

# **INTEGRATED PLAN**

## **PART B - STRATEGIC DIRECTION AND FINANCIAL CONSEQUENCES**

### **Adult Care & Health Portfolio**

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# Adult Care & Health

## Strategic Direction:

Services for adults who need care and support, promoting independence, personalisation, choice and control

## Key priorities and programmes:

- Information and Advice
- Assistive Technology
- Integrated working with Health
- Community First thinking and new assessment framework
- Day opportunities and transport offer
- Employment, volunteering and education opportunities
- Supported Housing & Accommodation strategy
- Commercialisation agenda for in-house services
- Council as provider of last resort

## Key services provided:

Care and support services for:

- Older people
- Adults with learning disabilities
- Adults living with mental health problems
- Adults with physical disabilities
- Family carers
- Strategic oversight and development of provider market
- Safeguarding services for vulnerable adults
- Working with NHS to deliver integrated services

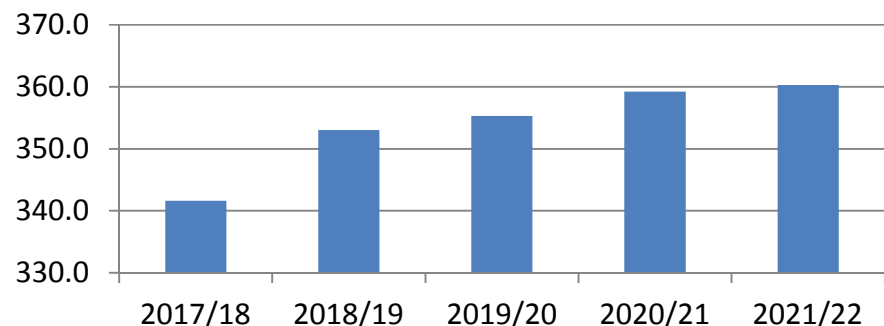
## Key risks in achieving IP proposals:

- Population pressures and fragility of care market
- Workforce supply
- Ensuring adequate resources to deliver major proposals
- Maintaining financial contribution from NHS
- Improving rates of delayed transfers of care from hospital, using Better Care Fund monies

# Adult Care & Health

£m

## Net Revenue Budget



## Key Revenue Pressures:

- Older People demography
- Learning Disability demography
- Mental Health and Physical Disability demography
- National Living Wage

## Key Revenue Savings Proposals:

- Demand Management / Promotion of Independence / enablement
- Use of Technology
- Reducing reliance on residential care
- Better value for money in the nursing care market
- Younger People's Day Opportunities and Accommodation strategy
- Procurement and cost control strategies
- Optimisation of income and funding sources

## Summary Revenue Budget Movements

	2018/19 TOTAL £000	2019/20 TOTAL £000	2020/21 TOTAL £000	2021/22 TOTAL £000
Technical Adjustment	981	920	920	920
<b>Demography</b>	9,345	18,941	28,595	38,216
<b>Legislative</b>	5,730	9,892	14,855	14,855
<b>Other Pressures</b>	13,511	11,815	9,505	9,505
<b>TOTAL PRESSURES</b>	<b>28,586</b>	<b>40,648</b>	<b>52,955</b>	<b>62,576</b>
<b>Existing Efficiencies</b>	(2,768)	(3,118)	(3,118)	(3,118)
<b>Existing Policy Choice</b>	(45)	(45)	(45)	(45)
<b>New Efficiencies</b>	(10,985)	(19,869)	(27,753)	(35,113)
<b>New Policy Choice</b>	(2,250)	(2,725)	(3,200)	(4,425)
<b>TOTAL SAVINGS</b>	<b>(16,048)</b>	<b>(25,757)</b>	<b>(34,116)</b>	<b>(42,701)</b>

## Key Capital Schemes:

- Care Home re-provision
- Capital works in establishments
- Vehicle replacement
- Disabled facilities

	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000
Capital Programme	20,998	29,931	13,645	11,498

## Adult Care & Health Portfolio: Future Strategic Direction

### 1 What are the key priorities for the portfolio over the period 2018/19 – 2021/22?

The key priorities for the period are grouped into four strategic areas as set out below.

