £23 million over the last three years.

The council recognises it now needs a similar cultural change in its services for younger adults – particularly the services for adults with learning disabilities. It has already commissioned a diagnostic (and a similar diagnostic for children's services) and is now setting out its vision and agenda for change to both modernise and look to achieve better outcomes (at lower costs) for this client group.

As indicated above Durham's Adult Social Care service has produced much higher savings than were required for them from the council's financial strategy. This ought to put the service in better shape for the challenges ahead. The savings that Durham generated from becoming a unitary authority have been able to offer some protection for the council for the last few years and up to 2015/16 (they have a balanced budget for 2015/16 in their medium term financial strategy). The main challenges start in 2016/17 onwards. The council has delivered over £100 million in savings over the last three years – it will need to do the same again for the next three years (and this may rise). As the Adults and Children's Services make up 63 per cent of the total council spend they may be asked to make further savings. Excellent relationships with the Clinical Commissioning Group are reported. This has put them in good stead both to begin to develop integrated services and to develop their work on the delivery of new services to use the Better Care Fund – cautious optimism might reflect their approach. The Adult Social Care Service will continue to develop the work that is shown above. They will also look to build appropriate IT systems to assist customers in undertaking self-assessments and for the new Care Bill with private funders developing their care account. The future will rely on building more community resilience with the voluntary sector and developing closer working between adults and children's – particularly on transitions.

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14. Enfield Council

Enfield Council have saved over £16 million during the three years. They established a new access service which diverts 85% of customer to other sources of help, increased self-directed support so that 78% of users now have a personal budget and reviewed high cost packages of care to save £2 million.

Enfield joined the programme with a commitment to look at their entire savings problem. They appointed external consultants to examine their savings opportunities, however they were disappointed with the resulting report. The council pressed on with delivering savings for adult social care.

The gross spend on Adult Social Care over the last three years has been:

2011/12	2012/13	2013/14
£101.763 million	£103,959 million	£104,633 million

This shows that there has been a small growth in the gross expenditure in social care in Enfield. The growth has had to meet both high demographic pressures from an ageing population and inflationary pressures in the care market. In order to maintain a balanced budget Enfield has produced £16.4 million of savings over this period (£15.9 million of new pressures has been identified by the council for adult social care over the period.)

Enfield described their programme to deliver savings as having a three-pronged approach:

1. Achieving better value for money in services purchased
2. Redesigning the customer pathway
3. More streamlined and efficient back-office functions

Specific initiatives that Enfield wished to highlight from their learning include:

Enfield has established an Access Service where, although contacts with the service have increased by 14 per cent over the year, the numbers of customers who have been successfully diverted to other sources of help is running at 85 per cent. Enfield is looking to go live with an improved on-line system which will help with self-assessments.

A 25 per cent increase in the number of people using reablement over the last two years with 46 per cent not requiring on-going support and 8 per cent requiring decreased support. (This is one of the lower levels of performance reported although Enfield thinks that this may relate to the fact that the service will take people with high levels of need). One thousand three hundred and ninety people experienced the reablement service in Enfield in 2013/14.

Improved joint working with health colleagues (despite multiple changes in the leadership and a challenging local financial economy for the Clinical Commissioning Group). They have developed and started to deliver on a number of joint strategic approaches including stroke after-care, dementia care and end-of-life care. They have recently started to use a risk stratification tool with the acute sector and the provider of community services.

There has been an increase in self-directed support with 78 per cent of people receiving services using a personal budget, of which over 25 per cent receive this in the form of a Direct Payment. One thousand eight hundred people receive a direct payment of which 840 are older people. The rate for a Direct Payment in Enfield is £12.00 per hour. There is a separate contract with an organisation which recruits and supports Personal Assistants and advises service users. This is a lower rate than the blended rate for domiciliary care in the borough which is £13.52 per hour (this has come down from £15.90 per hour). The recent reported outer-London average was £18.46 per hour. They have introduced electronic case monitoring for domiciliary care contracts and made almost £2 million in savings from reduced demand and reduced costs for domiciliary care.

Even though Enfield has had historically low level of admissions to residential care they report further reductions over the last year with 200 new admissions of older people and 15 younger adults in 2011/12 now reduced to 167 older people and six younger adults in 2013/14. This has been important as prices for care are high in Enfield and unit costs have continued to rise.

Enfield also reports strong support for carers as a preventive measure with over 300 carers receiving packages of care. It has introduced the 'retail model' with prescriptions from local chemists for equipment prescribed by OTs with a saving of £225,000.

Enfield has completed a range of reviews which include looking at high-cost packages of care and saved over £2 million. They have reviewed low level services including some former Supporting People funded contracts; reviewed charging policy; reviewed in-house services including day care; and management and staffing (over £2 million). They are proud of the work they have done in partnership with potential and existing customers and their carers to transform and modernise their learning disability services (including a new crisis service which has reduced emergency admissions from breakdowns).

There are significant challenges ahead with the council budget gap from 2015 to 2018 being £57.5 million, much of which will fall in 2015/16 (£29.5 million). As a proportion of the council's budget, this could have an impact of about £25 million on the Directorate (which also covers Health and Housing). Plans for the details on this await the outcomes of the local elections. There are also concerns about the costs of the Care Bill and at this stage an early estimate is that this will add a further £1 million to the pressures.

The directorate has started to consider the options which in essence will mean more of the same with further reductions in management and staffing, further savings from procurement, reducing dependency on services and better integrated working

including use of telecare. There will be wider use of personal budgets and continued investment in reablement. They will be also looking to develop a commissioning model which will be based on payments by results. They are also looking for an external partner to offer further challenge to help find additional savings.

The Better Care Fund will enable further integration with health services and a renewed emphasis on preventative services. It is very unlikely that the £18 million that might be required from the acute sector is achievable. At present there is an expectation that between £4 to £6 million may be available to assist social care.

15. Gateshead Council

Gateshead Council have transformed culture and practice to develop a model of care that focuses on promoting independence. Adult Social Care Direct diverts contacts to sources of help outside the formal care system. Increased use of assistive technology and process improvements have resulted in efficiencies.

Gateshead initially entered the programme with a focus on prevention. A number of factors – not least a set of financial crises in Adult Social Care within the borough – led to a renewed emphasis on bringing the budget back into balance.

The reported gross spend for the last three years has been:

2011/12	2012/13	2013/14
£90.163 million (spend)	£87.872 million (spend)	£89.026 million (spend)
£77.568 m (budget)	£83.758 m (budget)	£85.588 million

The above data shows that Gateshead Adult Social Care overspent their budget by £13 million in 2011/12 and they have worked hard over the last three years to bring the spend much closer to the budget at a time when they experienced 9.8 per cent growth in demographic pressures and a number of inflationary pressures from the care market (starting from a low base of payments to providers eg they pay £11.48 per hour for domiciliary care services when the regional average is £12.30 per hour). They have produced savings in order to balance the budget. During this period the council overall has delivered almost £100 million in savings.

Gateshead describe two key contributors to their savings – partly achieved through being much clearer and more robust as to which of their customers appropriately would qualify for Continuing Health Care and in part through a programme of reform of local culture and practice to change what was described as a 'paternalistic' model of care to one that **focuses on improved outcomes for customers and on promoting independence**. An analysis of past spending in Gateshead revealed low attention paid to eligibility criteria and care packages operating in what can be described as a very generous way.

The nub of the savings programme has focused on reviews of current care packages. A new care system based on delivering improved outcomes has been designed (with a strong initial focus on services for younger adults). There is a new requirement for assessments and new forms designed that lead professional

workers to make sound assessments – but based on outcomes not inputs. This approach is supported by a strong management culture that ensures both the quality of the assessments and the affordability of the interventions that will improve the outcomes. Gateshead has increased their capacity to undertake some reviews by contracting this out to a third party. Between the in-house and external reviews there has been a significant reduction in packages of care for some service users – with about £572,000 having been saved, reducing the average cost of a care package for 5,720 service users from £346 per week to £344. The culture to help social workers make the changes required has been assisted in a number of ways – not only through regular practice discussions on the best ways to achieve improved outcomes, but also strong performance management, shared between individuals and teams and with clear leadership from senior management. As a result of the external partnership undertaking some reviews there is now a reported 11 per cent reduction in older people needing domiciliary care (as older people have recovered from the condition that led to them having the care needs).

Gateshead already has an effective single point of contact for help – called Adult Social Care Direct. Here, business support staff have been trained and supported to assist people to find alternatives to meet their care needs outside of the formal council system (these are called Initial Contact Co-ordinators). The service has close links with community organisations and the local voluntary sector and staff are kept up to date with what local resources are available. Today, this service is co-located with the majority of the social work teams and close working relations have built between the two arms of the service. Only people who meet eligibility criteria and require a formal assessment are then passed to the teams. There is within the arrangement an approach which allows for a rapid assessment to be made by social work auxiliaries – where the assistance required might be simple equipment such as an aid to daily living or telecare. This approach has reduced the number of people requiring a full assessment and offered some valuable help to people outside of the care system.

Gateshead make a high and **wide use of assistive technology** as part of their preventive work (currently been evaluated by University of Hull) and also have an effective reablement service which will take on more complex care needs including people who have dementia. As part of the offer for older people the council runs four in-house 'Promoting Independence Centres' which were former residential care homes offering respite and reablement for older people with strong success. One of the homes specialises in helping older people with dementia care needs.

Over the last year Gateshead has promoted a number of programmes under the banner of 'Process Improvements'. Here there has been a full review of processes and forms used in the assessment and review process by social workers, with the aim of reducing paperwork and creating a less bureaucratic system for customers and staff. In undertaking this review there has been a 41 per cent reduction in the paperwork that now needs to be completed (electronically). The new process with forms and shorter processes has now been rolled out on a test basis. There is strong evidence that this will speed up the process and help workers to be more productive and give them the time and energy to focus on their contacts with service users. (There are close parallels to the work undertaken in Kent and Central Bedfordshire within this programme).

For the future Gateshead Council are predicting the need to save £24 million a year for the next three years – it will be expected that Adult Social Care (ASC) make a contribution towards helping to balance the budget. ASC have already identified £3 million worth of real budget pressures arising in 2015/16, in part from the costs related to the Care Bill and new requirements on deprivation of liberty judgements (DOLs), known demographic and inflationary pressures and the council's policy of ensuring that people are all paid a living wage within the local economy. The Better Care Fund local discussions have included a clear target to further reduce admissions of older people to residential care. Getting some monies from health (with whom there are excellent local relationships) will be helpful but it will not be sufficient to meet the projected savings. There will be further work to integrate closer the front line services including intermediate care and work with GPs in their neighbourhoods but the direct savings from these are marginal. The council has some scope to consider how it might set about reducing the amount of service that it directly provides and options such as social enterprises are being considered. The Adult Social Care service will continue to work on care practices that promote independence for all service user groups (with a renewed emphasis on outcomes for adults with learning difficulties, Asperger's and autism); looking to continue to divert people to appropriate help and reducing the direct demand on the council; and improving productivity in front line workers.

16. Hackney Council

Hackney Council continue their focus on promoting independence. The approach underpins the council's four-year plan to transform adult social care services and to save £20.6 million from the adult social care budget.

Hackney offered their full savings programme for review as their contribution to this programme.

The gross spend on adult social care over the last three years has been:

2011/12	2012/13	2013/14
£131.1 million	£129.6 million	£125.1 million

*2012/13 does not include a £2 million overspend pressure included in the 2011/12 spend figure that was resolved in 2012/13. If included the percentage reduction would be 2.66 per cent

This shows that Hackney experienced a reduction in their budgets for adult social care as well as having to meet demographic and inflationary pressures. Hackney expect that Adult Social Care will contribute a further minimum of £23.8 million savings over the coming three years as part of their contribution to the council's financial challenges (£72 million).

In response to this challenge Hackney recognised the need to start the next phase of their transformation programme, building on a range of service reviews and formative business cases that had already been considered before this programme.

The associated £18 million four-year savings plan (2012 to 2016) was established by the end of March 2012. With additional requirements for 2015/16 following the announcement of the local government settlement for 2015/16, this has been extended to £20.6 million which is 20.1 per cent of the base budget (2011/12). A demand modelling system has also been established which monitors progress and profiles scenarios for future impact, demand and costs and helps to manage the progress in delivering savings against current activity.

The overarching driver for transformation was Hackney's **continuing work to promote independence**. They set out and published a much more exacting promoting independence commitment in April 2012 and used the LGA efficiency programme grant to initiate an associated training programme for managers and staff. These were the main strands of programme work:

- **Promoting independence through care management.** Around half of the savings plan required the careful reduction of commissioned care package costs. While this required the strengthening of some systems, controls and processes (eg panel scrutiny and application of criteria) the emphasis was very much on rethinking the relationship between needs, outcomes and services. This work depended on gaining the understanding and buy-in of staff, providers, users and carers. Learning disabilities as a high-spend outlier had the most stretching of improvement targets.
- **Re-designing and re-commissioning services.** The other half of the savings plan focused on major projects of this kind, including work to transform day care services (consolidating building-based services to a single modern centre and placing greater emphasis on community alternatives), evolving the continuing role of in-house provided services (re-focusing them on the delivery of more specialist and complex services) and the careful re-design and integration of our portfolio of preventative services so that they deliver much more for significantly less. There was also emphasis on developing the council's key universal and cultural services to better meet preventative needs and setting a stretching agenda for the continuing improvement of reablement pathways for each client group.

Hackney Council's adult social care reports these as their successes:

- Key projects to develop cultural services, re-design preventative services and strengthen reablement have been delivered. Overall they report good progress towards meeting targets for reducing levels of new demand. This includes the key targets to reduce new comprehensive assessments for older people and physical disabilities by 52 per cent (while consistently offering preventative and/or support services where appropriate) and for at least 62 per cent of users to be independent following completion of reablement.
- In-house care services have been successfully refocused to deliver services to meet high and complex needs. All remaining home care services transferred to external providers and staff moving to reablement and housing with care services.
- The re-design of day care services is progressing well toward its end of 2015 target with some savings delivered early. There has been strong consultation

with users and interim transition arrangements have been delivered successfully with users and carers satisfied. Design work to refurbish a new site for the service is underway. The new service will focus on meeting high and complex needs. Alongside this development a range of community day opportunities are being developed in partnership with a local housing and voluntary sector providers.

- They are continuing to deliver against the very challenging savings plan for Adult Social Care (ASC) services and have delivered nearly £1 million of promoting independence savings and over £300,000 of day care savings ahead of schedule.
- Improved care and pathway management is delivering a continuing stream of reduced costs of care in line with their stretching plan for promoting independence savings.
- An integrated structure for delivering learning disabilities services has been established which achieved an initial 10 per cent reduction in costs. A detailed business case and re-design for a fully integrated portfolio of reablement and intermediate care services has also been developed which will be delivered in 2014.
- A comprehensive promoting independence training programme for staff working at all levels and in all roles has been provided. A recent survey of staff concluded that over 76 per cent believe this model is helping the council respond to the changing nature of care, 71 per cent believe it is supporting innovation and 65 per cent believe it is supporting excellent care.

There are challenges for Hackney Council in balancing their finances over the next few years and they intend to continue to seek further savings through continuing focus and development of the approach identified. In addition, Hackney has developed an approach for health and care integration with their local health partners. Two new projects to integrate both the learning disabilities (led by the council) and the reablement and intermediate care services (run by community health provider) are underway. The emphasis of this transformation work was on improving our capability for achieving outcomes and thereby managing down demand.

Furthermore, the Better Care Fund is being used to sustain and develop a range of services that are vital for promoting independence and managing the local health and social economy, albeit within the constraints of what is possible with the use of existing funding.

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17. Hampshire County Council

Hampshire County Council focused on extending the use of telecare to reduce the cost of care packages. This has contributed to savings of £40 million over three years. Further significant contributions came from contract renegotiations and reviewing packages of care.

The programme in Hampshire examined demand management with a specific interest in the use of telecare.

In line with other councils, Hampshire's adults' social care budget increased by a small amount over the last three years with a decrease from 2013/14 to 2014/15. This still has meant that Hampshire has had to find savings to meet inflationary pressures and demographic demands (estimated at £12.4 million per annum):

2011/12 £410 million	2012/13 £415 million	2013/14 £426 million	2014/15 £420 million
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Hampshire has found savings from a number of key areas:

	2011/12	12/13	13/14
Contract negotiations	£7.769m	£1.895m	
Reassessments and Care Reviews	£3.657m	£1.743m	
LD transfers from health	£2m		
Recruitment freeze	£1.775m	£1.927m	
Reductions in senior managers	£1.300m		
Use of carers grant	£1.027m		
Use of specific grants and Supporting People grant	£0.997m	£1.528m	
Non-management staff reductions	£0.919m	£0.832m	
	£1.130m		
In-house business case efficiencies	£1.073m		
Reablement	£0.788m		
Savings with full year impact from 11/12	£1.246m		
Transformation of reablement			£1.000M
Health income			£1.900m
Other	£3.533m	£4.305m	£1.653m
Total	£22.977m	£16.467m	£4.553m

Their plans for the next three years are:

	14/15	15/16	16/17
Care at home (new contracts)	£1.855m	£4.755m	£8.55m
Extra-care housing (close in-house res care)	£0.164m	£0.674m	£1.563m
LD re-commissioning	£0.591m	£4.044m	£4.044m
Supporting People	£4.112m	£8.233m	£8.233m
Younger adults new housing		£1.200m	£2.400m
Day care	£0.250m	£0.250m	£0.250m
Closures of in-house residential homes	£1.992m	£2.392m	£4.392m
Better Care Fund		£20.000m	£20.000m
Workforce	£0.100m	£0.300m	£0.300m
Total	£9.239m	£42.023m	£49.912m

	Accumulative totals
Care at home (new contracts)	£4.755m
Extra-care housing (close in-house res care)	£0.674m
LD re-commissioning	£4.044m
Supporting People	£8.233m
Younger adults new housing	£1.200m
Day care	£0.250m
Closures of in-house residential homes	£2.392m
Better Care Fund	£20.000m
Workforce	£0.300m
Total	£42.023m

The Adult Social Care Directorate in Hampshire has already delivered about £40 million of savings over the last three years – which equates to about 10 per cent of their total costs – and still needed additional monies from the council in order to meet inflationary pressures and increased demographic demands.

The main areas where savings have been found are from:

- contract renegotiations – including domiciliary care contracts (using electronic monitoring to ensure visits are accurately recorded and paid for efficiently) and contracting with fewer providers
- reviews of people in the care system
- reduced management and other posts
- absorbing grants into mainstream activity
- home closures of in-house provision and developing extra-care housing.
- better outcomes from reablement
- telecare to meet need more cost effectively.

See the Hampshire case study on their increased use of telecare.

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18. London Borough of Havering

Havering Council joined Barking and Dagenham and Redbridge to form an Integrated Care Coalition with health services. In addition, Havering have realised savings by outsourcing domiciliary care, implementing early intervention approaches and reviewing day care provision.

In their original bid for this programme Havering had joined with Barking and Dagenham and later with Redbridge to find savings through a joint programme with a focus on integration with health services. Although this particular project still exists in the form of the 'Integrated Care Coalition', the development of this arrangement has mostly focused on the various challenges presented by the changes in the structure of the health community and the financial viability of the acute hospital. Havering agreed to share the learning from their wider savings programme for adult social care.

The gross spend on Adult Social Care for the last three years has been:

2011/12	2012/13	2013/14
£73.455 million	£70.250 million	£69 million (estimate)

Havering has had to make some savings to balance its Adult Social Care Budgets over the last three years. It delivered £1.7 million of savings in 2012/13 and a further £4 million in 2013/14.

In 2013 Havering began the process of **out-sourcing the previous in-house run reablement domiciliary care service**. A saving of £750,000 was delivered from that process which included transferring some staff from the previous council-run service. In addition a further £850,000 was identified as savings - £500,000 from an improved performance of the new service and an additional £350,000 in relation to bed-based reablement provision contributing to lower admissions to residential care.

In addition Havering has delivered savings through providing a range of early interventions and better support for older people diagnosed with dementia, including a carer support programme, a peer support programme and better information and advice (£75,000 saving identified following investment).

A review of day care which reduced the numbers of buildings being used for that purpose delivered £500,000. A policy of looking to reduce the numbers of older people moving to residential care delivered £350,000 and a review of adults with learning disabilities in residential care delivered £400,000. The introduction of a telecare programme has had some limited direct impacts on spending on both domiciliary and residential care for older people, saving £150,000. The falls prevention strategy can show a direct impact on reduced admissions to residential care for older people delivering £140,000 savings. A full charging review has also delivered £250,000 in increased income.

There are financial challenges ahead for Havering with the council expecting to have to deliver £60 million of savings over the next three years to which adult social care will be expected to make a contribution. There is an optimistic view around the Better Care Fund – particularly as the Clinical Commissioning Group is expecting an increase in funding that arises from the changes to the NHS allocation formula which should benefit this borough which contains the highest proportion of older people in London. Again there are some risks related to the financial challenges faced by the acute hospital that serves many local residents. There will be more integrated services across health and care including a fully integrated hospital discharge service (linked to an agreed Intermediate care joint strategy) and integrated community teams for health and care 'wrapped around' local GP surgeries.

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19. London Borough of Hounslow

Hounslow Council have made efficiencies across the adult social care service with the greatest savings arising from contract re-negotiation, reviewing higher cast packages of care and closure of some services or posts. The council are now focusing on reducing demand for services.

Hounslow had offered their full savings programme for review within this programme. There have been a number of changes in the leadership of adult social care since the inception of the programme – which has limited some of the information that is now available from the council.

The gross spend on adult social care over the last two years was:

2012/13	2013/14
£68.379 million	£65.014 million

The information from 2011/12 was not available.

Hounslow Council has faced some financial challenges over the last three years and adult social care has contributed just over £6 million in the last two years to help balance the books as well as absorbing demographic and inflationary costs for the service. Three years ago there were a number of challenges both financially and for services in Hounslow for adult social care. This has now been stabilised and in 2013/14 a small underspend is predicted.

Hounslow report that for the past two years their focus for balancing the budget in adult social care has been on making efficiency savings. At the same time they have started a programme to reduce demand for social care which is just beginning to show signs of delivering some savings for the future (demonstrated by the underspend).

At the outset of the efficiency programme, Hounslow commissioned an external review of how they were spending their monies and what was the potential scope for savings. The evaluation showed that Hounslow had too many people based in residential care; did not have reablement at the heart of their service (and was not using the service very efficiently); and there was scope for savings through better use of telecare. The team that undertook the evaluation was prepared to work as an efficiency partner to deliver the savings they had suggested were available. Hounslow decided, for a number of reasons, not to progress with this option. They have continued to use the analysis provided as a base for their planning for the future.

Over the last two years savings have been delivered through:

- review of contracts that were funded by the former Supporting People grant
- a reduction in the high costs of some placements
- closure of some services
- voluntary redundancy and some post deletions
- review of domiciliary care packages
- savings from back-office functions
- review of use of taxis and minicabs
- increased citizen contributions
- review of other contracts
- review of Learning Disability Services
- a restructuring of Adult Social Care – including mental health and commissioning
- a business support review.

Hounslow is expecting to have to find significant further savings over the next three years. They are beginning to plan for these. They have identified some specific areas where they are looking to find savings. An initial total of £2 million has been identified as the target for 2014/15. These include:

- reviews of existing care packages and more focused reviews

- reduction in use of residential and nursing beds (already seeing a significant reduction in new admissions)
- decommissioning some of the block contracts, some high cost placement reviews and some ordinary residence cases placed out of borough
- an efficiency review of internal budgets.

The main thrust of the direction for the council is to develop a set of integrated arrangements with health focusing on four significant changes:

- the redesign and realignment of the reablement service to work closely with the health intermediate care/ discharge teams
- a project to bring procurement for health and social care together for personal care in people's homes
- the establishment of a Joint Commissioning Unit (which in part already exists)
- the creation of a single point of access for health and adult social care.

Hounslow expects that a combination of models of social care that work on promoting independence, building strong relationships with all providers to engage them in building the services that will deliver this (including the private sector) and the work with health to better integrate services will contribute to reducing demand for social care and help to produce the savings for the future. As part of this there are very positive discussions taking place around the opportunity that arises from the Better Care Fund. There will be a focus on the projects identified above alongside the development of locality working with GPs, a co-ordinated dementia care pathway and a strong link in relation to the co-ordinated care of older people over 75 years of age.

20. Kent County Council

Kent County Council appointed an efficiency partner to avoid salami slicing and take a more strategic evidence based view of how savings would be delivered. A particular area of interest has been the focus on workforce optimisation. The council will deliver savings of £18 million by 2014/15.

The contribution from Kent to this programme was to offer their full savings programme – specifically the appointment of an efficiency partner to assist in this process. An earlier case study for Kent was included in the interim report by the LGA ASC Efficiency Programme. Kent was one of a small number of councils who **adopted an efficiency partner** to work with them in delivering savings.

Gross spend on Adult Social Care for the last three years has been:

2011/12	2012/13	2013/14
£425.144 million	£429.835 million	£444.849 million

In line with many other councils the gross spend on adult social care in Kent has remained relatively stable over the last three years. This has meant that the Adult Social Care Directorate has had to find savings in order to meet inflationary and demographic pressures within their budgets. In addition to these pressures Kent has

had an additional challenge with the numbers of people with learning difficulties placed within the county from other parts of the country (mainly London and the south east) where they now are claiming ordinary residence – this has added an additional pressure to the council's budgets. In 2013/14 this was £4.79 million and this is expected to grow in 2014/15. The annualised saving of the completed actions will be £18m in 2014/15, and will reach a sustainable £30 million in 2015/16.

One of the key reasons for Kent appointing an efficiency partner was to avoid 'salami slicing' budgets in the future and to take a more strategic evidence-based view of how savings would be delivered. They had made some significant savings in procurement of learning disability services of £9 million. They had increased income from charging (£100,000) and changed the contracts with domiciliary care providers (£2.9 million). They had closed some in-house residential care homes saving £2.2 million. Various reviews had been undertaken of in-house services including a management review which had saved £2 million. A further £452,000 had been saved from reduced back-office functions.

The work of the efficiency partner (which only started in full during the second half of 2013) in Kent has focused on five areas to deliver savings. These have been:

Optimising the efficient and effective practices of staff working for the council as a result of which they have reduced the lead-in time for a first assessment by 66 per cent; increased the numbers of assessments and reviews undertaken by staff by 500 per cent; reduced the number of assessments through a fast tracking system for 25 per cent of service users; reduced administration time by 20 per cent and reduced overdue reviews by 78 per cent. Alongside this, an organised programme of 'promoting independence reviews' has reduced the cost of care for a large number of customers with a focus on outcomes. The combination of these actions (after six months of intensive work) has reduced spend by £2 million with further potential to produce higher savings. Included within this part of the programme has been a review of where recruitment for new/additional staff should or should not be happening – and through an active management of vacancies a further £500,000 has been saved.

Increasing the efficiency and effectiveness of the reablement service which has allowed the service to take on 40 per cent more customers. Improved demand management has saved an additional £500,000.

Retendered the home care contract with a saving of £2.5 million with the unit cost of domiciliary care reducing from £14.79 per hour to £13.77 per hour. This has in part been achieved with a reduction of suppliers in Kent from 130 to 23 contracted suppliers.

Increased the use of telecare with the better use of a range of products to sustain independence for older people while saving £500,000 from replacing hours of domiciliary care with equipment. At the same time they retendered for the equipment for telecare monitoring, saving a further £500,000 on just unit cost. They evaluated the supply from the residential care older people's sector in the council with a view to better commissioning to meet local needs (no figure yet agreed for savings).

In the next phase of their work Kent will continue with the actions above with the expectations that there are further savings to be gained as the new operating model beds in. In addition Kent are discussing with their partners work on the Learning Disability Pathways, including the commissioning of short breaks; the allocation process of service users to accommodation-based care (especially younger adults); a review of the cost model and closer alignment with health services (Kent are an integration pioneer). Kent describe themselves as a 'Commissioning Council' in the future and they expect as part of that to evaluate all of the current in-house services. In situations where the business case for retaining an in-house service is not strong enough, Kent will consider transferring services to social enterprises, the voluntary sector or to private providers in the county.

Kent will continue to be financially challenged and the Adult Social Care part of the Directorate expects to have to make further savings in the region of £60 to £70 million over the next three years. This will be achieved through a combination of the use of the efficiency partner and the use of the Better Care Fund. Kent is committed to developing a more integrated set of services with their health partners.

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21. Royal Borough of Kingston upon Thames

Kingston on Thames Council procured an efficiency partner to assist the council in making efficiency savings in older people services and specifically in home care services, telecare and reablement. The council are committed to becoming a commissioning council.

Kingston-Upon-Thames decided quite early in the programme to procure an '**efficiency partner**' to assist them in delivering the savings that they needed to find in older people's services. (This is recorded as a case study in the LGA Efficiency Programme *Interim Report* – 2013).

Over the three-year period Kingston Adult Social Care spent in gross terms on Adult Social Care:

2011/12	2012/13	2013/14
£68.092 million	£74.707 million (Following some adjustments from the NHS and the council)	£76.147 million

These figures show a growth in expenditure in Kingston for the three years of this programme but the figures mask transfers from the NHS and internal changes in the council which brought money into the budgets with added responsibilities. Kingston still had to find £6.3 million of efficiency savings or about eight per cent of the Adult Social Care budget.

Prior to the establishment of an efficiency partner, Kingston had taken £1 million out of its staffing budget and closed both an in-house residential care home and two day care centres (one for older people and another for adults with learning difficulties). It had introduced a reablement service across the borough. Kingston had also created a single provider organisation across health and social care – Your Health Care – a local service run as a social enterprise with staff from previous organisations transferred into this service (TUPE) – similar to the model in Swindon.

The programme agreed between Kingston Council and Newton (Europe), its efficiency partner, was to cover the following areas (this had followed an earlier diagnostic undertaken as part of the LGA Programme):

Savings delivered	
Telecare	£639,697
The unit cost of reablement (and efficiency of the service)	£627,927
Targeted reviews on high cost packages	£236,763
Home care re-procurement/re-commissioning	£1,057,812
Transport	£ 52,210
Reviews of adults with learning disabilities	£177,102
Costs of nursing and residential care homes	£233,055

Kingston stated that these were all changes that needed capacity to deliver either the technical changes (as with procurement) or the cultural changes in the social work practice or detailed work for which they did not have the management capacity. Of interest from the work was a focus on people who were already receiving a service from the council, looking to see if they would benefit either from assistance through reablement or from introducing appropriate telecare equipment. In particular they found introducing telecare provided specific reassurance for carers or the use of some equipment was also able to reduce some of the domiciliary care packages.

The retendering of the domiciliary care contract with the appointment of fewer providers (from approximately 20 to three) led to the unit costs reducing from £17.00 to £14.00 per hour. (This had an impact on reduced income from charging). Ten per cent of customers moved to a personal budget so they could retain their previous provider.

Kingston are committed to describing themselves as a 'commissioning council' and they are no longer running in-house services for Adult Care. They have found strong benefits from the external challenge that their efficiency partner brought to the council.

Kingston can see that the reduction in their rate support grant from central government proposed for the next four years will mean that at the end of the period (2018) they will hardly receive any grant at all as a council. This equates to a further loss of just over £50 million across the council. The council has started some internal discussions about how this will be managed. The Better Care Fund has some value for Kingston but there is already an integrated model operating where the Director of Adult Social Care is also the accountable officer for the Clinical Commissioning Group so the 'pooled fund' has been in place for a couple of years. They already have low inappropriate admissions to the acute hospital and can see that there may

be £2 to £3 million available to support the council's challenges – a helpful contribution but not sufficient to address all of the potential financial challenges.

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22. Lambeth Council

Lambeth Council's completed an end to end review of adult social care. The council have significantly reduced spending on older people through a combination of initiatives, including a focus on reablement, procurement of domiciliary care and reductions in spending on lower levels of support.

Lambeth had a full savings programme within this project.

Over the last three years the gross spend on Adult Social Care in Lambeth is reported as:

2011/12	2012/13	2013/14
£96 million	£92 million	£91 million
(2013/14 figure includes £5.4 million of additional monies from NHS)		

This demonstrates a significant reduction in spending on Adult Social Care. The Directorate in Lambeth has had both to find the savings as well as to meet demographic and other inflationary pressures.

Lambeth report that they have approached their requirement to deliver savings in the following ways

- They have completed an 'end-to-end' review of their service which has delivered £1 million in 2013/14 with an addition £250,000 for 2014/15.
- They have reviewed their management and staffing levels across the board
- They have reviewed and removed 30 per cent of their back office functions (support costs).
- They have reviewed both contracts with providers and individual placements to look to reduce costs.
- They have reviewed all low level services – particularly those that were previously funded under the Supporting People regime.
- They have used the monies allocated from DH and then the NHS to assist in giving protection to front-line services.

During the three-year period Lambeth have reduced their spending on services for older people – they cannot directly associate this with a specific initiative but a combination of:

- Better and more focused reablement delivered by the independent sector (a single commissioned provider) at a reduced cost (from £17.00 per hour to £14.49) – this is linked to an integrated intermediate care service with the

NHS. Performance of reablement is around average with 50 per cent of older people not requiring a longer term package of care.

- Reduced costs through procurement for standard domiciliary care to support older people at home.
- Joint work with the GPs through the Clinical Commissioning Group – as part of the Southwark and Lambeth Integrated Care Pilot. This has given better community support for older people from acute sector consultants – but has not yet reduced admissions to the acute hospitals.
- The use of the 'virtual ward' with health colleagues to identify older people at risk – but again this has not yet shown an impact on acute admissions and may put some pressures on social care spend.
- The development of two new extra-care housing schemes (as alternatives to use of residential care).
- Tighter monitoring of care packages (including admissions to residential care) – through management and a care panel process.
- Reduction in some low-level services commissioned from the voluntary sector where there was limited evidence of preventive impact.
- In addition savings have been made in services to adults with disabilities through a combination of reviews of existing services and some contract negotiations with providers – about £800,000 has been found but all of the saving has been used to meet the rising demands in the service.