#### **Strategic Area 1: Information and advice**

**Communicating well and providing good information and advice to enable and support people to look after themselves and each other, getting help at the right time as their needs change.**

#### **Key activities will comprise:**

- Review our information and advice strategy
- Implement a new Assistive Technology Strategy as part of the digital agenda
- Develop our 'HertsHelp' offer in Hertfordshire
- Build a library of useful apps that we will promote
- Increasingly connect our social care systems with colleagues in health
- Enable people to access their social care records on line

#### **Strategic Area 2: Community First**

**Recognising that we depend on each other and we need to build supportive relationships and strong and resilient communities.**

#### **Key activities will comprise:**

- Embed 'Community First' thinking into practice; and ensure a common understanding and approach
- Pilot an assistive technology project on using predictive data
- Review our day opportunities and transport offer
- Do more to get people into education, employment or volunteering to broaden their own connections and independence
- Develop our strategy for making the best use of property and assets

#### **Strategic Area 3: Valuing Independence**

**Services that prevent future need, help people get back on track after illness and support disabled people to be independent, living purposeful lives with all of the freedoms and opportunities offered by society.**

#### **Key activities will comprise:**

- A new strengths-based approach 'Connected Lives' to agreeing with people their care and support needs
- Join up health and care services for people with long-term conditions or disabilities to maximise their independence and satisfaction and support their family carers
- Ensure people are discharged from hospital at the right time, delivering required business process improvements with NHS colleagues
- Build on new interventions which alleviate pressures in hospitals, for example 'Discharge to Assess' and aligning care worker teams with the NHS
- Put in place a new Occupational Therapy strategy to promote independence

- Develop accommodation plans for each district area in consultation with district councils
- Embed the new joint Home Improvement Agency

#### **Strategic Area 4: Caring Well**

**Developing services that are personalised, good quality, address people’s wellbeing and keep them safe and resilient. Services will be joined-up around an individual’s needs and those of their carers. Personal budgets are central to this approach.**

- Roll out new practice principles which support delivery of these approaches
- Consolidate and drive forward our new younger people’s disability service
- Work to ensure our safeguarding work is consistently delivered in line with best practice
- Develop the council’s strategy when required to act as a provider of last resort
- Create integrated personal care services for those with chronic and complex needs alongside the NHS

## **2 What are the key pressures and challenges facing your portfolio for 2018/19 – 2021/22?**

Demographic pressures; changing expectations and needs; 2015 Care Act

- Demand for support is forecast to grow as shown in the table below. The population of people aged 85 and over is forecast to more than double by 2030. This is significant given the greater incidence of dementia and frailty which arises in later life, and hence likely need for social care.

**Table of population growth forecasts**

	Older People 65+	Older People 85+	Adults with Learning Disabilities	Adults with Physical Disabilities
Current population (2015)	194,300	28,500	21,100	71,000
% Rise in population since 2010	13.1	15.9	4.5	3.3
Forecast population by 2020	225,500	46,700	22,100	75,200
Forecast population by 2030	290,900	67,700	24,200	79,100
Percentage increase 2015-2030	49.72%	137.54%	14.69%	11.40%

- The average age of older people who need support gets higher every year, with more people living with multiple and complex long-term health conditions
- In the younger adult (18-64 cohort) the population is rising steadily and other demographic and societal factors are having an impact
- The implementation of the Care Act in 2015 gave local authorities new duties, and demand for a greater level of services is evident for people with learning disabilities, autism and Asperger’s.

- Strategies to address this include our Community First approach, the new Connected Lives assessment framework, and our prevention and demand management work
- Demography pressures are shown in lines D4-D7 of the IP key movement statement

#### Workforce and care market pressures

- It is difficult to source care for individuals at a price that the council can afford and providers in the market are often at risk of failure or may wish to hand back individual contracts
- Workforce issues: high levels of employment locally; an ageing care workforce; high vacancy and turnover rates; low pay and competition with other sectors for workers
- Legislative issues: National Living Wage legislation (see L4 on the IP key movement statement) is creating additional costs for care providers which are being passed on to the council. A recent judgement about the applicability of the National Minimum Wage rules to 'sleep-ins' for overnight cover will mean further cost pressure
- Impact on service quality: people say that they want to see the same staff delivering their care to build up a relationship with them and not have to repeat their needs
- An increasing shortage of home care services, which is a significant and ongoing concern
- The impact of self-funders who form a significant cohort in the county; self-funders pay more for residential and nursing care fees than local authorities

#### Working between Social Care and the NHS

- The Chancellor announced £2bn additional funding in his 2017 Spring Budget nationally for social care for 2017/18 to 2019/20. The money is called 'Improved Better Care Fund - new' ('IBCF –new'); is non-recurrent, and the allocation to HCC is £30.5m in total over the three years.
- There has been significant additional national scrutiny on the use of the new money to improve performance in relation to Delayed Transfers of Care from hospital, with quarterly reporting to government on progress on all 'IBCF – new' areas.
- A number of projects are underway being funded by the new money, including a new voluntary sector Community Navigator and Hospital Discharge Service, seven day social work cover in hospitals, and schemes to prevent hospital admission and to facilitate discharge
- There is comparatively less 'real' new money available in Hertfordshire since the first call upon it has been to mitigate recent funding reductions from local CCGs
- The new monies and the impact of the reduction in CCG contributions are shown in the movement statement in rows OP17 and OP18. Row NE83 of the movement statement denotes that money currently sitting within improved better care fund budgets will be transferred to support mainstream care purchasing budgets.

### 3 What are the key projects/programmes that the portfolio will deliver 2018/19 – 2021/22?

**The key savings proposals that have been identified to meet the budget gap 2018/19 to 2021/22; the additional actions will need to be taken to achieve these, the potential impacts, and links to key corporate themes:**

- The department has a number of savings proposals in the older people's care purchasing budget which relate to improving demand management, and providing community and technological alternatives to formal provision. This will be achieved within a context of supporting individuals to remain independent in their homes for longer and promoting an 'enablement' approach for people leaving hospital. (References: EE9-EE11; NE26-NE29)
- Whilst the department forecasts less reliance proportionately on residential care in future (NE29), it envisages an increasing level of need for nursing care and will be looking at strategies to achieve better rates for nursing care placements (NE30)
- In relation to the Adult Disability Service (ADS) work is underway to develop a new employment opportunities strategy and move-on approach, coupled with a new approach to day opportunities; placing particular emphasis on opportunities for people transitioning into services for adults from Children's Services (NE33)
- A further element of work in ADS (NE34) relates to ensuring optimal accommodation for all by:
  - Targeting access to mainstream housing for people with care and support needs
  - Working to increase the opportunities for people to live in Supported Living settings instead of residential accommodation
  - Providing opportunities for older people with learning disability to live in mainstream older people's services where appropriate
  - Developing our 'Shared Lives' service, giving opportunities to live in the community with families and individuals to support them
  - Looking at opportunities to use Telecare for example to reduce the use of sleep-in or waking night cover
- Across the department we will be using the new 'Connected Lives' assessment process to embed a 'strengths-based' approach into business as usual. Equally, the continued emphasis on community alternatives to formalised care will be continued and further enhanced.
- A further range of proposals for ACS relate to continuing work to improve the value for money achieved when care is purchased by robust procurement and cost control strategies, and also in relation to ensuring that all available sources of funding (such as Transforming Care and Continuing Health Care funds) are maximised (References NE31; NE36)
- There are proposals to review contracted and grant expenditure and look for opportunities improve the value for money achieved from this area as contract terms and grant award periods come to an end (NE37; NE42)



- In relation to transport expenditure a programme of rationalisation is proposed which will (NE43):
  - Review and make efficiencies on contracted transport arrangements (taxis)
  - Join up delivery of in-house transport offers (such as Dial a Ride, in-house fleet, external fleet)
  - Strengthen alternative approaches (travel training, community transport)
  - Implement an updated transport policy and ensure adherence
  - Increase charges for transport journeys.
- Proposals to review charges for community based services (NPC11) have been out to public consultation until December 2017.
- The new individual strategies for 2018/19 are summarised below:

Key Proposals; Additional Actions; Impacts	IP Ref	Types of programme (change or business as usual) and links to corporate themes
<b>OLDER PEOPLE</b>		
<p><b>Strategy 1: Demand management at Customer Service Centre / deferring need / promoting independence</b> – drawing on assets and resources in the community</p> <ul style="list-style-type: none"> <li>○ New Serco contract extension provides the opportunity to re-design the contact, referral and access pathways</li> <li>○ New ‘Connected Lives’ assessment process embeds a ‘strengths-based’ approach into business as usual</li> <li>○ Community alternatives to formalised care to be developed and commissioned</li> </ul>	NE26	Changing the Business Smart Prevention
<p><b>Strategy 2: Optimising enabling outcomes for people</b> – promoting independence and reducing reliance on long term social care</p> <ul style="list-style-type: none"> <li>○ Enabling approach with all homecare providers</li> <li>○ Continuing the Specialist Care at Home service which provides specialist enablement support</li> <li>○ Influencing increased provision of Intermediate Care to assist with patient flow from hospital</li> <li>○ Use of equipment and technology</li> <li>○ Review strategy to ensure minimisation of longer term dependence</li> <li>○ Falls strategy and frailty services</li> </ul>	NE27	Changing the Business Smart Prevention