One of the largest areas of savings made by Lambeth over the last three years has been through undertaking a thorough **review of services that were previously funded under the Supporting People Grant** – these are typically lower-level services where either their 'preventive' element cannot be evidenced or there is scope to reshape and better commission similar services. Lambeth have reduced their spending in this area by £6 million with an additional £1 million taken from grants and contracts to other voluntary organisations. Lambeth also have reduced their back office 'support' functions by one third in order to protect front-line social care. They have used health monies to afford some protection as well as undertaking reviews of existing packages of care. They have protected hospital and mental health social workers through the Department of Health (DH) grants. Like many other councils the single biggest pressure for Lambeth has been on transitions from children to adult's services with growing year-on-year pressures. Again they have used DH grants to assist in managing this.

Lambeth expect that their funding will reduce by 40 per cent over the next three years. This will have a major impact on adult social care budgets. In order to mitigate this challenge they have started to work closely with health colleagues in order to take a combined approach to reducing pressures in both the care and health system. There is a need to reduce the number of hospital beds being used in order to recycle the monies into health and social care community-based services. Some of Lambeth's savings will be found through corporate contracts but there is a risk of double counting as to where savings may be found. Lambeth are considering a single service for all adults and children who have a disability/special needs. For younger adults they are exploring more of an outcomes approach to commissioning in order to encourage providers to promote independence and this includes looking for more employment opportunities for adults within this group. They will also look to expand their 'shared lives' schemes.

Lambeth has continued to promote personal budgets and in particular direct payments and they can identify future savings through the use of Personal Assistants at £11.00 per hour which is lower cost than the equivalent of contracted support services.(This sum includes a guarantee of meeting the London Living Wage which is a political priority).

23. Liverpool City Council

Liverpool City Council have fully engaged users, communities and partners in the transformation of adult social care services. They have developed a network of 'innovation partners' and work with the LEP and cultural partners to co-produce the approach to address the financial challenges across the city.

Liverpool had offered the learning from their full savings programme as a contribution to this programme.

The gross spend on Adult Social Care for the last three years has been

2011/12	2012/13	2013/14
£237.235 million	£222.236 million	£218.416 million

These figures show that Liverpool has had to make significant savings from its Adult Social Care budgets over the last three years. As a council it is reported that £173 million has been saved from their budgets and they have a further £156 million to find. One of the approaches that the Mayor of Liverpool has taken has been to be fully engage with the communities of Liverpool with this challenge. He has consulted widely and engaged all stakeholders in discussions. He has set a three year budget to show how the savings will be delivered and how the money will be spent.

Liverpool's Adult Social Care service commissioned an external organisation to undertake a diagnostic of their potential savings. This provided a platform for the Council which they built on with the creation of two full time posts within Adult Social Care to be responsible for driving the transformation of social care (whilst making the savings) - building on both the recommendations of the external challenge and identifying other options.

Liverpool undertook a range of reviews to look to find savings. These included most of the range of actions that have been seen in other councils: a review of eligibility criteria (from moderate to substantial – saving an estimated £6 million from 10-11 onwards); staffing reviews (about £1 million saved) ; procurement savings – about £4 million saved (though they already pay lower than average rates for some services eg £10.50 for domiciliary care); review of sheltered housing and community alarms and other former supporting people funding programmes (see below); and various smaller projects to reduce expenditure. A substantial reduction of the services funded by the former Area Based Grants took place in 2011/12 (£11 million). In addition, Adult Social Care delivered (cumulatively) £4.3 m in 2011/12; £13.2 m in 2012/13, £25.5 m in 2013/14 and plans to reduce spending by £43.0 m in 2014/15.

Liverpool has developed three strands of activity which have supported the delivery of savings whilst maintaining and in some cases transforming service delivery.

The first has been the development of a positive partnership with the wider housing sector in the city. There is a large amount of social housing in Liverpool and therefore the Registered Providers of Housing are seen as critical partners in helping to deliver change. Like many councils Liverpool needed to review its funding from the former Supporting People Grant but locally this was undertaken with Housing Providers. They found that they were generally willing to engage - make suggestions and in many cases take up the funding of services that were needed to continue from within their own resources. The Housing Providers were prepared to invest in services for their tenants.

From this type of partnership working grew a network of innovation partners, organisations that bring a very different set of skills to problem solving in the city. This approach has been branded as – “the innovation network”, and has enabled a wide range of activity such as the UKs first Adult Social Care Hack Day and dedicated support to stimulate and support consortia's / partnerships etc. This type of activity can be difficult to link to direct savings in the short-term but it has supported a co-produced approach to the financial challenges across the city. It also requires strong senior manager and Elected Member leadership and support.

A second approach has involved working with the Local Enterprise Partnership (LEP) to value both the significance of health and social care within the employment market but also to bring ideas for innovation to local business partners. Using this approach has enabled the development of new commercial ideas and models that can provide support in areas that have been targeted for savings. For example, in an effort to create a sustainable market based solution to Shopping Services / Frozen Meals, the LEP have jointly developed a project under the banner of the #friendlyeconomy. The project is a partnership of a technology company, a User Led Organisation and a Housing Provider working to co-produce an app that can open up access to internet shopping for older people. They are now working across Merseyside with partners to look how to attract European Funding to support the health and care sector linked to the work of the LEP.

The third area where Liverpool has been innovative has been working with cultural partners in Liverpool. By identifying those alternative assets which the city is rich in, the development of cultural commissioning has been an exciting development in the City. One example is the House of Memories developed by National Museums Liverpool which is seen as a national trailblazer in this alternative approach. With staff trained to offer direct interventions to assist older people with dementia using the museum resources, they are able to increase access to the City's assets thereby enhancing wellbeing and independence. Another example has been the creation of a market sustainable alternative to day centre provision by utilising the Bluecoat gallery and their Blue Room is now being franchised and trialled in other areas.

The challenges for Liverpool Council will continue through savings of £41 million, £67 million and £48 million required for the next three years. Their estimate is that the Better Care Fund may be required to support social care services deliver just over £10 million of these savings which still requires substantially more to be found.

In the future, Liverpool will make much wider use of extra care housing with a strong focus on this as an alternative to residential care. They will increase the use of telecare across the city (they are working with the wider “dallas programme” which aims to increase the use of technology in health and care settings). In addition, they expect their new IT solution which is being implemented to improve internal systems and processes for care management. They are keen to examine the role of technology in addressing the challenges and to ensure that it is embedded into the new ways of working. They are beginning to explore how they can work better with communities and families to reduce the models of dependency that were created in social care in the past – to offer more assistance to help people live as independently as possible. This includes significant investment in the creation of three “re-abllement” hubs in the City – buildings that offer beds where 24 hour re-abllement based support is delivered with one hub specialising in Stroke Care; one in Dementia Care and one generic centre. They will also continue to focus on community-based re-abllement building upon a successful pilot which demonstrated a significant reduction in care packages.

Liverpool report very good relationships with the Clinical Commissioning Group and a positive approach to the Better Care Fund. There are some risks with the money for the NHS in the city likely to reduce (as the funding formula changes work against the City). The Better Care Fund is assisting in creating a pooled budget to support joint working but it will not alone deliver sufficient savings to meet the City’s requirements for Health and Adult Social Care (as stated above). There is a finance sub-group of the Healthy Liverpool Programme where there can be open and transparent discussions about the collective challenges faced within the health and care systems.

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24. Lincolnshire County Council

Lincolnshire County Council have made savings by restructuring the service, reviewing eligibility criteria, moving the reablement service to a health trust and reviewing direct payments. The council continues to focus on their demand management strategy to make further savings.

Lincolnshire’s contribution to the programme has been a focus on reducing costs through better demand management.

Lincolnshire developed a long list of savings proposals with a complex project management programme to monitor each saving. After a short period of time and the appointment of new senior management, they decided to review this programme and focus their efforts on delivering savings in those areas that would produce the highest savings. They have saved £31 million over the last three years (though this figure includes £5 million additional monies from the NHS in recent years). The council has also made provision to pay some growth to the Adult Social Care budget

to assist with growing demographic pressures. The net effect has been a reduction in the Adult Social Care Budget for the period from 2010/11.

2011/12	2012/13	2013/14
£130.639m (-6.69%)	£131.546m (+0.69%)	£138.629m (+5.38%)

The council has been planning for the future and it is building a 'Financial Volatility Reserve' to add some protection from the pressures that are expected in both 2014/15 and 2015/16.

Savings have been achieved through:

Restructure of Adult Social Care leading to a loss of staff working for the council (from 1155 in 2010 to 627 in 2013/14) – saving of £8.4 million (some of the jobs and some of the costs continue to be provided in the independent sector or with health partners).

Review of Fair Access to Care to remove the 'moderate' category which reduced costs by £484,000

Increases in service user contributions (£1 million)

Re-provision and closure of costly in-house services (£5 million) – costs do occur elsewhere in commissioning budgets but at a much lower level.

Improvements in procurement – with a specific focus on large scale contracts (£2.5 million)

Using health monies to prop up the bottom line (£5 million)

Moving the current in-house reablement service into a health trust (with the staff moved across under the TUPE regulations with an expectation of higher productivity and better outcomes). Current improved performance is that 50 per cent of older people do not require further service after an episode of reablement. This is in addition to improvements in utilisation rates)

Diversion from long-stay residential care (£1.65 million – though balanced by some increases from demographic pressures)

Assertive reviews (£500,000)

Reviewing use of Direct Payments by customers and recovering £500,000 where service users have used their monies prudently.

Lincolnshire has two major programmes which they expect to prepare them for the future. These are to bring in a partner to run all back-office and support-service functions in addition to the Customer Services Centre – a cross-council initiative from which Adult Care will benefit. Secondly, there is a programme to work much closer with health partners to look to use the opportunity created by the Better Care Fund to assist in the transformation of health services to free up resources to assist adult social care.

There is an ambition with health to reduce the pressures on the acute services so that up to 400 (of the 1,300) acute beds in the county will no longer be required. The model is based on an investment in neighbourhood teams which will target their services on frail older people who are at most risk of needing acute health or

intensive social care. The proposal (above) to develop a single Intermediate Care service across health and care will be in place in 2014 and this service will ensure rapid discharge from hospital and some hospital avoidance support. The new neighbourhood services are looking to develop risk stratification tools to identify those most at risk and target resources on them, as well as to make the access to services through straightforward assessments much easier and at lower costs. The business case which is currently being finalised will look to re-invest in community based care services as acute admissions reduce. Working with GPs is also a critical part of the development of these services.

In addition the council through its social care procurement and commissioning is looking to assist health partners to reduce their costs – specifically in mental health and learning disability services through re-tendering these services and reshaping the market to reduce costs. The expectation is that monies that are freed up can be used within the Better Care Fund.

In addition there will be an enhanced carers support service to reduce the impact of longer-term demand (30 out of the last 100 admissions to residential care came from carer breakdown in Learning Disability services) and the developing First Contact Service will use a range of contracts with the voluntary and community providers to offer low level (preventive) support to about 30 per cent of new enquiries for help or assistance. The 'Prevention (or 'wellbeing') Service' includes the ability for customers to purchase their own telecare, a falls prevention service, a welcome home from hospital service, home improvement, befriending and other low level care, all of which has a £5 million investment. This latter set of services will be linked in with the new external contract for customer and support services.

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25. Luton Borough Council

Luton have improved their reablement service so that 66 per cent of users do not need any formal on-going care. The council have delivered £14.5 million of savings over the three years.

Luton Council's Adult Social Care Team focused on the improvement of their reablement service as their part in this programme. This is written up as a case study.

Over the three years of the programme Luton has had the following gross budgets:

2011/12	2012/13	2013/14
£73.675 million	£64.412 million	£62.952 million

Luton has had to make savings to balance its budgets over the last three years. Even though the council has put additional resources into the budget to meet demographic pressures and inflation (at about £3.5 million per annum), the overall

picture like other councils is that the savings that Luton has funded has met these pressures and more, with a £14.5 million cashable saving delivered over the three years (about 15 per cent of the budget).

Luton has delivered savings in the following ways:

- **The development of extra-care housing as an alternative to residential care** and the renegotiation of both the care and the support contract for the housing schemes.
- The policy of no direct admissions to residential care from an acute hospital bed – which has contributed towards a 65 per cent reduction in admissions to residential care over the three years.
- **The improved reablement services giving a performance of 66 per cent of people not needing further domiciliary care support** (see case study on reablement in Luton).
- Use of assistive technology to support adults with learning disabilities who live in supported housing.
- The contracts team use a value-for-money approach for all care packages that are above £900.00 per week.
- An improved resource allocation system with creative packages of care encouraged through a panel process.
- Using the ordinary residence rule to encourage local authorities where people reside to take up the costs of the care.
- Retendering the domiciliary care contracts and moving from over 20 local suppliers down to six key strategic partners – this reduced the unit costs from between £12.50 - £14.50 (with one provider at £16.00) down to £12.68 - £13.80 per hour (this is a flat rate paid for any time of day, weekend or bank holiday and is paid pro-rata in 15-minute blocks) saving about £500,000 in the first year.
- The use of electronic monitoring through CRM 2000 system for domiciliary care both to assure quality and to make easier payments to suppliers – saving £250,000 in first year.
- The use of the health monies to support mainstream activities.
- Review of some previously funded Supporting People services.
- Some staffing reviews.

Luton have a full savings programme supported by a programme-managed approach with weekly monitoring meetings to adjudge progress against targets. In the medium term the council faces significant challenges and currently the Adult Social Care contribution to the council's medium term financial strategy is expected to be £25 million over the next three years (almost double what has already been achieved). In addition Luton is experiencing real pressures, with the numbers of younger people coming into transition for adult care services each year looking to increase significantly (twice as many people than in previous years); an increase in demands for mental health services; and growing numbers of older people experiencing dementia and needing some care and support.

The Adult Social Care service is preparing for this in a number of ways:

- A continuation of a strongly performance managed savings programme for the Directorate.
- Working closely with health partners towards a more integrated model – building on good relationships and looking to use their agreed programme with the Better Care Fund to assist in managing demand in both health and social care.
- The further development of extra-care housing
- The re-provision of day and respite services for adults with learning disabilities including providing new alternative services for both those with high and lower care needs.
- They are looking to work more closely with communities and already have a dementia-friendly community's programme which will be enhanced with increased use of volunteers and projects to tackle social isolation.

On a positive note, Luton has a vibrant third sector which has helped in part with some funding which comes through the local airport's contribution to the economy. This money operates like a social bond with outcomes expected as a social return on the investment – this is an important part of why the monies are awarded. Early evidence shows some good results from the use of these monies in the third sector. In addition the Clinical Commissioning Group is anticipating a 3 per cent growth in its budgets as a result of the changes to formula allocations from the Department of Health (this also will help the options from the Better Care Fund).

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26. Northumberland County Council

Northumberland have demonstrated how a whole-system approach to the management of patients/clients has delivered a more cost-effective model of care for both health and social care. The council have delivered £14.7 million of savings since 2011/12.

Northumberland County Council **operates a partnership arrangement with Northumbria Health Care Foundation Trust under which Northumbria manages most of the operational social care functions.** The Foundation Trust runs hospital and community health services in Northumberland and North Tyneside. With this in mind, Northumberland's participation in this programme focused on achieving efficiencies through health and care integration.

The joint arrangements for health and social care in Northumberland have a history which goes back into the 1990s. In 2001 Northumberland was one of the first established Care Trusts. The commitment to integration between the local parties has survived various restructures of the NHS (by central government) and has now been established in its current form for the last four years.

The gross spend by Northumberland Council on Adult Social Care for the last three years was:

2011/12	2012/13	2013/14
£134.108 million	£129.038 million	£115.516 million

In order to deliver this Northumberland has had to save £7.5 million in 2011/12; £6.5 million in 2012/13 and £3.7 million in 2013/14. These savings are required to ensure that demographic demands, inflationary and other pressures are met.

At one level Northumberland can show that it has made a number of savings that look similar to those that have taken place in other councils.

These include

- Lower costs for services through demand management and better procurement.
- Control of purchased care management services through delegation of budgets and strong management of those delegations.
- Reviews of staffing.
- Reduction of in-house home care.
- Reviews of grants and contracts – including former Supporting People funded services.
- Increase in clients contributions.
- Review of support costs.
- Reduction in training budget.
- Savings arising from campus closures and transfer of responsibility for adults with learning difficulties from the NHS.
- Increased income from health – including health paying the council in order for it to manage and commission all continuing health care (CHC) arrangements. They have a pooled budget with a risk sharing model. The council will gain share from efficiencies that it achieves through better procurement and management of these CHC services using some of the principles and processes for driving out efficiency that are being applied to care management spending as well.

However the key story in Northumberland is how a whole-system approach to the management of patients/clients has delivered a more cost-effective model of care for both health and social care. **Northumberland can show that a total of £5 million of the savings delivered for adult social care are as a direct result of the way in which the integrated model has worked.** One of the contributors to this saving was that they have held demand for domiciliary care for older people at a steady rate while reducing the numbers permanently in residential care funded by the council by 12 per cent over the last three years. (The numbers in 2011/12 were 1372 residential and 376 nursing placements and these have reduced to 1,194 in residential and 347 in nursing care).

The approach is described in a four-phased approach (which is not dissimilar to that adopted by social care in non-integrated systems but may be new to the NHS).

About four years ago Northumberland introduced a new single access service for health and social care across the county. It is based on the principle that using a support planner (a person who is trained to assist customers in finding their own solutions for their problems – within their families, in their communities/personal networks, from the voluntary sector or from themselves) can divert people away from state-funded health and care services but still assist people in finding the right solutions. This front door approach has shown a decrease in the number of assessments that are required to be undertaken by professional workers.