Key Proposals; Additional Actions; Impacts	IP Ref	Types of programme (change or business as usual) and links to corporate themes
<p><b>Strategy 3: Flexible outcome-based care plans with Telecare</b> – using technology to avoid the costs of homecare, and use care resource efficiently</p> <ul style="list-style-type: none"> <li>○ Move to outcome based care planning with lead providers, Social Work teams and commissioning – lower delivery rate expected</li> <li>○ Encourage providers to develop their own community based strategies</li> <li>○ More Telecare – links to distance caring; opportunities for families to be more engaged with people at a distance</li> <li>○ Links to carer’s strategy</li> </ul>	NE28	Changing the business Smart Digital Smart Prevention
<p><b>Strategy 4: Fewer residential care placements</b> avoiding the costs of long term residential care</p> <ul style="list-style-type: none"> <li>○ Supporting people to remain independent in their own place of residence for as long as possible and in line with people’s general preferences</li> <li>○ Cost reductions will be partially offset by increases in cost of homecare and reductions in income from charges</li> </ul>	NE29	Changing the business Smart Prevention
<p><b>Strategy 5: New nursing care commissioning - average fees lower</b> – better fees for Nursing Care</p> <ul style="list-style-type: none"> <li>○ Working with nursing care providers – looking at business case for capital investment in return for lower rates</li> </ul>	NE30	Changing the business Smart Property
<p><b>Strategy 6: Continuing Health Care</b></p> <ul style="list-style-type: none"> <li>○ Ensuring Continuing Health Care (CHC) entitlement is achieved; in context, Hertfordshire is relatively low nationally in terms of levels of CHC awarded in the county. This means that HCC is probably stepping in to fund packages that would otherwise be funded by the NHS</li> </ul>	NE31	Running the business
<p><b>Other savings: Hertfordshire Equipment Services (HES)</b></p> <ul style="list-style-type: none"> <li>○ HES implemented a new strategy in 2015/16 based on new service arrangements and better control of prescriber behaviour. This strategy has led to better cost control</li> </ul>	NE32	Running the business

Key Proposals; Additional Actions; Impacts	IP Ref	Types of programme (change or business as usual) and links to corporate themes
<b>ADULTS WITH DISABILITIES</b>		
<p>Strategy 1: <b>Education, work, volunteering and personal budgets - linked to day opportunities</b> – developing strategies to respond to changing expectations and rising demand</p> <ul style="list-style-type: none"> <li>○ New employment opportunities strategy and move-on approach</li> <li>○ New transition employment strategy for 0-25 Together</li> <li>○ Day opportunities strategy</li> <li>○ Autism and Asperger’s Strategy – work and independence</li> <li>○ Connected Lives approach building skills for independent living &amp; move to outcome based care plans</li> <li>○ Transport training strategy</li> <li>○ Community First and ‘Connected Lives’ strategies</li> </ul>	NE33	<p>Changing the Business Smart Prevention Key Collaborations with partners</p>
<p>Strategy 2: <b>Optimal accommodation options for all - housing and Shared Lives</b> – ensuring people have the right level of support in the most appropriate setting</p> <ul style="list-style-type: none"> <li>○ Mapping accommodation requirements at individual level and developing commissioning plans accordingly</li> <li>○ Targeting access to mainstream housing for people with care and support needs</li> <li>○ Working to increase the opportunities for people to live in Supported Living settings instead of residential accommodation</li> <li>○ Providing opportunities for older people with learning disability to live in mainstream older people’s services</li> <li>○ Developing Shared Lives opportunities giving opportunities to live in the community with families and individuals to support them</li> <li>○ Looking at opportunities to use Telecare for example to reduce the use of sleep-in or waking night cover</li> </ul>	NE34	<p>Changing the Business Smart Property Smart Digital Key Collaborations with partners</p>

Key Proposals; Additional Actions; Impacts	IP Ref	Types of programme (change or business as usual) and links to corporate themes
<p>Strategy 3: <b>Review Out of County placements and Transforming Care Partnership clients; more Continuing Health Care Income</b></p> <ul style="list-style-type: none"> <li>○ Looking to reduce the costs of highly complex packages</li> <li>○ Ensuring Hertfordshire people receive a comparable amount of CHC funding</li> <li>○ Ensuring all available funding opportunities are maximised</li> </ul>	NE35	Running the Business
<p>Strategy 4: <b>Negotiating strategies with key providers</b></p> <ul style="list-style-type: none"> <li>○ Systematic approach to assessing the value for money of providers and reviewing packages to ensure fair costs for care</li> </ul>	NE36	Running the Business
<b>OTHER</b>		
<p>Housing related support savings</p> <ul style="list-style-type: none"> <li>○ More efficient use of Housing Related Support (HRS) resource, for example shorter episodes of support to allow an equal number of people to be supported per year by services with smaller capacities.</li> <li>○ Identifying any areas of duplication in funding where an existing service can absorb the role of a current HRS service.</li> </ul>	NE37	Running the Business Key Collaborations
<p>Grants to voluntary organisations</p> <ul style="list-style-type: none"> <li>○ Reviewing existing spend and undertaking competitive processes that lead to a better or reduced use of funding.</li> </ul>	NE42	Running the Business Key Collaborations

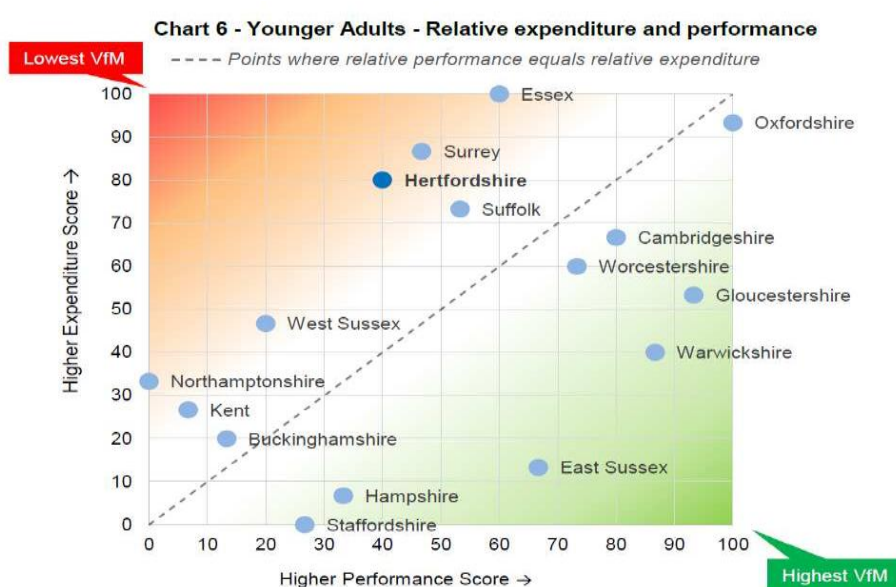
Key Proposals; Additional Actions; Impacts	IP Ref	Types of programme (change or business as usual) and links to corporate themes
Transport rationalisation <ul style="list-style-type: none"> <li>○ Review of contracted transport arrangements (taxis)</li> <li>○ Joined up delivery of in-house transport offers (such as Dial a Ride, in-house fleet, external fleet)</li> <li>○ Strengthening alternatives (travel training, community transport)</li> <li>○ Implementing updated transport policy and ensure adherence</li> </ul>	NE43	Running the Business
Charging <ul style="list-style-type: none"> <li>○ Reviewing the council's charging policy for community based services to consider:</li> <li>○ Including the higher rates of Attendance Allowance and Disability Living Allowance when calculating how much someone can afford to pay for care</li> <li>○ Charging for second-carers</li> <li>○ Reviewing the charging bands for people living in Flexi Care</li> <li>○ Introducing a weekly charge for Telecare users</li> <li>○ Increasing charges for transportation to and from day activities</li> </ul>	NPC11	Running the Business

#### 4 How has the portfolio reviewed its effectiveness / value for money in delivering service outcomes?

- Operational performance data is collected nationally via the Adult Social Care Outcomes Framework (ASCOF) indicators. These represent a 'basket' of measures across a variety of social care areas. In the latest available set of data relating to 2015/16, Hertfordshire obtained an average ranking of 84th out of 152 authorities. Out of the 22 measures that were updated during the year, Hertfordshire's performance was better than East of England and national averages on 9 indicators.
- Within the department a new performance report has been developed which tracks information across a range of indicators on a monthly basis; this '100 point temperature check' identifies pressures and anomalies that may warrant further exploration and remedial action. The 100 point temperature check includes all the ASCOF indicators along with a range of volume measures and local targets.
- The department plays an active role in national and regional work that gives great insight into the work of other local authorities and how HCC compares. The Director of ACS is the national spokesperson on resources for the Association of

the Directors of Adult Support Services (ADASS) and in this capacity has a national role in advising on policy in relation to adult social care funding.

- ADASS is highly active in the Eastern Region and often works to compare activities on a regional basis. For example, a recent report looked at the at the 2016-17 Carers Survey results across the Eastern Region; and an exercise is currently underway to compare the costs of financial assessment.
- The cost of care is also regularly monitored and compared across the region, including as far as possible, tracking costs in the self-funder market. The intelligence shows that in general Hertfordshire pays a ‘fair’ cost for care, despite being in a generally high cost region because of proximity to London and the workforce supply issues that the county experiences.
- A tailored benchmarking report was commissioned in 2016 from LG Futures. The information gathered<sup>1</sup> (2015/16 actual data) demonstrated that Hertfordshire is a high cost authority for Learning Disability expenditure, even after controlling for area cost differences:



- Hertfordshire’s pattern of comparatively high spend is likely to have continued in 2016/17, particularly since the LD service financial outturn for 2016/17 was £7.6m overspend. This outturn result continued a trend of increasing overspend pressure in the service in recent years.
- A major efficiency programme has been established in response, and is overseeing the delivery of the IP strategies relation to Learning Disability.
- Further benchmarking was undertaken corporately as part of the underpinning evidence gathering process for the current IP round. Areas of strength in relation to older people’s services were: re-ablement success; involvement of carers and work to ensure short term placements did not ‘drift’ into long-term ones. Areas for

<sup>1</sup> LG Futures Financial Intelligence Toolkit 2016/17 – NB chart shows spend for younger adults for all client groups; LD spend is the vast majority of this

development included: Delayed Transfers of Care. Generally the Older People's service was categorised as 'low spend / high outcomes'.