The second phase has a focus on a response service that can come to the assistance of people in a rapid way either because they need services following a hospital discharge or because an event has taken place in their lives at home where they need some care or support – even if it is for a short period. These services which include nursing, therapies, domiciliary care (reablement-based) and other social care support are all operated and run within a multi-disciplinary team. Most of these services have a six-week optimum period during which they help people to meet their needs and to encourage their recovery.

The third phase might be described as a risk stratification approach. This is a programme which has been developed alongside GPs (who are a critical part of the integrated partnership working in Northumberland). An approach has been developed with GPs whereby they identify the patients on their lists who are vulnerable and at risk of a hospital admission. These patients are referred to the multi-disciplinary team who assess what further actions can be undertaken to support these patients to remain in their communities. Thus avoiding both residential care admissions as well as acute hospital unplanned admissions. There is no evidence from this work to date that additional services have been required from social care.

The final phase is for those who have long-term conditions and require longer-term care and support (including those who need palliative care). For social care within this group, a small sub-group has been established who are entitled the 'risk and independence team'. They were initially established to review all care arrangements which cost the council more than £600 per week. They added a range of mental health service users who had become reliant on care and eventually they now act as a consultancy team to advise and assist all social care staff and others who have a person who needs any intensive longer-term support. The management of those with continuing health care needs would be considered within this phase.

Northumberland can show that the culture of the multi-disciplinary teams working within the framework of an agreed model of promoting independence that is shared as an ambition across health and social care has been a significant driver for their savings. They believe there is still scope to develop this further.

However the challenges ahead are of concern to them. Northumberland Council anticipate having to make savings in their budgets of around £32.5 million a year for the next four years. This equates to a £14 million saving in adult social care if they are expected to make an equal contribution to the savings (alongside other council services). There are reservations as to the capability of the Better Care Fund to deliver funding required within the system (for health care and social care).

A new Emergency Care Centre in the county provides an opportunity for the reconfiguration of the General District Hospitals (to focus on care for older people). However, further efficiency is harder to achieve when the integrated model has already made significant inroads into reducing admissions and there are low levels of delayed discharges already. In the meantime Northumberland will continue to refine and develop their integrated model of care. At the same time a new opportunity has been presented as the Director for Adult Social Care has acquired responsibility for children's services. The integration between across life-course social care will be part of the next phase.

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27. Peterborough City Council

Peterborough has taken a strong programme/performance management approach to overseeing the delivery of their savings programme, delivering £6.3 million of savings as well as bringing the budget back in to balance.

Peterborough Council offered a full savings programme as their contribution. The gross spend on Adult Social Care in Peterborough for the last three years has been:

2011/12	2012/13	2013/14
£56.383 million	£64.649 million	£ 63.223 million

(The increase from 2011/12 to 2012/13 relates to a combination of some on- off redundancy costs and the late transfer of learning disability budgets from health.)

In line with other councils Peterborough has experienced a small decrease in their overall spend in adult social care over the last three years – though this has meant that in addition to finding some savings to balance the budget they have had to find additional savings to meet demographic and inflationary pressures.

Peterborough has taken a strong programme/performance management approach to overseeing the delivery of their savings programme. Over the last two years (after the council separated from the Care Trust in 2012) savings of £6.3 million have been delivered as well as bringing the budget back into balance (about 10 per cent of the gross budget).

Savings have been delivered from the following areas:

Last year Peterborough **changed their eligibility criteria** for adult social care to critical and substantial (from moderate) and as a result has saved £385,000. In addition changes to charging policy has produced £250,000 more income. In addition a policy of recovering under-spent direct payments has produced £274,000 of unspent monies by service users.

More recently a new tendering exercise has taken place for the **procurement of domiciliary care** and it appears this will release savings in 2014/15 of about £1.5 million (£233,000 was saved in 2013/14). Electronic call monitoring for domiciliary care only delivered £24,000 from an estimated saving of £150,000. Peterborough considers that they allowed too much flexibility from providers in the care market to achieve this and would have imposed a single solution on the market if they were to repeat this process.

Reviews of support plans for older people – only achieved £92,697 from an original £320,000 projected saving – Peterborough report that they had commissioned an independent organisation to undertake these reviews which did not work for them – they have now brought this back in-house with much more success.

Use of a panel to manage packages of care for older people has saved £124,112 from a projected saving of £320,000 – the reason for the low level was explained by a number of people transferring from an in-house service not delivering the savings expected.

Peterborough has over-performed in delivering savings from its in-house reablement service which has reduced demand for domiciliary care to the value of £525,122 (cashable savings) in 2012/13 from a projected target of £290,000 and a further £425,000 in 2013/14 from a projected target of £250,000. They report that 50 per cent of customers no longer require a service after an episode of reablement care.

Reviews of high-cost learning disability placements for care and their costs have delivered £234,865 (on target). The programme to bring people from residential back into the borough has been less successful. Significant savings were however delivered through changing the care arrangements for adults who had previously been accommodated by health services (before the transfer) with almost £500,000 delivered. They have now established a learning disability brokerage service which has also delivered some early savings.

Peterborough has reviewed its in-house management and staffing and taken £275,000 from staffing budgets.

They have also taken a new approach with health colleagues to applying the policy on continuing health care which has saved the council £229,883 in the first year and a further £930,000 in the second year. Further savings are expected from changes to the agreement with the NHS about the funding for the Joint Equipment Store (ICES). They are also undertaking a review of mental health services with the NHS which is expected to deliver a further £250,000.

The challenges for the future are significant for Peterborough's Adult Social Care. Based on the council's current projections a further estimated £10 million may have to be taken from their budgets for which they have some solutions. The burden of this will fall in 2015/16 alongside the burdens from the new Care Bill which have not yet been fully costed. The Better Care Fund presents a real challenge for the wider health and care communities stretching across Cambridgeshire and Peterborough. There are a number of acute hospitals (possibly not all sustainable) and a mental

health trust which may not be large enough to gain foundation status. There is already a review of the wider health economy and its financial challenges led by PriceWaterhouseCoopers as part of a central government initiative. Peterborough is now proposing the consultation on the closure of two in-house residential care homes which should deliver £1.5 million of savings. At the same time they have set a target of a 10 per cent reduction in admissions of older people to residential care and a more robust policy on the rates paid for self-funders who run out of money.

Peterborough Council has a partnership arrangement with SERCO and they are a key part of delivering efficiencies for the council, including Adult Social Care, particularly around transaction and support costs. They will in particular assist with the design of access to services and the way in which the 'front door' for adult social care operates.

Peterborough has been looking at the community development model adopted by Derbyshire Council to increase community capacity to help manage demand for adult social care. They are exploring the opportunity to establish social enterprises for running some services in the future. They will also look to extra-care housing as part of their longer-term solutions.

28. Borough of Poole

Poole focused on more effectively managing demand for formal social care and how best to support self-funders to find the right solution for them. The council have saved £4.8 million over the duration of the programme.

Poole wanted to focus in this project on a combination on how to most effectively manage demand, including those self-funders who run out of money.

The gross spend on Adult Social Care over the last three years has been:

2011/12	2012/13	2013/14	2014/15
£51.735 million	£55.546 million	£53.405 million	£52.655 million

Over the last three years Poole has had a small growth in its gross spend for Adult Social Care. It is anticipating a gap of £5 million to balance-the council's budget in 2015/16, with a high proportion of the savings to close the gap expected to come from Adult Social Care. Like many similar councils even this period of three years with relatively small growth has required savings to be delivered in order to balance the budget. Poole made savings of £1.936 million in 2011/12; £1.08 million savings in 2012/13 and a further £1.8 million in 2013/14. (Total of £4.827 million or 9 per cent of the budget). The combination of demographic pressures, especially with the Learning Disability Budgets, and some inflationary pressures have required increases from the council.

As there is no overall control for any single political party of the council there has **been a cross-party working group – Star Chamber** – which has looked at the savings to be made across the whole of the council, including in Adult Social Care. There has been a focus in the following areas:

Getting a front-of-house help desk to work effectively to offer advice to customers, helping to direct them to the right place for assistance and guidance. The team includes a mental health specialist post; a safeguarding triage service; the ability to adjust existing care packages; and a focus on helping people who are in a crisis. Other helpful advice has seen an improvement in people getting the right equipment through OT advice and help with housing options. This service has effectively reduced demand on the front-line assessment teams and reduced the numbers of calls being handled by front line duty social workers.

This service has been enhanced through the **creation of a specialist post (which has been so successful that further posts will be created) to specifically help those who may be self-funders find the right care solutions for them** – often avoiding an early admission to a residential care home. The post was part funded by the CCG and has been working closely with older people referred by General Practitioners.

There has been a clear focus on looking at **alternatives to residential care with a specific piece of work to reduce admissions direct from the acute hospital to residential care**. One of the ways of reducing the latter has been through the creation of a short-term night time sitting service which has helped some older people manage their recovery within their own homes. Poole has developed an in-house reablement-based domiciliary care team and a small number of intermediate care residential beds. One key approach that has worked in Poole is for practitioners to share their practice with each other in relation to avoidance of admissions. Under guidance from their managers front-line workers have developed a peer challenge process (group discussions) which has helped in finding alternative solutions that have been appreciated by the customers as an alternative to residential care. Poole has **used both reablement and assistive technology to assist in their approach**. Overall in the last year there has been a 50 per cent reduction in new admissions to a permanent residential care bed. The overall spend on residential care has reduced from £12 million to £11 million over the last four years.

Poole has also reshaped its domiciliary care market reducing the number of providers from 20 down to eight on their framework contract with a reduced price of £13.34 per hour. Pressure in the care sector has, however, resulted in additional providers being used who are not part of the framework.

Poole has used an external consultancy to assist them in managing costs of placements and they have negotiated down some of the higher-cost placements. Poole has used reviews to look at how people are coping with their package of care and have reduced some dependency on domiciliary care as the only solution. Introducing person-centred reviews so that packages of care are reduced as soon as someone is recovering from illness or injury has prevented dependency on long-term homecare and reduced expenditure.

Major savings for Poole has come from:

Reductions in staffing	£587,000
Reductions in residential care	£500,000

Fairer charging	£478,000
Service and operational efficiencies	£405,000
Service efficiencies	£390,000
Reviews	£368,000
Supporting People contract efficiencies	£284,000
Learning Disability contracts	£200,000
Externalisation of some in-house domiciliary care	£200,000
Care in the Home Tender - hourly rate reduction	£180,000
Review of Continuing Health Care	£195,000
Reducing double-ups in domiciliary care	£182,000
Reablement	£105,000
Decommissioning hot meals	£140,000
Electronic home care monitoring	£120,000
Other miscellaneous	£1,141,000

(Made up from 22 small scale projects)

Poole is anticipating much greater financial challenges ahead. They are part of a DCLG funded Transformation Challenge programme (called “Better Together”) through which the health and care economies of Poole, Bournemouth and Dorset are working together to look to create a sustainable and integrated health and social care system. The target of this programme is to make changes in the whole system of health and social care which will mean more people (particularly the frail elderly) receive services in their own homes and communities. The challenge is also to achieve a sustainable health and social care system in the context of a rapidly rising older population. The programme incorporates the Dorset, Bournemouth and Poole Better Care Fund programme. The programme is moving into implementation phase in 2014/15, so it is at this point too early to report on financial outcomes. Health and social care agencies are also undertaking very detailed joint work to understand the finances of all agencies now and in future years and to model in detail the financial implications of changes for each individual organisation.

Future plans in Poole include working with local health services to deliver integrated health and social care teams working with GP surgeries and localities; more work with self-funders to build on their existing successful programme; and to further develop their reablement and intermediate care services to look to reduce demand on acute care and build more capacity in the community.

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29. Portsmouth City Council

Portsmouth City Council has developed a User-Led Organisation model for information and advice to assist in diverting people away from state-funded social care. Spend on adult social care has reduced by 8 per cent annually.

Portsmouth contributed the learning from their full savings programme with a particular focus on the development of their User-Led Organisation model for

information and advice in diverting people away from state-funded social care; their control over the Continuing Health Care Budget; the development of their work on reablement and the engagement of citizens in the processes.

The gross spend on Adult Social Care over the last three years has been:

2011/12	2012/13	2013/14
£61.6 million	£67.2 million (Includes Supporting People Budget)	£68.3 million

The savings delivered in each year have been:

£2.414 million	£2.316 million	£3.186 million
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Since 2011/12 Portsmouth City Council reports that its spend has been reducing by around 8 per cent annually, as Government withdraws funding. Reductions of a further 8 per cent annually are anticipated until 2017/18. In real terms the council has protected Adult Social Care budgets but there have had to be savings of £11.7 million in order to meet local pressures. The current estimate is for a sum of £13.7 million to be found between 2014/15 and 2017/18.

Portsmouth would highlight the following areas where they have found savings over the last three years:

The closure of in-house residential care and their replacement with extra-care housing (on the same sites), run by a not-for-profit organisation – as well as the re-tendering of the care element of the housing schemes. There are plans to further develop this programme in the coming years. The estimated saving over a 30-year period from reduced numbers accessing residential care and giving a higher quality of care for people via affordable housing from rent is £20 million.

The Portsmouth Rehabilitation and Reablement Team (PRRT), an integrated and intermediate care service, has demonstrated a 48 per cent success rate in reducing the need for long-term domiciliary care, showing it to be a cost-effective service. In addition 37 per cent of users had either maintained or reduced their package of care two years after the reablement intervention. This demonstrates a potential saving (of avoidable costs) of £3,752.00 per person 30 months after the intervention, giving a total cashable saving of £63,728.00 in the Adult Social Care budget. The new service, together with community beds for reablement and the responsiveness of the Hospital Social Work Team, has proved to be very effective in achieving low levels of delayed discharges from the local acute hospital.

Savings/efficiencies have also come from

- The use of vacancies to manage 'wastage' and to reduce the overall numbers of staff working for the council – 50 posts (five of which required compulsory redundancy) - £1.1 million saved in the last financial year.
- **The procurement of domiciliary care across the City on a reduced number of preferred providers who operate within a Zone of the City for a standard agreed rate.** (This has saved £550,000 which is 11 per cent of the 2013/14 Older Persons domiciliary care expenditure).

- The retendering and remodelling of some of the former Supporting People services. (This has saved £500,000).
- The retendering of meals on wheels and the removal of the council subsidy for the service – to which older people can apply without an assessment (saved £146,000).
- Improved management of income collection reducing bad debt and increasing income by £25,000.

The biggest budget pressure area is within the Learning Disability Services where assertive procurement reviews using the **SE Regional Care Fund Calculator has saved £192,000** to date and applying the ordinary residence rule has delivered £262,000 in savings.

Looking to the future Portsmouth are working closely with the local community health provider, GPs and Community Geriatricians to further develop the existing GP cluster pilots, through co-located and integrated locality teams bringing Health and Social Care closer to people's homes by identifying those older people who are at risk of a hospital admission. They will utilise enhanced broadband connectivity, brought about by a 'Super Connected Cities' grant, to provide 'touch down' centres within GP surgeries, city council Buildings, community centres etc to facilitate the linking of IT systems between health and social care as part of a move towards full integration. They have also been exploring the use of social impact bonds to assist in their joint work with health utilising the Voluntary Sector in care navigation within the locality teams to assist independent living. They will also continue to develop the new services through co-production with their main User Led Organisations (who already facilitate the Personal Assistant Notice Board).

Portsmouth expects that through the Better Care Fund they will increase their investment in intermediate care services (including some bedded services) as well as building integrated teams with GPs and Community Health Services. Portsmouth will continue to use capital resources (including land assets) to build more extra care housing.

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30. London Borough of Redbridge

The London Borough of Redbridge has increased the use of externally provided reablement services to reducing longer term residential placements. Savings of nearly £6 million were delivered in the last two years. The council continue to work with Barking and Dagenham and Havering on a joint programme of integration with health services.

In their original bid for this programme Redbridge has joined with Barking and Dagenham and Havering to find savings through a joint programme with a focus on integration with health services. Though this particular project still exists in the form of the 'Integrated Care Coalition' the development of this arrangement has mostly

focused on the various challenges presented by the changes in the structure of the health community and the financial viability of the acute hospital. Redbridge agreed to share the learning from their wider savings programme for adult social care.

The gross spend on adult social care over the last three years has been:

2011/12	2012/13	2013/14
£86.048 million	£86.955 million	£87.245 million

This shows a small growth in spend over the period and so Redbridge like other councils has had to make savings to address inflationary and demographic pressures. Redbridge made savings of £3.03 million in 2012/13 and projected savings of £2.96 million for 2013/14. Their main strategy has been to increase the use of reablement post hospital care through use of external providers, looking for reductions in longer term residential placements.

In 2012/13 the savings have been delivered through **moving some younger adults out of residential care into supported living accommodation**; undertaking a review of contracts; some reductions in staffing following a service redesign; and **reductions in admissions for older people to residential care**.

In 2013/14 the savings came from a continuation in the actions described above; with a review of day centres; and an approach with GPs to identify the highest-need older people in the community to target specific help to them to avoid more costly support. There has also been a managed vacancy factor in the Directorate. **The reablement service is now provided by the external market at a cost of between £14.75 and £15.00 per hour (rate for standard domiciliary care is £12.50 per hour)**. This has delivered substantial savings on the previous in-house service. The new providers deliver a performance of 50 per cent of older people not needing further packages of care after they have received their reablement intervention.