**5 What are the key risks in delivering projects and programmes for this portfolio, and what mitigations are in place? What steps are being taken to ensure resilience?**

- Adult social care budgets have been under pressure for a number of years due to the ageing population and rising expectations of people who need care and their families. The risk that budgets are not enough to meet the demands of rising population are inherent in care purchasing budgets. The department has experienced significant budget pressure in 2016/17 and has been maintaining robust budget management in order to progress back to financial balance. The cost pressures emanating from the fragility of the care market and restricted supply of care creates a risk of further escalation in prices for care.
- Equally, the council must work hard to maintain the current levels of investment that the NHS continues to make in social care, set against competing pressures in the health sector.
- Workforce pressures particularly in relation to people that deliver homecare are significant. The council works with Hertfordshire Care Providers Association to support the care workforce running an annual recruitment campaign 'Good Care' that highlights the importance and value of care workers. Training programmes for care workers are well established, and the council has tried to support wages in this sector to try and boost the attractiveness of care careers.
- The risk of supplier failure and of hand back of care contracts which suppliers judge to be non-viable for them in financial terms. When suppliers fail or contracts are handed back the council has to step in and ensure continuity of care. The council has successfully managed care hand-backs during the year and is developing plans to establish ongoing 'provider of last resort' arrangements.
- There is a reported risk that some of the new funding will be subject to claw-back if DTOC targets are not achieved.
- All the above risks are reflected in the corporate risk register.
- In addition, there are delivery risks associated with the projects and programmes necessary to achieve efficiency targets. For example the property-related dependencies in the LD Accommodation strategy introduce a risk of delay. Programme management arrangements have been set up accordingly.

### KEY BUDGET MOVEMENTS 2018/19 - 2021/22

	2018/19 TOTAL £000s	2019/20 TOTAL £000s	2020/21 TOTAL £000s	2021/22 TOTAL £000s
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Ref	Description	Dept	Type of budget movement	2018/19 TOTAL £000s	2019/20 TOTAL £000s	2020/21 TOTAL £000s	2021/22 TOTAL £000s	Approximate current budget £'000
	<b>Technical Adjustments</b>							
TA3	<u>Independent Living Fund</u> To reflect the transfer of funding from the national Independent Living Fund to local authorities from July 2015.	ACS	Technical Adjustment	(65)	(126)	(126)	(126)	
TA4	<u>Better Care Fund</u> To reflect the inflationary increase received from CCG's	ACS	Technical Adjustment	1,046	1,046	1,046	1,046	
	<b>Service Specific Inflation</b>							
	None							
	<b>Pressures</b>							
D4	<u>Older People</u> Around 55% of the Adult Care Services budget for older people is spent on the 85 and over age group, 30% on the 75 to 84 age group and 15% on the 65 to 74 age group. The projected increases in the numbers in these age groups have been used together with the estimated spends on these age groups to produce the year on year budget increases required to meet demographic pressures.	ACS	Demography	2,894	6,261	9,539	12,963	78,499
D5	<u>Learning Disability</u> The trend of placements in the five year period 2011/12 to 2015/16 onwards has been overlaid with projected increases in population of people with learning disability in order to forecast likely future funding requirements for new service users.	ACS	Demography	5,994	11,787	17,754	23,570	144,952
D6	<u>Physical Disability</u> The projection for demographic pressures is based on the projected increase in number of clients and type of support based on previous years. New clients are a combination of those young disabled people turning 18, road traffic accidents and degenerative conditions which affect people in their adult life. The increase will support an additional 7 service users (2 residential / nursing placements and 5 homecare packages).	ACS	Demography	294	561	824	1,068	24,610
D7	<u>Mental Health</u> The projection for demographic pressures is based on the number of net new/additional clients estimated from activity data provided by Hertfordshire Partnership NHS Foundation Trust for the current year.	ACS	Demography	163	332	478	615	16,287