In December 2013 Redbridge launched a new service – Redbridge First Response Service (ReFRS). The aim of this service is to co-ordinate low-level, prevention support for vulnerable residents 18 years and over. It is very much designed as a point of referral for health and care needs. In the first three months 115 people were referred to the service (half were referrals from GPs and about 20 per cent were from the police). The majority of people needed debt management advice; social activities/befriending; falls prevention; or a home safety check.

There is a strong move towards greater integration between health and care in Redbridge. This will help with the delivery of the aspirations of the Better Care Fund – though challenges to the local acute sector may mean that it will take longer to release any monies.

31. London Borough of Richmond upon Thames

The London Borough of Richmond upon Thames's have improved and developed their jointly integrated reablement services between health and social care. This has contributed savings of £2.1 million to the total saving of £9.7 million.

The London Borough of Richmond upon Thames's contribution to this programme was to look to improve and develop their jointly integrated reablement services (between health and social care).

Richmond Council has a gross spend on adult social care as follows:

2011/12	2012/13	2013/14
£74.2 million	£72.8 million	£73.5 million

There has been a small reduction in the gross spend on adult social care in Richmond over the last three years. The Integrated Reablement Service has directly contributed £2.1 million in savings to the budget over the last three years.

Richmond Council's adult social care service has achieved the following savings:

Commissioning and Procurement	£3.4 million
Reablement (as above)	£2.1 million
Review of in-house care provision	£1.0 million
Joint Commissioning and Service Integration	£0.9 million
Reduced support services	£0.9 million
Contributions Policy and Eligibility	£0.8 million
Redesign of assessment and care management	£0.6 million

Richmond Rehabilitation and Response Team (RRRT)

The Richmond Response and Rehabilitation Team was established in October 2013, jointly commissioned by the Council and CCG. The new service builds on **the best aspects of the borough's Reablement and community health Intermediate Care Services in order to offer people a clear care pathway for hospital discharge and the opportunity to receive the level and intensity of rehabilitation services at the time and for the duration they need it, from appropriate highly skilled workers.**

This Integrated Service is managed by the Hounslow and Richmond Community Healthcare Trust (HRCH) with council staff seconded to the Trust. It provides a range of flexible services and interventions through three core functions:

- hospital discharge and early supported discharge
- crisis and rapid response
- community rehabilitation support (provided by an external provider).

The service accepts referrals and prevents hospital admissions seven days a week and offers a flexible period of support and/or rehabilitation determined by the person's individual wishes, needs and potential for achieving and/or maintaining independence.

The service has access to six intermediate care beds in a local care home and 50 beds in a local community hospital. The service has access to a number of specialist clinicians as required eg Neurology, falls services and dementia services etc. Work is being developed with the Mental Health Trust to better manage those patients who are discharged with a diagnosis of dementia.

Currently, the domiciliary care element is provided by an independent provider who achieves a 50 per cent of success in relation to people needing no further support after they have been helped. The council-funded admissions to residential care which were already low have reduced further from 100 per 10,000 of older population to 80 per 10,000. The contract with the independent provider looks to specify the outcomes that are required from the contract with a clear set of standards around hospital discharge and low admissions to residential care.

Financial projections show that the service has both reduced demand for council services and reduced lengths of stay in hospital, as well as some admission avoidance.

Integrated Services

There is a long history of health and social care partnerships in terms of joint commissioning and integrated provision in Richmond. The council and the Clinical Commissioning Group (CCG) are co-located in the Civic Centre and have combined their commissioning capacity for health and social care, setting up the Richmond Joint Commissioning Collaborative Team (JCCT). The JCCT is responsible for the delivery of the Better Care Closer to Home Strategy which underpins local Better Care Fund plans. Jointly managed health and social care integrated teams have been in place since 2006 and a joint equipment service for over 10 years.

Richmond Council faces some funding challenges in future years, although it receives a low proportion of its funding from government grant. It is likely that Adult Social Care will have to contribute about £10 million of savings over the next three years. There have been constructive discussions locally about how the Better Care Fund can build on existing integrated programmes and assist the council with managing demand. The local Clinical Commissioning Group expects to benefit from the changes in the national funding allocations which will alleviate to some extent its financial challenges.

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32. Shropshire Council

Shropshire has developed the People2 People service, a social enterprise which operates the 'front door' for adult social care offering people community-based solutions to meet their needs. This has contributed to savings of £11.6 million in adult social care.

Shropshire joined the programme with an original focus on demand management in adult social care.

The gross spend in Shropshire on Adult Social Care over the last three years has been:

2011/12	2012/13	2013/14
£93.514 million	£96.590 million	£97.300 million

Shropshire has had a small growth in its Adult Social Care gross budgets over the last three years but they have still needed to make substantial savings in order to achieve a balanced budget (the budget was under some pressure in 2011/12). They anticipate further challenges to balance the budget over the next three years – with a current target of a further £24 million of savings to be delivered. Shropshire have one of the most comprehensive lists of areas in which savings have been delivered even in some case the amount saved is only £10,000.

Shropshire faces a number of challenges with a high number of residential care homes located in the county (for all client groups) and at least 40 per cent of those in these homes are self-funders. There is anxiety in the county about the new Care Bill and the impact of the changes in the revised capital thresholds on these individuals. The county council has stated that in future it will be a 'commissioning council' rather than making any provision of their own. They have been divesting themselves of provision over the last three years.

Savings that have been delivered in Adult Social Care in Shropshire:

- tighten eligibility criteria to substantial needs only (balanced by People 2People service)
- **establish a new social enterprise – “People2people” (see case study)**
- reduction of costs in placements (including use of Care Funding Calculator)
- reduction in admission to residential care
- development of social enterprises
- agreeing 'Ordinary Residence' with other authorities
- review day care for all client groups
- reduce staffing, management and administration
- amalgamate teams
- implement electronic homecare monitoring
- review of voluntary sector contracts
- base Budget Review
- use uncommitted grants monies in base budget
- manage demographic pressures in older people's services
- remove essential user car allowances
- remove professional subscriptions
- increase income from charging
- review of all contracts including previous PFI agreement and services transferred from PCT in Learning Disability and cease some low level grant funding
- undertake Direct Payment audit to claim back over payments

- use of telecare for existing service users (to reduce costs)
- manage demand from transitions in a new approach
- review Continuing Health Care
- review high cost placements
- redesign Emergency Duty Team
- review of client property and appointeeships
- review Sensory Impairment Service
- review Continuing Health Care funding
- create more capacity in reablement service for older people with consequential benefits
- transport efficiencies
- review in-house provision of residential care
- reduce spend on agency staff
- re-tender community alarm service.

These actions have produced £5.856 million of savings in 2011/12; £4.293 million in 2012/13; and £1.5 million in 2013/14. A total of £11.649 million of savings – or 12 per cent of the ASC budget.

One of the interesting features of the approach in Shropshire has been the development of the People2 People service – a social enterprise based in the community and run by the local community which operates the ‘front door’ for adult social care offering people community-based solutions to meet their needs. This is written up as a case study in the report. It has saved £800,000 in the first year before the impact of using community capacity is examined. The project is currently being reviewed by The University of Bristol as part of the DH Project to look at alternative models of running social work services.

Shropshire have identified that Adult Social Care will be expected to find an additional £24 million of savings (doubling what has already been achieved over the last three years). Their acute services are already challenged in relation to demand from both the county and from neighbouring Powys (Wales) where there is no acute hospital, and with a Community Provider services that are not financially viable in the longer term. There is some hope in Shropshire that the Better Care Fund can assist with their challenges but it will require a significant change in the way in which acute services operate.

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33. Solihull

Solihull describe their journey over the past three years as moving from efficiencies to demand management. In looking to manage demand the council have focused on extending the use of assistive technology and exploring alternative housing solutions.

The programme in Solihull was originally focused on telecare with a wider interest in demand management.

The gross budgets in Solihull for Adult Social Care over the last three years have been:

2011/12	2012/13	2013/14	2014/15
£60.637 million	£60.817 million	£60.090 million	£59.777m

Solihull has experienced no net growth in its budget for Adult Social Care over the last three years, with savings target exceeding the growth added to the budget to meet inflation and demographic pressures. **Solihull describes their journey over the last three years as moving from 'efficiencies' to 'demand management'.** After a Peer Review in 2012 a range of local efficiency programmes were developed and they delivered savings through the re-design of in-house services; using the care funding calculator to reduce costs in residential care; reviewing and establishing new contracts; and reducing their overall staffing budgets.

Solihull savings include:

- High Cost packages of care £1.3 million
- Dom Care retendering (reduced hourly cost) £1.2 million
- Review of Supporting People Services and contracts £2.7 million
- Revised structure for In-House Reablement Services £0.5 million
- Closure of in-house residential care £0.3 million

In the current phase of the work on demand management, they have focused on the use of assisted technology; opportunities for alternative housing-based solutions (supported housing and extra-care housing); review of care management with a new front end to get better information and advice to customers; a team for promoting independence and a focus on case reviews and how to help people move on to greater independence; and re-building (after the collapse of the previous Care Trust) new relationships with the wider health communities but specifically with the Clinical Commissioning Group and their GPs.

Solihull has finally developed their programme for fully implementing telecare which they have developed in-house with a specific project management post. To develop the approach they have undertaken a wide-ranging training and awareness programme; redesigned the front end of the care pathway and their recording systems; worked with community health services (eg in using pill dispensers); **placed a strong focus on supporting assessors; and ensured a wide range of available equipment eg using 'Just Checking' as a useful assessment tool for older people with dementia.**

For the future Solihull's medium term financial plan indicates the need for savings of 7.8 per cent (allowing for pressures from inflation and demography) over the next four years. They will focus on looking at whole-system savings through the use of the Better Care Fund; on getting the right investment in preventative services which deliver the best outcomes for customers; and creating a programme office to

manage each project that is required to deliver any savings. Their future savings plans include:

	13/14	14/15	15/16	16/17
Demand Management				
Assistive Technology	110k	377k	387k	327k
Integrated Care and Reablement			800k	
Extra Care Housing			164k	220k
Single Point of Access and Referral			250k	
Demand Management (other)			300k	
Review of Resource Allocation System and NHS Protocols				735k
Service Efficiencies				
Supporting People Review	193k	193k	27k	135k
Information and Advice Services	126k		150k	
Review of High Cost Packages	924k	127k	220k	
Dom Care Retender	675k			
Review of Day Care	227k	225k	200k	220k
In-House residential care	303k	10k	160k	375k
In-House Reablement Review	229k			268k
Spot Contracts	300k	-200k	-100k	
Electronic Care Management		232k		*
	3.289m	1.565m	2900m	2337m

Total £10.091 million (£3.289 delivered in 2013/14)

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34. South Tyneside Council

South Tyneside Council have reduced admissions for older people to residential by 30 per cent. This has contributed savings of £2.9 million to the total efficiency savings of £15 million. The council continue to work in an integrated way to promote independence and manage demand for social care services.

South Tyneside's contribution to this programme had a focus on the reduction in admissions for older people to residential and nursing care. This work is presented as a case study elsewhere in the report.

The gross spend in Adult Social over the last three years has been:

2011/12	2012/13	2013/14
£77.3 million	£73.9 million	£74.4 million

This indicates a reduction in spend on adult social care of £2.9 million alongside the service meeting inflationary and demographic pressures. South Tyneside is one of

the ten worst hit councils through loss of government grant over the period of the last spending review (reduction in income of 41 per cent since 2010). Adult Social Care has delivered £15 million of savings over the last three years with a further £6.9 million required for 2014/15. South Tyneside point out that despite the scale of change that they have delivered to achieve these savings, their outcome-based measures for satisfaction from customers (through the ASCOF indicators) have improved significantly over this period.

Alongside the programme that has reduced new admissions to residential care for older people by 30 per cent, South Tyneside have combined their approach to personalisation (where 96 per cent of service users have a personal budget - of which 33 per cent have a direct payment) with a philosophy of care based on outcomes led by service users and their carers. This has led to a three tier approach to social care:

- a contact centre which diverts 75 per cent of enquiries to solutions to meet people's needs in the local community (or with the voluntary sector) where every diverted person has a follow-up contact six weeks later to check on the outcome (South Tyneside has developed a screening tool for the Contact Centre which assists staff in making their assessments in a consistent and constructive way)
- a set of preventive interventions including reablement, telecare, referrals to tackle social isolation, employment opportunities and so on
- a personal budget for those who require longer term care and support.

This model has at its core a strong focus on the outcomes that are to be delivered through the care package. This has involved breaking down the former institutional services, such as the transformation of day care opportunities for adults with learning disabilities and older people. Such work has been the foundation for the savings that have been delivered. There has been strong political support for the approach.

South Tyneside will face further significant financial challenges over the coming years. They are preparing for this challenge in a number of ways. Like many councils they recognise the solution may rest in the partnership between citizens and the council. To develop this there are a number of work streams.

Relationships with the NHS are strong and there are growing plans for a stronger set of integrated joint services including joint community teams; the development of an 'Integrated Care Services Hub' which will have a strong focus on supporting people who live with dementia and their carers; and stronger links with GP surgeries.

Perhaps the most exciting aspect to come out of the joint work is a programme for self-care which has received 'Integration Pioneer' status' from the Department of Health. This programme looks to have a new vision for citizens:

"I can promote my own health and wellbeing by planning my care and support with people who work together to understand me and my carers. I am in control and services work together to achieve the outcomes that are important to me".
(If readers want to discover more about this, it is available on the Integration Pioneer web site.)

The Better Care Fund has facilitated the dialogue around building integrated services across the Borough. For a number of reasons, mostly related to the flows of monies in the NHS, it is unlikely that monies will be released to assist the council with its financial challenges. This will not prevent closer working between the key partners.

The strategic housing strategy is also part of the longer-term vision linked to the regeneration of South Tyneside. This strategy has a very strong focus on housing for older people and seeks to ensure that costs of care can be reduced through having the right range of appropriate housing - including that for owner occupiers.

South Tyneside is examining how a new approach to locality working can build stronger community capacity. This will help to plan the services for tomorrow and to encourage active participation in the community which should directly assist people who may need care and support. For all of these approaches there is recognition that the voluntary sector can play a vital role with the council. This sector is also growing stronger to assist with the challenge.

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35. Southend-on-Sea Borough Council

Southend-on-Sea Borough Council have integrated services more closely with health including introducing locality working with some teams working directly with GP surgeries and implementing a single integrated point of access to intermediate care services. Savings of £4 million have been delivered over the past two years.

The focus of Southend's initial contribution to this programme was on their work to integrate more closely with the health services in the borough. They did have an external challenge to assist them in looking at this and other savings options. Southend have recently been approved as an '**Integration Pioneer**' for health and social care by the Department of Health.

Southend has delivered just over £4 million of savings over the last two years. The areas where savings have been found are:

Business Support Review	£270,000
Restructure of locality teams	£330,000
OT review	£100,000
LD and Employment Team Review	£130,000
Hospital Team Review	£50,000
Improved performance from reablement	£700,000
CHC funding	£2,000,000
Review of high cost placements (MH and LD)	£770,000
Reduced accommodation costs for staffing	£100,000

Southend has introduced a **new structure for locality working in the borough**. This has aligned the health and social care teams, with some social care teams working direct with General Practice Surgeries. With some GP surgeries there are regular multi-disciplinary meetings which focus on those older people who are most at risk of needing health care or support. They have also developed a **single point of referral for health and social care access to Intermediate Care Services** in the borough. The new single access point is open from 8am until 8pm (including weekends) for people who want advice and information or direct help from health services or social care intermediate care teams. Early indications are that the new service has increased the speed at which people have been discharged from acute hospitals (by 25 per cent) and also increased the numbers of older people where there has been admission avoidance (by 66 per cent), delivering a saving of approximately £700,000 for the council. The new staffing structure and arrangements have delivered savings of £330,000. As part of this process the Occupational Therapy services run by health and by social care have been aligned across the Borough saving a further £100,000 for the council.

Southend has continued to develop its in-house reablement service – though this is now supplemented with three providers of reablement commissioned to serve the three districts of the borough. The in-house service takes more complex cases including stroke patients, people who have had a fall and some dementia care. The **external providers who charge £12.76 per hour** (compared with standard domiciliary care at £11.96 per hour) have a success rate of about 40 per cent of people going through the service not requiring additional assistance. For all client groups, the council has created a specialist post to help undertake the assessments for continuing health care.

In addition to the structure above which has focused on services for older people, there has been a development of joint work with the NHS around services for adults with learning disabilities. A new joint programme which focuses on promoting ways for this group to help sustain independence in the community has already realised £130,000 in savings through a staff restructure. There is a renewed emphasis on assisting those that are able to find employment.

A further piece of work which has looked both to reduce costs in mental health and learning disability services through reduced placement costs and to facilitate the move to more independent living has delivered £770,000 over the last two years. At the same time there has been a review of day care for these client groups which has very directly involved service users and their carers, with a consequential increase in the use of direct payments.

The council is financially challenged over the next three years with the probability of adult social care having to find a further £15 million of savings to maintain a balanced budget. Southend Council are optimistic that, because of the progress they have already made with their health partners, the Better Care Fund will provide a significant part of the contribution to assist with this.