Ref	Description	Dept	Type of budget movement	2018/19 TOTAL £000s	2019/20 TOTAL £000s	2020/21 TOTAL £000s	2021/22 TOTAL £000s	Approximate current budget £'000
L4	<u>National Living Wage for Commissioned Homecare and Residential</u> As a result of the Government announcement to increase the minimum wage to a national living wage there will be an increase in costs for care providers	ACS	Legislative	5,730	9,892	14,855	14,855	126,956
OP17	<u>Loss of CCG contributions</u> This reflects removal of all discretionary funding from Herts Valleys CCG, and retention of a portion of discretionary funding from East and North CCG	ACS	Other Pressures	9,505	9,505	9,505	9,505	n/a
OP18	<u>Additional spend from IBCF-New</u> This reflects expenditure funded from additional money announced in Chancellors Spring budget	ACS	Other Pressures	4,006	2,310	0	0	n/a
	<b>Savings</b>							
EE9	<u>Older People Homecare - use of community alternatives</u> Enhanced use of existing Universal services provided by community and voluntary organisations, leading to lower levels of statutory services commissioned and maximising of limited homecare capacity.	ACS	Existing Efficiencies	(1,275)	(1,325)	(1,325)	(1,325)	28,953
EE10	<u>Positive outcomes for people through new specialist care at home schemes</u> Fewer on-going care packages required for people leaving hospital because new specialist intensive care at home schemes rehabilitate and aid independence	ACS	Existing Efficiencies	(300)	(600)	(600)	(600)	28,953
EE11	<u>Preventative Telecare</u> Savings against the older people's care purchasing budget relating to the implementation of Telecare for 1,000 targeted people - to delay their need for adult social care.	ACS	Existing Efficiencies	(400)	(400)	(400)	(400)	109,278
EE12	<u>Older People and Physical Disability Care Purchasing</u> Maximisation of block contract usage on short stay and day care.	ACS	Existing Efficiencies	(100)	(100)	(100)	(100)	1,600
NE25	<u>Best Value Team target</u> Programme of reviewing Learning Disability provider costs and ensuring contractual compliance.	ACS	New Efficiencies	(500)	(500)	(500)	(500)	113,713
EPC2	<u>Mental Health</u> An efficiency arising from returning responsibility for social care training for Hertfordshire Partnership Foundation Trust to the ACS Learning & Development Team.	ACS	Existing Policy Choice	(45)	(45)	(45)	(45)	16,287
EE13 (X2)	<u>Enabling the Worker</u> Reduction in planned staffing in operational teams (and associated travel and accommodation costs) through implementation of mobile working technology and new touch-down bases.	XC	Existing Efficiencies	(685)	(685)	(685)	(685)	28,718
EE3 (X1)	<u>Printer saving</u> ACS target relating to the reduced price charged for printing following the introduction of the new mopier contract.	XC	Existing Efficiencies	(8)	(8)	(8)	(8)	n/a
NE26	<u>OP Strategy 1: Demand management at the Customer Service Centre / deferring need - 1% less?</u> Reducing need for services through further proactive and preventative work with service users, including opportunities to support people in making connections in the community, and to sign post people to non-formalised sources of care and support.	ACS	New Efficiencies	(1,260)	(2,520)	(3,780)	(5,040)	76,084
NE27	<u>OP Strategy 2: Optimising enabling outcomes for people (less homecare)</u> Enabling approaches which work with people to re-build their independence and reduce reliance on long term care and support solutions, for example, through the use of Enablement Occupational Therapists and equipment.	ACS	New Efficiencies	(400)	(800)	(1,200)	(1,600)	34,909
NE28	<u>OP Strategy 3: Flexible outcome-based care plans with Telecare</u> Implementing new approaches to managing scarce care resource, enabled by technology. Using technology to reduce the size of ongoing care packages, as and when appropriate.	ACS	New Efficiencies	(750)	(1,500)	(2,250)	(3,000)	34,909
NE29	<u>OP Strategy 4: Fewer residential care placements / more Flexicare Housing</u> Delivery of Integrated Accommodation Strategy, which over course of IP timeframe will deliver further alternatives to traditional residential and nursing care that are both more cost effective and more enabling, for example extra care housing, and development of further nursing capacity to manage costs in this area, with proportionately fewer people requiring ongoing residential care.	ACS	New Efficiencies	(1,100)	(2,100)	(3,100)	(4,100)	85,343