36. Staffordshire County Council

Staffordshire are developing personal health budgets and through this process share learning on the advantages and some of the potential savings that might accrue from this approach.

Staffordshire entered this programme because of their interest in developing **personal health budgets**. At this stage in the development of personal health budgets (PHB) they have six people who are in full receipt of a budget and plans for 30 more people over the coming year (most of these are for people who receive continuing health care funded services as well as local authority care services).

Staffordshire have presented a case study to demonstrate the advantages and some of the potential savings that might accrue from this work:

Staffordshire personal health budget case study

Before Personal Health Budget:

Patient C is a 16-year-old boy with multiple health issues including Cerebral Palsy, Epilepsy, curvature of the spine, Gastrostomy fed and nocturnal choking episodes. Patient C was cared for at home and attended school during the week. Patient C's mother has a diagnosis of Multiple Sclerosis and her own health condition is gradually deteriorating, with a negative impact on her ability to care for her son. The patient's father is the family's sole earner and has his own business. However, because of having to care for his son during the night, he becomes exhausted and there is much tension within the family. The previous package of care consisted of two Personal Assistants (PAs) employed through Social Care Direct Payments during the day, his parents at night, other family members where possible and regular respite stays. The patient also attended school during the week. There was a threat of the Direct Payment support being withdrawn as the patient had been assessed as being eligible for Continuing Healthcare for his care needs and it was felt that PAs were performing health tasks that should not have been funded by Social Care monies.

Now:

Best support for the patient included having continuity of carers, Patient C has no verbal communication and it takes a substantial amount of time for carers to learn what gestures and noises mean. The existing Personal Assistants had worked with the patient for an extensive amount of time and knew how to best care for the patient in various circumstances. They had developed a good relationship with the family, which is important as they are spending considerable time in the family home. The PAs also knew what activities the patient enjoyed and had relationships with other people involved in the Patient's care, for example the school. A personal health budget now allows for the Patient to receive this continuity of care. The PHB also allows the parents to have increased control over the package, with flexibility to adapt to 'normal' family life as required. Accuro are now involved with the PAs and have provided accredited training for some of the health tasks performed by the Pas, which the PAs did not have previously despite performing these tasks. Family life appears more settled. However, due to her progressive health condition the Patient's mother requires additional support in her own right, but having a flexible package is

allowing her to pursue this. It is also giving the family time to look to the Patient's future needs as he is of an age for consideration for transition to adult services.

PHB: £49,348.58. The comparable cost for a long-term placement is circa £78,000 per annum.

Overall Staffordshire are keen to share the learning they have gained from the development of personal health budgets.

Staffordshire would advise all those who take this approach (from October 14 everyone is entitled to request a personal health budget) to ensure that these are developed as part of the clear integration and partnership working between professionals working together on the front line. But it is essential that one person has the ultimate role as the key worker to pull together all of the various care plans (they have counted ten separate plans from different professionals for the same client/patient in one case). This person can both produce the single plan and work with the customer to ensure that they are in control of their budget. Most people who need a personal health budget will require medical assistance with daily tasks. These may in some cases be undertaken by a carer who has been specifically trained for that purpose – though clinicians are very careful to ensure that no task that should be carried out by a qualified practitioner is passed on to a carer.

Personal health budgets appear to be the right approach for people who have continuing health care needs including younger adults who have learning or physical disabilities. At the outset there have been many barriers to overcome between professionals – not least in the different use of language and approach to care and support. But there are now some good examples of where family carers have been engaged to provide better and more effective solutions than those previously offered by professionals. The lead for personal health budgets will pass from the county council to the CCGs (there are six in Staffordshire) in line with the legislation. More information about Personal Health Budgets is available on Staffordshire Carers web site.

37. Stockport Council Metropolitan Borough Council

Stockport Council have considered their model and approach to adult social care, looking specifically at the front end of the service, reablement services and their resource allocation model. The council have delivered savings of £9 million since 2011/12.

Stockport Council agreed to look specifically at the front end of social care, their reablement and their work towards integration for this programme.

The gross spend on adult social care in Stockport was:

2011/12	2012/13	2013/14
£98 million	£101 million	£104 million

The above figures show that Stockport has been financially stable and some protection has been offered to adult social care to assist them in addressing their

demographic and other pressures. There was a £1.5 million overspend in the outturn for the 2013/14 budget which has been funded for the next financial year. Stockport has delivered some savings to assist the council's overall position (£3.9 million in 2011/12; £3.1 million in 2012/13 and £2.02 million delivered in 2013/14) with a further £1.9 million for 2014/15. For the period 2015/17 the Council anticipates having to make a further £40 million of savings – the proportion of this that will fall on adult social care has yet to be determined. Stockport are now preparing for that period through redesigning their care offer.

The savings that have been delivered have included:

- **Reducing the hourly rate for domiciliary care** from £14.08 an hour (paid in 2010/11) to £12.60 an hour paid in 2013/14. (There was an intermediary stage of paying £13.28). The figures were determined through benchmarking with the Greater Manchester average costs.
- Reviews of higher packages of care – looking at needs of customers and how these were being met.
- **The success of the reablement** (Intermediate Care) service where the service has helped in managing demand for domiciliary care.
- Review of back-office functions and reduction in staffing in assessment and care management (10 per cent of the staffing budget was removed).
- Increased income from charging.
- Some service redesign.

The reablement service in Stockport has an interesting history. For over five years Stockport Council has managed the Joint Intermediate Care services for health and social care (similar to their neighbours in Tameside). The service includes the health response and support (intermediate care) services; the reablement service; and some bed-based step-up and step-down provision. Up until 2012 the reablement service was run by the arms-length trading company that the council had established. At that point the council agreed to bring the service back in-house to be run by the council (with the other intermediate care services). To do this the service was radically redesigned – reducing the numbers of staff from 250 to 89 full time equivalents. This in part allowed the transfer of all longer-term cases for which the service had held some responsibility to the independent domiciliary care providers and allowed the new service to start with a strong focus on reablement. The significant change was that the council made a significant investment in the training of the remaining 89 workers who were all expected to reach the level equivalent to a Band 4 nurse or therapist.

They have then looked to ensure that the service is reaching the right people and is operating in an effective way – eg they have identified a number of people who were likely to recover anyway (with or without) reablement services and these people are not offered reablement if they need help. They have also identified people where a community navigator might be a better solution and these are referred to the **FLAG service**. So not putting everyone through reablement where a better solution is likely to assist the person in not needing care is a key part of the offer. The service can demonstrate that there is a clear correlation between the efficient operation of this

service and managing demand for domiciliary care. Currently 50 per cent of people who experience the service need no further care at the end of this intervention.

Stockport has in recent times **reviewed their resource allocation** model (the RAS). They found that their previous approach had been too much based on the traditional solutions to meet social care needs and had not allowed for alternative solutions to develop between customers and workers. They revised their approach to focus on outcomes and preventive interventions (taking some of the learning from the approach in Sheffield). They see many benefits from their new approach including a greater transparency for service users and their families. In addition after starting to run the new model they are finding that typically new allocations are coming out 15 per cent less than the previous model (this was not the intended benefit of the approach).

The plan for the future is already partly in place and is based on a model that looks to assist customers appropriately at the right point when they come for help. It has a strong emphasis on prevention and helping people to stay out of the formal care system. For some years Stockport has commissioned a service from the voluntary sector – called FLAG. This service helps people who are diverted away from the council's social care contact team. It offers advice and information including signposting people to voluntary and community organisations. Stockport is now having conversations with both those running this service and other voluntary sector providers (eg Age UK in Stockport) about how those involved in the service can increase their offer of diversion from the formal care system. They particularly want to build on a successful community agent model that has served them well in mental health services. This model has taken 100 people who were high frequent users of formal mental health care services and assisted them through peer support and community networks to need much less care (with a guarantee of an emergency response if it is required).

Separate to the above initiative is a range of conversations taking place with the community and voluntary sector as to how the council would like to move to an **outcome based model of commissioning** where providers are clear what is expected of them, which will include their responsibilities to build community capacity as part of the service they offer individuals. The aim is to change the pattern of the voluntary sector acting as advocates for people seeking more and more publicly funded services. From these conversations, Stockport have started to redraft service specifications for future contracting.

Both of the above initiatives relate closely to a borough-wide programme in Stockport which is being run under the banner of 'Investing in Stockport' which is looking to enhance community capacity to help individuals assist each other in a positive way.

38. Stockton-on-Tees Borough Council

Stockon have developed a Prevention Programme which aims to reduce admissions to residential care by minimising risks for older people. £10.9 million of savings have been made across the whole service in the duration of the programme.

Stockton had a focus on prevention as their contribution to this programme.

The gross spend on Adult Social Care in Stockton for the last three years has been:

2011/12	2012/13	2013/14
£64.472 million	£65.359 million	£66.000 million

Overall there has been a small growth in the gross spend on adult social care from Stockton Council over the last three years. During this period £10.9 million has been delivered in savings from Adult Care. Overall there have been no significant reductions in social care budgets with a focus on avoiding cost growth. This is despite the council having an anticipated overall reduction in government funding between 2010/11 and 2015/16 of £52 million.

In part this is because there is a strong corporate approach to running a cost-effective and efficient council. (The last Corporate Assessment of the council from the Audit Commission found they were excellent in their Use of Resources). This does mean that for adult care they have some of the lowest unit costs of adult care in the region –they have in the past outsourced most of the services that they previously used to run themselves. Stockton indicated that they had been preparing for the current financial challenges well in advance of the current crisis which has assisted them in balancing their budgets through a managed efficiency programme. In addition the councillors have raised council tax rather than take the government grant (available only to those councils which have frozen council tax increases) which has given them a more sustainable and certain financial base for the council.

The prevention project that was established by the council did not get started until November 2013 – mainly because of problems recruiting the right person to assist in the evaluation that was planned. A member of the Public Health team has now taken on the task and adopted a thorough methodology, examining what evidence there might be about the preventive actions that might have assisted the older people who are now in residential care to avoid admission. It is still early in the study but she has drawn the following conclusions.

Those most at risk of needing residential care are likely to have had

- a fall
- a stroke or muscular skeletal problems (arthritis)
- a transient ischemic attack (TIA) – mini-stroke
- a hospital admission
- dementia/memory decline
- loss of confidence
- carer 'burn-out'.

There are parts of the borough where older people appear to be more at risk. In order to look to rectify these risks the early findings recommend that there should be

- an effective primary falls prevention strategy
- targeting of those most at risk (as above)

- eablement and reablement which transcends the social care pathway
- reablement should play a significant part in rebuilding confidence – stronger links are also needed with voluntary sector and approaches to meet the challenge of social isolation
- better and more targeted use of telecare
- good partnerships with housing providers
- clear support for carers.

In their overall savings programme, Stockton has taken a corporate approach to all services across the council including adult social care to review their cost and effectiveness. From the reviews in adult care the following savings have been delivered

- a move from moderate to substantial and critical eligibility criteria
- reconfiguration of day services
- review of staffing and management structures
- review of Supporting People funded services
- diversion of customers to more cost-effective solutions
- positive impacts of reablement
- efficient income collection
- changes to respite care and change of residential unit to an independent living scheme
- review of residential care placements and moving people to housing-based options
- the phasing out of the in-house domiciliary care service.

The council has adopted an invest to save programme which has assisted the transformation of adult care – most notably in the transformation of day services for adults with learning disabilities in their 'Community Bridge Building Scheme', which offers alternatives through engagement in community activities, volunteering and access to employment.

Stockton does have further savings to make amounting to £21.6 million across the council up until 2017/18 – most of these are likely to fall in 2016/17 and 2017/18 and include an estimate for growth in Adult Social Care. The Better Care Fund discussions have been straight forward and very positive and will be one area the council will be looking at to help resolve future pressures. The main aim is to invest the monies in preventive activities that should reduce demand for social care in the longer term. There is also additional investment being identified to improve dementia care services in the Borough. The main concern that the council has about the future relates to the unknown costs of the impact of the new Care Bill from 2015/16.

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39. Suffolk County Council

Suffolk has established a transformation programme ‘Supporting Lives Connecting Communities’ to support community based solutions to need and deliver a more cost-effective model of social care. The council has had to find £38 million of savings over the last four years.

Suffolk took a whole-system approach to delivering their savings for Adult and Community Care. Their gross spend over the three years of the programme was:

2011/12	2012/13	2013/14
£271.8 million	£265.7 million	£268.6 million

Suffolk County Council has put circa £5 million additional monies into the Adult Social Care Budget for each year over the last few years to assist with meeting demographic pressures. In order to fund both these demographic and inflationary pressures while balancing the books, the Adult and Community Services Directorate has had to find £38 million of savings over the last four years. In addition there was a reported budget pressure for the first time of about £2 million for 2013/14.

The main contributor to the savings has been to ensure that all monies from the health community (DH and NHS monies) are allocated against mainstream funding. This has reduced the pressure on the local authority by £11.7 million.

Other savings over the last few years have come from **a long list of single reviews**. These included a redesign of the social care process leading to a staffing saving of £1 million; introducing a managed vacancy rate for staffing in the budget; reducing payments to providers of care; reviewing all contracts and ending some low-level services or re-designing some existing services (£1.3 million was saved through re-designing the care pathway for housing and support for people recovering from mental ill-health); re-designing the support available in sheltered housing and introducing a new model of floating support (saved a further £1 million); divestment of services (£3.3 million although a proportion of this was saved in corporate overheads) and moving to a more personalised model of care (£4 million once fully rolled out).

Suffolk has established a transformation programme across adult social care under the banner title **‘Supporting Lives Connecting Communities’**. This has been a full programme across the county aimed at helping both staff and local communities understand the changes that are being introduced, and the reasons behind them, in order to deliver a more cost-effective model of social care. The programme will look to help find local solutions within communities to meet people’s needs alongside appropriate help offered by the council, which will focus on helping people regain or attain their independence. This is written up as a case study within this report.

Two major initiatives that Suffolk has undertaken but have not produced a high level of savings are:

1. **The creation of two staff-run ‘mutual’ organisations** to run some former council services. These two mutuals – ‘Leading Lives’ and ‘Realise Futures’

run between them short-breaks, day care, advice and support, employment services and adult learning, with many of the previous services having had a focus on service users with a learning disability. The aim was for staff to run these organisations and to sustain their services for the future. The council has made savings on the contract with these organisations compared to when the services were still in house, but any savings over and above that are ploughed back into the services they run.

2. The second initiative was to secure the provision of **specialist dementia residential care across the county**. The council decided to offer its in-house run residential care homes to a provider who was prepared to run the services, rebuild new care homes and enhance the services for older people with dementia. Cares UK won the contract and they are building the new homes with the first to open in June 2014. There is a 25-year contract and savings arise for the council at a later stage when all the new homes are built. The council is confident that, although this large operation has not saved money over the life of the contract, the guaranteed services and the costs will make it worthwhile. It will also ensure a good quality supply of residential dementia care for the county.

The council anticipates a number of challenges for the future. These include:
The council anticipates that it will have to find circa £150 million of savings over the next three years to balance its books (if Adult and Community Services were asked to make a proportionate saving this would equate to £60 million).
The council anticipates that the cost of the Care Bill will be a minimum of £6.3 million based on indicative funding allocations for 2015/16.

The Adult and Community Services Directorate have entered into discussions about the Better Care Fund with a full realisation of both the opportunities and the challenges. Suffolk has three CCGs and although the two in the southern part of the county work closely together at this stage, more progress in joint working and realising opportunities have been made with the northern CCG (Great Yarmouth and Waveney). Suffolk is in the same position as many other parts of England as to whether the health and care system can together find the solution for reducing demand for acute beds (so that monies can be saved) in order to free up resources to help meet demands in adult social care. An example being in the north where work is being undertaken to re-configure the way in which support is offered to people on discharge from hospital using more locally focused solutions. The approach adopted by Suffolk to meet these challenges is laid out in a case study Supporting Lives Connecting Communities.

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40. Swindon Borough Council

Swindon has developed 'Quick Heart', a web-based tool to help the public access information and advice which aims to divert people away from formal social care to community based solutions. This aims to deliver nearly £2 million of savings over two years.

Swindon has a single provider for community health and care which is commissioned from the local authority (who retain a commissioning unit for that purpose).

The spending on Adult Social Care for the last two years has been:

	2012/13	2013/14	2014/15
Budget	£58.869 million	£58.444 million	£61.386 million
Out turn	£58.350 million	£58.354 million	

There has been a very small growth in the Adult Social Care Budget but that has still meant that significant savings have had to be found in order to balance the budget, given the combination of inflationary and demand pressures on the services.

Swindon **created a new programme team**, which had a specific role and purpose to better understand the demand on services and to build a range of alternative solutions. They had eight work streams associated with this programme:

Advice and Information	Learning Disability Services
The workforce	The role of the voluntary sector
Dementia Care	Building Community Capacity
Transition from childhood to adult services	Supported Housing and Reablement

Savings have been delivered in the following areas:

Alternative solutions for adults with learning difficulties	£1,240,000
Reviews of packages of care for Adults with Learning Disabilities	£ 615,000
Maximising independence through reablement for older people	£ 500,000
Better management of front door and diversion of customers	£ 500,000
Review of Supporting People Contracts	£ 516,000
Review of Day Care	£ 251,000
Efficiencies within Extra-Care Housing Contracts	£ 100,000
Voluntary Sector Review	£ 170,000
Reshaping staffing structure	£ 100,000
Efficiencies in contract with Care and Health provider (SEQOL)	£ 600,000
Removal of one-off funding to SEQOL (year One)	£1,178,000

An area of note from Swindon is the development of the use of 'Quick Heart', a web-based tool to help the public access information and advice which is being rolled out through CAB, the council's One Stop Shop and Care Line (for staff use). They have had major involvement of community organisations to collate the local data to populate the system. Their savings target for 2013/14 is £950,000, which has been achieved, and a further £950,000 for 2014/15 through diverting people away from social care when they use community-based solutions to resolve their problems.

A further initiative was to offer training and support to front-line staff to enable them to better create flexible personal budgets, with the aim of meeting people's needs in a creative but sustained way at lower costs. Further targets of £950,000 for 2013/14 and £950,000 for 2014/15 have been set.

Swindon has also focused on getting **better outcomes for older people discharged from hospital** and increased the number of step-down beds in residential/intermediate care to 11 beds. This has reduced delayed transfers of care. A new programme is aimed to reduce admission rates to residential care in 2014/15.

Swindon anticipates an £18 million gap for the council in their budget for 2015/16. The expectation is that this will realise a minimum requirement of £4 million savings from Adult Social Care (as the current spend is 39 per cent of the council's budget it is likely to be higher). They are already planning for this and have three areas of work at a planning stage:

1. A piece of work to review costs and outcomes for adults with learning difficulties (including better management of transitions).
2. Building community capacity and social resilience to assist communities to find more solutions for themselves.
3. Resources identified within the Better Care Fund Plan of £3,394 million for 2014/15 to support adult social care.

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41. Tameside Metropolitan Borough Council

Tameside have made efficiency savings of £20 million over the past four years. The council developed a clear vision for the service based on prevention and promoting independence and savings plans have been robustly performance managed.

Tameside are one of the most financially challenged councils in the programme and they have shared their full savings programme.

The gross spend on Adult Social Care in Tameside for the last three years was:

2011/12	2012/13	2013/14
£90.182 million	£81.431 million	£71.944 million*

*Part of the 2013/14 reduction (about £6 million) from 2012/13 relates to changes in corporate allocations.

This shows that Tameside have had significant reductions made in their adult social care budgets over the last three years. Tameside have saved £20 million over the

last four years. Tameside started their savings plans when they first saw the challenges ahead in setting their 2011/12 budget and took a significant saving in that year (about £9 million). This is a 22 per cent reduction in their budget over the period – and included meeting any demographic and inflationary pressures. Tameside spends 17 per cent less than their statistical neighbour per head of the population on adult social care.

There are three significant aspects to the processes used in Tameside which have assisted them in delivering their savings.

1. First they have had in place a sophisticated and **well-developed performance framework** which informs them of their progress in relation to managing demand for services. It links the activity data that is being generated day-to-day with the financial savings that have to be made.
2. Second, the performance that is required to deliver the savings and the change issues that must be addressed to support this performance have been reported to a monthly **Transformation Board**, chaired by an Assistant Director. At this meeting the overall progress is discussed and at each meeting three or four of the 30 specific change programmes are scrutinised in detail with the managers who are responsible accounting for their progress and any obstacles. This is paralleled with a bi-monthly finance meeting which tracks the outturn and can account for the cashable savings that have been delivered.
3. Third they have set a **clear vision for adult social care** with three key outcomes that staff are encouraged to deliver:
 - The aim is to support more people outside of the formal social care system with prevention-based services.
 - There is an aim to support more people to live at home independently.
 - Their aim is to reduce the number of people who are reliant on long-term care environments.

To deliver these aims, a whole set of key services has been established. At the heart of the successful outcomes is an Intermediate Care Service which is fully integrated with health and is managed by the local authority (similar to their neighbours in Stockport). They have a range of health and care staff working within the service, which has a rapid response service that both focuses on step-down from hospital and also sends a strong message to the health community (both local GPs and the acute hospital) that they can support older people to avoid a hospital admission. This service has a presence in Accident and Emergency. The Clinical Commissioning Group commissions this service from the local authority and they have calculated that the investment has so far saved the health budgets £1 million. The acute hospital has been able to close a ward on the back of this and other initiatives. The service also runs the reablement service where Tameside has invested in their staff training to improve outcomes.

Like one or two other councils in this programme, Tameside has looked to ensure that older people who are likely to recover from their condition if they follow an appropriate programme (eg a set of exercises prescribed by a physiotherapist) will not be offered a full reablement service. The service is very focused and they have found in recent times that the period of time for which people are in the reablement service has reduced and so has the unit cost of an episode of reablement. Even with the service taking on more complex cases, they still have a **success rate that 60 per cent of people leave the service requiring no more formal support**. The service also has a number of short-term beds to allow people a period of recovery. No one is admitted to a residential care home direct from a hospital bed without a period for recovery. The final part of the service is the access to equipment, including telecare, and the CCG commissions the service to provide the technical and clinical support to telehealth, including the use of the package 'just checking' which assists in assessment for people who are suffering with dementia.

The assessment process in Tameside is focused on the outcomes described above – staff have to demonstrate that they have exhausted all alternative possibilities before they are allowed to consider a residential care placement. The combination of the Intermediate Care service delivering good outcomes for older people and the practice of front-line workers has given Tameside outstanding figures in their reduced admissions to residential care (which are monitored monthly in the performance framework identified above). The numbers of new admissions each week has reduced to four from a previous average of nine per month. This is a drop of 56 per cent in the numbers. This approach has been developed over the last three years and as the new admissions have fallen so have the resources required for the budget. Tameside has also been able to negotiate with local providers for a reduced rate paid by them for residential care. The combination of these two actions has meant that Tameside has saved over £2 million a year for the last three years. At the same time, Tameside has experienced a reduction of 4,000 hours of domiciliary care per week down to just under 10,000 hours and the average size of a package of care at home has also reduced. This has also saved a further £2 million plus. As indicated above Tameside make wide use of telecare in both older people's and learning disability services.

Like many councils Tameside has been tackling the design and nature of the services it commissions (or provides) for adults with learning disabilities. The actions they have taken (listed below) have reduced their annual spending on adults with learning disabilities from £20 million to £17 million over the last three years despite the new demands coming from younger adults through transitions from childhood..

The actions are:

- reviewing all placements for costs and service
- reviewing all placements and moving a number of people each year from more expensive out-of-borough residential placements to local supported accommodation
- a radical review of the local offer of supported accommodation – including offering some larger scale services where costs are reduced because of the higher volumes of people being supported

- the wide use of assistive technology in supported housing schemes for adults with learning disability, replacing the need for night staff
- the transformation of day care services to include a range of local options, including offers from local sports and countryside services
- related to the above, the wider use of direct payments
- the application for ordinary residence for people who were placed in other authorities in their own accommodation
- review of care packages in the community
- a review of employment services
- a review of transport arrangements including eligibility for transport and better management of new contracting arrangements with local taxis
- now plans are well advanced to create an 'All Age Disability Service' across adults and children's services
- the above series of actions has saved the council about £4.5 million over the last three years.

In addition to these two areas of impressive action to better manage demand in social care with improved outcomes for customers, the adult social care service has also undertaken a range of reviews, including a review of both management and staffing; undertaken procurement reviews in many service areas; rationalised some Supporting People funded services and some voluntary sector services; reviewed luncheon clubs and meals on wheels; and increased income through charging and receiving higher income from the NHS (particularly for continuing health care).

Tameside continue to have financial challenges in the years ahead with a further £75 million being identified that collectively the health economy and adults and children's social care with public health will have to find in savings by 2017/18. (The estimated budgets are currently £500 million). The partners want to build on their current success and are looking to create a single Integrated Care Organisation as their solution, taking every opportunity to look at efficiencies and models of care that will help better manage current demands. The Better Care Fund becomes part of this wider conversation. Like many councils, Tameside sees the solution in a combination of people taking a bit more responsibility for their own health and care; supporting families to do the same; encouraging communities to make their contribution, especially the voluntary sector; and the state-funded services working collaboratively together.

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42. Torbay Council

Torbay operates a fully integrated model of health and social care services which is constantly looking to improve outcomes for users as lower cost. Through the programme the council focused on providing more targeted reablement services.

Torbay's contribution to the programme started with a focus on reablement for older people who already were in receipt of packages of care – this expanded during the

three years of the programme to identify **when reablement is an effective intervention and how it can be more widely targeted.**

Torbay's gross budget for Adult Social Care has remained stable over the last three years:

2011/12	2012/13	2013/14
£43.050 million	£43.247 million	£43.257 million £42.030 (actual spend)

In order to attain this no-growth budget for consecutive years, Torbay (like many councils) has had to absorb its own pressures which include: inflationary pressures – especially in the residential care market; demographic pressures (including other councils claiming that Torbay should pick up the costs of residents who had settled there (ordinary residents)); reduced income; and increases made to bad debt provision.

The adult social care service is managed by the Torbay and South Devon Community Trust and is therefore fully integrated between adult social care and the local community health provider. They continue to run a robust health and care integrated model that is constantly looking to improve outcomes for their residents, where possible, at a lower cost.

The biggest single reductions in the spending in Torbay have been in services for older people. Reductions have been achieved both in **the need for domiciliary care (a 15 per cent reduction in spending achieved by lowering the costs of the contracts through re-procurement, with costs falling from £14.50 per hour to £14.00, and a fall in need through alternative effective interventions) and the use of residential care (34 fewer people in 2013/14 than in previous year).**

In achieving these savings Torbay looked very closely at their in-house reablement service which is based on a team of 6.8 full time equivalent staff. The service had previously prioritised the needs of older people who are discharged from hospital. But they found that the impact of the team on this group of older people was limited. As everyone in this cohort was assisted by an intermediate care team with therapists and nurses supporting their recovery, it was observed that many of the older people who were receiving reablement services were going to recover anyway – as that was aim of the programme of support offered by the physiotherapists or nurses.

Therefore the use of the more expensive reablement team may not have been as beneficial as they had originally believed. They determined to focus more of the efforts of the specialist reablement team (supported by a physiotherapist) on a cohort of more complex cases involving older people who lived in the community with longer-term needs rather than on the “easy pickings” of hospital discharge. Those who needed social care support while they recovered from their medical treatment were supported by the lower cost option of ordinary domiciliary care – and this was removed when they had shown a full recovery (supported by the nurses and therapists). (See case study). In addition to the benefits of the intervention, Torbay found that social work assessments were really enhanced by the presence of the

reablement workers as they could much better assess what a person could potentially do for themselves and what they could not (what were their real needs).

A further group that was targeted by the reablement team with significant benefits were those residents who were moving into extra-care housing schemes. They found that people moving in from either their own homes or from residential care benefitted from a short period of intensive support (usually offered during the down-time period for reablement workers – the middle of the day). This intervention helped older people regain their confidence and most were able to cope with lower (or no) domiciliary care soon after their admission to their new accommodation. Torbay's original plan was that a group of workers from across the Zones in the borough would be trained to undertake reviews of older people – to be clearer about the real needs that older people had, to be assertive in offering alternatives and to help them focus on defining outcomes for older people. The training proved invaluable and the lessons are still being used today – but the special scheme was not continued in the light of the learning above.

A further area where Torbay made savings in the last two years is through the creation of an assertive review team for adults with learning disabilities (1.5 workers) who took on the task of reviewing the needs of all those people in the borough who were receiving a care package of £650 or more per week. Their focus on needs – and how these were being met – alongside examining the outcomes that should be achieved by services (including being much more specific with providers about what was being required) has delivered significant savings – about £1 million in the first year (this figure also included closing one of the three day care centres).

It is worth stressing that Torbay offer a fully integrated model of health and social care services. The Head of Operations stated “no one can run a system which looks to reduce use of acute beds without a proper investment in community services – both health and care”. This is one of the reasons for the success of the work in Torbay where a combination of striving for outcomes; a rigorous analysis of what is or is not working in the joint services; and strong performance management has led to a care system which has produced lower levels of admission to acute beds, low levels of delayed discharges and low admissions to both residential and nursing care for older people.

Torbay is not without its own challenges. The council anticipates a significant financial challenge over the coming three years with about a third of the money that it currently spends on adult care at risk. They can see a solution, partly though the Better Care Fund and the pooling of resources across the health community. However, at this stage there is some pessimism about the delivery of this, as it will require some changes in the health services which have historically been very difficult to achieve.

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43. Wakefield Council

Wakefield Council developed and use an 'open-book accounting' software package to understand and agree the real costs of residential care for people who need high care packages. The approach is projected to save £11 million in 2014/15.

Wakefield has made a unique contribution to this programme. Their offer was to develop a piece of software that would assist councils who wanted to use '**open-book accounting**' as an approach to agreeing the real costs of residential care for people who need high care packages (see below).

The gross spend on adult social care for the last 3 years in Wakefield was:

2011/12	2012/13	2013/14
£137.378 million	£139.565 million	£123,000 million*

* This figure requires further adjustments and cannot be compared with figure for previous two years

The savings delivered by adult social care over the last three years have been:

2011/12	2012/13	2013/14
£5.858 million	£1.902 million	£1.150 million

Projected savings for the coming years are: 2014/15 - £11 million; 2015/16 – estimated at £20 million.

As indicated above Wakefield had not indicated that their full savings programme would be what would be evaluated in this project but they did provide this information to help paint their picture. This shows that despite relatively stable budgets over the last two years there are significant challenges for them over the coming two years.

The Learning Disability Placement audit tool

Wakefield's Commissioning Team has developed an audit tool as a piece of software that assists any one procuring a placement of over £1,700 per week to calculate the realistic costs for delivering that care. This tool fits closely with the rulings for councils from a number of judicial reviews, where there has been a clear expectation in setting the price a council will pay for care that they should be able to demonstrate that they have fully considered the costs of delivering that care. The tool looks at the provider's costs, including their staffing levels required and the pay they offer, as well as other associated costs including building costs. It can aid a discussion for a negotiation between the council and any provider. The tool offers an alternative to the care fund calculator approach that has been used by a wide number of councils and relies on an honest and straight dialogue about the real costs of care for providers.

Wakefield made a decision that the real value that the tool brings is only for it to be used in the higher cost packages of care. There is a lot of detailed work required by both the commissioner and the provider to populate the tool – so the work is worth undertaking for placements where there may possibly be significant savings.

When they developed the tool Wakefield had expected that the Yorkshire and Humberside Councils would join with them in using and applying the tool. This was particularly important as often councils were using the same placement and sometimes paying different amounts. Unfortunately this did not generally work for reasons about which Wakefield are not fully sure. One of their explanations was that it did require a lot of work and some commissioners either did not feel able or empowered to use the programme in their authority. However the tool has been acquired by one or two authorities outside of the area for their own use.

Wakefield has used the tool for their use. They determined two years ago that the council was going to lose 25 per cent of its resources in the coming four years. They advised all of their providers of this fact and sought their co-operation in looking at how they might deliver efficiencies over that same four-year period to bring down their costs. This started a number of conversations with providers – who were generally very reluctant to hear this message. Wakefield advised providers that they had their newly developed tool and that they could use this to assist providers in determining where efficiencies might be found. They did find one provider who immediately agreed to make 25 per cent efficiencies without further debate. Other providers were reticent and took some persuading to either look at their costs or to use the tool.

A further provider entered protracted discussions with the commissioners involving some lengthy meetings, but eventually they accepted a significant fee reduction which equalled an annual saving to the council of £171,000 (which more than paid for the development of the tool). Wakefield calculated that the 25 per cent reduction equated to a 6.9 per cent reduction per annum in the fees that the council would be paying. For a further provider they made that 6.9 per cent reduction, inviting the provider to come to the table to discuss whether this should continue over subsequent years. Discussions are still taking place but there are now clear signs that the provider has had to accept that the tool provides a realistic view of their costs. Wakefield are expecting to conclude negotiations in the near future.

In conclusion this is a tool to help with discussions and negotiations with high cost providers. Wakefield has found it really helpful in being able to calculate the true costs of care. This should certainly assist them if they determine to continue an approach based on reducing what they are prepared to pay for these very high cost placements. So far the tool would demonstrate that they are likely to be successful if challenged when they do this.

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44. London Borough of Waltham Forest

Waltham Forest launched the ‘Customer Journey Project’ to ensure that people are directed to the right local solution. Savings were made by reducing the costs of assessment and reviewing functions with in the care pathway, support services and in-house provision.

Waltham Forest had offered their full savings programme for this project. It is worth noting that there had been a significant amount of change in the Senior Management in Adult Social Care in Waltham Forest over the last couple of years and most of the Senior Team was new to the borough. The original programme started with a diagnostic from an external consultancy and the new team picked up their recommendations to deliver savings in the borough.

The gross spend on Adult Social Care over the last three years was:

2011-12	2012-13	2013-14
£81.1 million	£80.3 million	£87 million*

*This was to cover an overspend in the budget.

The review that was provided for Waltham Forest demonstrated the following major areas for savings:

- reducing the costs of assessment and reviewing functions
- **the need to redesign the care pathway**
- **the need to find savings from support services**
- **the need to redesign some of the council's in-house provision such as residential care and day opportunities in line with personalisation**
- **the need to embed the reablement service within the referral pathway.**

The main savings have been found from the '**Customer Journey Project**'. There has been a full look at the customer journey and, at the time of the interview for this project, staff were being consulted on the outcomes of the review, which will reduce staffing by £650,000. The review focuses on personalised care with a strong front end helping to redirect people to the right local solution. There will be an increased reablement offer and all packages of care will be scrutinised. There will be an emphasis on support to sustain family carers. There is already a strong emphasis on Direct Payments and a recognition that this will save the council monies as the cost per recipient is lower than the council pays for domiciliary care. The hourly rate for domiciliary care currently is £13.33 and the Direct Payment standard hourly rate currently is £11.11. The council have introduced pre-payment cards together with a policy whereby a Direct Payment will be offered as a default position, and it is anticipated that this will result in an increase in the numbers of those on Direct Payments.

The review found that there was insufficient focus in the reablement service (and there had been a reduction in the number of people who were being helped through reablement – this was now being changed. The unit costs of this service were very high (£34.55 per hour) and again this was being reviewed to reduce the cost and improve productivity.

Over the last few years there has been a renewed emphasis on tight application of eligibility criteria and reviews of packages of care. There has been the closure of some in-house provision (residential care homes for older people) and further reviews taking place of day care.

In the future there will be more reliance on extra-care housing as an alternative to residential care, much greater use of telecare and more intermediate care provision (including step-up and step-down beds) to which NHS monies had been allocated. There is a renewed emphasis with health on obtaining the right balance for those who are eligible for continuing health care.

Waltham Forest has used the Care Funding Calculator to reduce the costs of the 200 high-value placements for adults with a learning difficulty and some of those in residential care will move to settle in new supported housing schemes in the borough. The project has delivered £800,000 of savings.

Waltham Forest is also looking to the voluntary sector to make a contribution to the preventive strategy of the council – though there has been a review of grants with some losses of funding to make savings.

Waltham Forest has reviewed its fairer charging policy and as a result is collecting more income from its service users.

Waltham Forest has also reviewed the meals on wheels service and decommissioned the traditional meals on wheels service provided by the council's schools catering service. Work with local providers such as local restaurants has now increased choice in the market and achieved efficiency savings of £90,000. Waltham Forest also reviewed its provision of Supporting People funding which led to focusing this funding on supported living accommodation for the Learning Disabilities and Mental Health client groups as well as in extra-care sheltered housing schemes for older people. Since 2011/12 the former Supporting People budget has reduced from £11million to £6 million.

The reductions in the total numbers for everyone in residential care over the last five years are a strong feature of the development of savings in Waltham Forest.

2010/11	2011/12	2012/13	2013/14	2014/15
760	728	658	604	604

This is slightly counterbalanced by an increase in the numbers of people who need domiciliary care and those who are using a Direct Payment.

2010/11	2011/12	2012/13	2013/14
645	698	733	746
450	508	568	542

In the future Waltham Forest is predicting a £45 million gap for the council's budget over the next three years – the decision on how this will be delivered has not been made yet although work with an efficiency partner is underway to help determine the approach. Complications and challenges within the local health economy make it uncertain whether the Better Care Fund will provide any relief. The Adults Directorate already has to find £4.3 million of savings for this financial year (2014/15). However, there is a commitment to improve integrated working and they are now working on the metrics required to help drive local change.

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45. Warrington Borough Council

Warrington Borough Council has saved £10 million during the last three years by reducing the costs of care, managing demand for services and raising income. The council share learning via the document '50 ways to save £50 million'.

Warrington Council's contribution to the programme has been to offer their full savings programme.

The diagnostic that they funded through the monies in this programme gave a specific focus for them on the effectiveness of reablement and intermediate care and has informed their planning for the **future model of Intermediate Care and the current older people home care tender process**.

The gross spend in Warrington on Adult Social Care for the last three years was:

2011/12	2012/13	2013/14
£81.1 million	£81.4 million	£81.5 million

These figures show that the gross budget in Warrington has been reasonably stable. The examination of net spend shows that Warrington performs well in terms of generating income from charging and from joint-funded packages of care. Savings that have been delivered have offset significant pressures arising from inflation and demographic pressures and there has been some political protection for Adult Social Care in recognition of pressures in 2014/5.

The savings that have been delivered have been £2.2 million in 2011/12; £6 million in 2012/13; £2 million in 13/14 and currently a £3 million programme for 2014/15. During this period, Adult Social Care has been delivered as a balanced budget. £10 million has been saved during the three years of this programme.

Warrington has followed the process of reducing costs, looking to manage down demand and to raise income.

They have reduced costs through conducting a range of internal reviews; reviewing contracts (including Supporting People services); changed in-house services; reduced subscriptions to outside bodies; reviewed some grants to voluntary organisations; reduced some in-house provision; replaced some night service with telecare; reduced staffing levels; reviewed high-cost packages of care and reviewed the equipment service.

They have significantly reduced demand and costs through tighter eligibility criteria (critical and substantial); increased use of telecare and improved effectiveness and efficiency from reablement (see paragraph below); undertaken reviews; changed access to transport; and reduced admissions to residential care through better use of extra-care housing and tight use of the panel system (they now have one of the lower rates in the region).

Efficiencies have been delivered through the recent commissioning and procurement exercise for Learning Disability Services and review of the Complex Mental Health Framework. Investment in the Warrington Home Improvement Agency (Award Winning) and range of preventative services has also reduced care purchasing spending.

They have increased income through various changes to their charging rules for customers; funding relevant activity through health monies, including appropriate use of Public Health investment in social preventative services; **introduced a charge for Appointeeships**; and recovered unspent direct payments (they use a pre-paid card system which makes this an easy task). They are also progressing a plan to combine their out-of-hours service with neighbouring authorities.

The review of intermediate care and reablement conducted as the diagnostic for Warrington in this programme showed how processes could be improved (particularly to reduce duplication between health and care staff); that there was a need to up-skill the staff for certain tasks; there should be a clearer policy and process for which patients took a particular care pathway (including reablement); and getting the governance and the base funding right and improving communications between the various teams was important. There were immediate financial benefits to both the council and the Care Trust provider of delivering the recommendations. One of the more innovative approaches that has been developed in Warrington is the plan to establish a social enterprise into which most of the remaining in-house services are about to transfer. They are establishing a community interest company to run the services which will become a provider within the local care market. It will be expected to deliver efficiencies over time (a three-year period). They have already delivered a £230,000 management saving in establishing the structure for the new operation - there is a target for this £8 million service to find a further £420,000 in 2014/15.

Warrington reports that they have transformed their financial management in recent times. They have improved their forecasting systems and can now link their activity and their finance in a way that assists them in effectively running the business. A strong culture of performance management has assisted them in ensuring that savings are delivered in a timely way.

Warrington are preparing for increased financial challenges into 2015/16 and beyond. There is some optimism that the Better Care Fund will assist with this task and an ambitious programme for integration between health and care has been started. Warrington are fortunate that they have been awarded £3.3 million from the Prime Minister's Challenge Fund to develop a model of integration built around GP clusters with multi-disciplinary teams serving a population of 30,000 people. There is involvement with the community and voluntary sector for this task.

Like many places the council and CCG are in the process of working through the implications of the BCF with the local acute care providers.

There is a recognition that a combination of loss of government grants; the rising costs of transitions of younger disabled children to adult social care; the associated costs of the new Care Act as well as demographic and inflationary pressures

(particularly in the domiciliary care market) means that there will need to be further significant savings in the years ahead.

It is also worth people considering the document produced by Warrington Council called *50 ways to save £50 million*. It is a full review of the last three years savings delivered across the council. It includes many of the savings delivered in Adult Social Care. It is available from their web site.

http://www.warrington.gov.uk/downloads/file/6272/50_ways_to_save

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46. Wiltshire Council

Wiltshire Council have developed the 'Help to Live at Home' programme which commissions for outcomes that promote independence. Payments to providers are based on whether the outcomes have been achieved. The council has saved £11.6 million over the duration of the programme.

The approach adopted by Wiltshire in their '**Helped to Live at Home**' programme is well documented in the earlier LGA Adult Social Care Efficiency programme reports. Their aim was to deliver a better experience for the people of Wiltshire through commissioning and providing for identifiable outcomes that promoted independence. The approach has saved monies for Wiltshire Council in both the procurement phase and in its development.

Wiltshire Council along with its southern neighbours has had a reasonably stable adult social care budget over the last three years with a small overall reduction.

2011/12	2012/13	2013/14
£139.695 million	£135.291 million	£137.240 million

The council's medium term financial plan identifies growth in the adult social care budget over the next four years (18 per cent over the period) while there is anticipated to be a small reduction in the overall council's projected budget in these years (about 2.5 per cent across the four years).

The Helped to Live at Home Service was created in Wiltshire to replace the previous range of domiciliary care providers working across the county and an in-house reablement service. The new service is delivered by four main providers who have been awarded eight contracts between them for all domiciliary care (of which reablement is a key part of all the services) across the county. The service started in September 2011.

Between 2011 and 2013 the new service aimed to deliver £7 million of savings for the ASC budget from:

- £0.623m from economies of scale

- £2.2 million from procurement
- £1.7 million from improved outcomes
- £2.9 million from wider use of telecare (in part by the Dom Care Providers)
- £0.1 million from reduced Direct Payment costs
- £0.1 million from an automated payment process.

The outcomes of the programme are described as follows:

- Stability in the numbers of older people being placed in residential care (despite clear demographic pressures).
- For all older people who receive the service, 60 per cent are reabled to live independently within six weeks and require no further service (a good performance for any reablement service).
- Providers have security in the market and at least one of the four providers now offers ALL staff contracts on a salaried basis.
- 1,523 customers access the Helped to Live at Home service in any one week (February 2014 figures) plus a further 320 self funders using the service by choice.

With the older people's budgets still rising during this period a total of £11.644 million of savings have been produced. The project will continue to be extended in the first place to other customer groups (not just for older people). There are still challenges in getting the consistency of outcomes and providers have not developed their links with local communities (beyond the good work undertaken in sheltered housing) to involve them in helping older people with their solutions quite as widely as expected – but room for further work in this area.

Wiltshire Adult Social Care is not anticipating the level of financial challenges that will be faced by some councils, beyond the uncertainty of the impact of the new Care Act on the county. They are committed to working with health partners to use the Better Care Fund to support their investments in the future – especially as the health community will gain additional monies (about 3 per cent growth) through the changes to the funding formula within the NHS. Health and Social care will use any investment to improve community provision for older people with an aim of reducing demand on the acute sector. Wiltshire politicians are committed to a policy of alignment (rather than full integration) with health partners – this is in part a legacy of past integrated arrangement which did not work out for the council.

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47. Wirral Council

Wirral has reviewed services and changed cultures to move from a traditional, protective model of care to one which delivers 'just enough' care and support.

The Wirral Council has offered their full savings programme as learning for this programme.

The gross spend on Adult Social Care for the last three years has been:

2011/12	2012/13	2013/14
£120.262 million	£120.080 million	£123.000 million

Savings delivered – mostly to balance the budget from previous deficit:

£16.857 million	£2.643 million	£5.967 million
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The main challenges facing Wirral were the combination of a history of a failing adult social care service alongside a serious level of overspend in the council allocated budget. The council has prioritised addressing both of these challenges over the last three years.

Wirral has embarked on a series of reviews in adult care which include: all in-house day opportunity programmes; use of assistive technology and equipment; charges for non-residential care; NHS investment in reablement services; review of voluntary sector funding; review of NHS continuing health care funding; review of in-house residential and respite services; and retendering contracts for extra-care housing.

There has been a positive look at the culture of adult social care in Wirral with a clear move away from a **benevolent, protective and risk-averse model of social care to one which delivers a 'just-enough support model'**. This model is aimed at helping people to get enough support to meet their needs and to assist them in looking to regain more personal independence. There has been a focus on reducing admissions to residential care for older people and a review of spend in learning disability services. Both approaches have relied on better use of telecare – including the use of 'just-checking' (a software package designed to help assess the needs of older people with dementia) to help reduce the need for night staff in supported housing for adults with learning disabilities.

Wirral has **re-procured their supply of domiciliary care by** reducing from over 70 providers down to contracts with four main providers with two back-up providers who all operate within the localities of the borough. They have a very tight contract which requires a same-day response from providers and this is backed up by an 'ethical charter' for the employment of workers within the providers to which they have all signed-up. This approach has not reduced the price but sustained the price at the same level of £12.20 an hour (it was on average £12.28 previously but within a wide range of costs). The new providers are already responding well and there is already feedback that better outcomes are being delivered.

Wirral has worked closely with providers of learning disability services where a strong local partnership with the Wirral Autistic Society has accepted that there has been overprovision of services in the past. Closer partnership working is now addressing this in a constructive way.

There has been a small reduction in admissions to residential care for older people – down from over 60 a month to 54 per month. A target of 37 new admissions a month has been set and signed up to by the local health partners as well as the council. This has assisted in ensuring that everyone understands what outcomes are being sought. Wirral points to the success of their panel system in helping to address the challenges.

Wirral has a first-contact service which diverts some customers away from formal care and into community and voluntary services as appropriate and a reablement service which is delivered by the independent sector with the in-house service offering guidance and support to the external providers (a coaching role). Wirral is looking to set up a trading company into which the current remaining in-house provided services are expected to transfer in the future. Wirral is developing an assessment system which is focused on the 'asset approach' (what are the skills and positive contributions that people, their families and communities can bring to their care package?).

The council has a £46 million savings programme to deliver over the next three years and adult social care will be expected to deliver its contribution. There are council-wide reviews taking place to look how to address this. The main approach will be to further develop the council as a 'commissioning body' with a strong focus on making the arrangements for the right services rather than delivering them. The 'asset-based assessments' across the Families and Well-being Directorate will be one pillar for this. There are now discussions taking place with health about how an integrated set of services might support this approach. There is an aim to bring together health primary and community services with social care teams.

Wirral state that the Better Care Fund has brought all the partners closer together and they are having very constructive conversations. They have agreed a target of a 5 per cent reduction in admissions to hospitals for each of the next three years. There is a challenge that collectively the public sector between the council and the NHS will have to reduce their spending by £107 million by 2018.

48. Wokingham Borough Council

Wokingham Borough Council developed a social enterprise, Optalis, to provide previous in house services including assessment, care management and reablement. Further savings have been achieved through reviewing housing support and costs for residential care.

Wokingham joined the Efficiency programme with a bid alongside their neighbouring authorities to develop a shared approach to procurement. During the three-year period of this project there has been only a small amount of progress, though Wokingham has not yet given up in looking at options with their nearest neighbours. There has been a regional approach to commissioning autism services and some collaboration as part of the post Winterbourne Commissioning work (in Learning Disability Services). Locally they have developed a model of 'dynamic purchasing' that enables them to encourage providers to submit their own offers against pre-determined requirements.

Wokingham in line with other authorities has experienced a very small growth in their gross spend on adult social care over the last three years and therefore their savings plans have had to meet inflationary and demographic pressures:

2011/12	2012/13	2013/14	2014/15
£42.328 million	£42.934 million	£42.360 million	£42.749 million

Wokingham have already improved their commissioning with health and now procure nursing home placements for them. They have also developed much tighter local criteria for the arrangements for continuing health care, from which the local authority has made some financial gains. A local placement officer ensures value for money for both health and care.

Wokingham externalised their services to a **local social enterprise – Optalis** which runs the previously managed in-house services including assessment and care management and reablement care. Optalis are expected to reduce their costs over a number of years through efficiencies. The main savings have been achieved through reducing the unit costs of the previous in-house domiciliary (and reablement) services from £50.00 per hour down to £20.00 per hour. Wokingham procurement has also reduced the cost of externally procured domiciliary care from £17.00 per hour to £13.00 (this has produced a £400.000 saving).

Alongside this approach Wokingham have **used their role as a housing authority** to get the right balance between housing support services (that can be funded by the Housing Revenue Account (HRA)) and those that had previously funded through Supporting People grants. In this respect community development work is funded through the HRA. They have also used the headroom in the Public Health grants to ensure that some preventive services continued to be supported. Like many other councils they have been clear where people are placed out of the borough in non-residential facilities that they have used the 'ordinary residence' principles to ensure that the hosting authority has picked up the costs. This has 'saved' Wokingham about £1 million. This approach has to be balanced with the numbers of self-funders in the area who have run out of money.

The Council has used the **Care Funding Calculator** to reduce the costs it pays for residential care and has reduced its costs though a limited offer to meet inflationary pressures in the residential care market. The council has maintained its policy of only supporting those with critical needs but has counter-balanced this with an investment in preventive services.

In the longer term Wokingham expect to face financial challenges with both increasing demographic pressures as well as a reduction in the grants which they had previously received from central government. Their plans for the future include an increase in extra-care housing and the creation of more nursing homes in the area. Again the role of the council as a housing authority will help with the resources to support an older person's housing strategy. The council will also be able to provide land that has been made available from the closure of previous in-house residential care homes. Finally Wokingham also has a positive approach to the Better Care Fund with plans to co-locate their short term intermediate care services with health, including a 30-bedded step-up/ step-down short term residential care bed facility. There will be a single manager across health and social care to manage intermediate care services (including those run by Optalis). The local health community will gain from the changes in funding allocation for the NHS with an anticipated 4.2 per cent increase for 2014/15. This will enable the health and social

care communities to invest this growth into their proposals for the Better Care Fund and allocate some monies to assist the local authority with its financial challenges.

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