Ref	Description	Dept	Type of budget movement	2018/19 TOTAL £000s	2019/20 TOTAL £000s	2020/21 TOTAL £000s	2021/22 TOTAL £000s	Approximate current budget £'000
NE30	<u>OP Strategy 5: New nursing care commissioning - average fees lower</u> This strategy will focus on securing nursing care home placements to levels that reflect increases in population growth and increase in needs and in line with care practice and prescribing changes.	ACS	New Efficiencies	(500)	(1,000)	(1,500)	(2,000)	25,665
NE31	<u>OP Strategy 6: More Continuing Health Care (CHC) income</u> To increase number of service-users who receive funding for their care package from NHS CHC.	ACS	New Efficiencies	(250)	(250)	(250)	(250)	76,084
NE32	<u>OP Other savings: HES Commercial Innovation</u> For 2018/19 this will focus on savings from the transformation of Herts Equipment Service arising from the investment in logistics improvements and more efficient staffing of the service.	ACS	New Efficiencies	(250)	(350)	(450)	(450)	2,407
NE33	<u>DS Strategy 1: Education, work, vol and personal budgets - linked to day ops</u> To develop an overall strategy for the Adult Disability Service (ADS) linked to developing education, work and volunteering opportunities allowing people to live healthy and purposeful lives with opportunities to develop to their full potential of independent living.	ACS	New Efficiencies	(1,100)	(1,600)	(2,100)	(2,600)	130,000
NE34	<u>DS Strategy 2: Optimal accommodation options for all - housing and Shared Lives</u> This strategy will focus on securing the most independent level of accommodation for younger people with disabilities, in line with their care plans. This includes different levels of residential care, supported living (with appropriate night care), Shared Lives and floating support services into mainstream housing.	ACS	New Efficiencies	(1,100)	(3,600)	(5,100)	(6,600)	16,216
NE35	<u>DS Strategy 3: Review Out Of County (OOC) placements and Transforming Care Placement (TCP) clients and CHC income</u> This strategy is to review every OOC and TCP with a view to, where possible, commissioning more appropriate provision in Herts at a more suitable price. To increase number of service-users who receive the Continuing Health Care funding for their care package, thus reducing the burden on care purchasing budgets.	ACS	New Efficiencies	(450)	(1,100)	(1,750)	(2,400)	113,713
NE36	<u>DS Strategy 4: Negotiating strategies with key providers / Inflation strategy targeting non-VFM providers</u> This strategy will focus on developing and implementing negotiating strategies for key areas of ADS provision across residential (including out of county) and Supported Living.	ACS	New Efficiencies	(1,300)	(2,100)	(2,900)	(3,400)	115,040
NPC18	<u>DS Other savings: In-House Services: Commercial Innovation</u> A business case(s) will be developed to assess the options for a future operating model for day services, supported living and short breaks, to include moving the activity to a HCC-owned trading company(ies). The modelled savings include reduced revenue costs related to decreasing pension costs and employee costs overall; a reduction in property and related overheads, and increased income.	ACS	New Policy Choice	0	(250)	(500)	(1,500)	25,400
NE37	<u>Housing related support savings</u> Reducing overall contract value at opportunity of next procurement, discussion with districts	ACS	New Efficiencies	(425)	(425)	(425)	(425)	5,658
NPC19	<u>Community hubs</u> The concept of the hub is to bring together a number of different services currently provided by the county council within a single location, and to develop a community space that can help support the ACS 'Community First' strategy, and similar approaches as developed by other departments.	ACS	New Policy Choice	0	(200)	(400)	(600)	9,541
NE42	<u>Review of grants to voluntary organisations</u> This efficiency strategy will involve working with both CCG's and reviewing either existing spend or running tender processes that leads to a better or reduced use of funding.	ACS	New Efficiencies	(100)	(200)	(300)	(400)	10,786
NPC11	<u>Strategy 6: Charging Income for Community Based Adult Social Care</u> A review of the council's current charging policy has been conducted and a number of proposed amendments to the policy have been identified.	ACS	New Policy Choice	(2,250)	(2,275)	(2,300)	(2,325)	(19,475)
NE43	<u>Transport rationalisation</u> Commissioning of community transport service delivery arrangement / total transport approach	ACS	New Efficiencies	(500)	(600)	(700)	(800)	4,469

Ref	Description	Dept	Type of budget movement	2018/19 TOTAL £000s	2019/20 TOTAL £000s	2020/21 TOTAL £000s	2021/22 TOTAL £000s	Approximate current budget £'000
NE44	<u>Reduction of central teams</u> The proposal would be to gradually reduce staffing in the teams within the Strategic Centre via proactive vacancy management. There would also be a review of opportunities to trade services or attract grant funding to support specific posts with a view to reaching target levels by income generation.	ACS	New Efficiencies	0	(100)	(200)	(300)	3,146
NE83	<u>Utilisation of Better Care Fund (BCF)</u> Utilisation of BCF maintenance of social care funding	ACS	New Efficiencies	(1,000)	(1,000)	(1,000)	(1,000)	125,854
NE2 (X1)	<u>Serco SMS Contract savings</u> Negotiation has been undertaken with Serco regarding the extension of the Shared Managed Services contract by 2 years to March 2021.	ACS	New Efficiencies	0	(124)	(248)	(248)	

**Note 1**

A number of pressures and savings impact on a several portfolios. The total amounts across all portfolios is given here:

EE3 (X1) - Printing Contract Savings	(37)	(37)	(37)	(37)
NE2 (X1) - Serco SMS contract savings	(199)	(533)	(691)	(665)
EE13 (X2) - Enabling the Worker	(685)	(685)	(685)	(685)

## ANALYSIS OF REVENUE BUDGET BY OBJECTIVE AREAS

2017/18 Original Net Budget £'000	Objective Area	Gross Budget 2018/19 £'000	Income £'000	Net Budget 2018/19 £'000	Net Budget 2019/20 £'000	Net Budget 2020/21 £'000	Net Budget 2021/22 £'000
114,092	<p><b>Adult Care Services</b> <u>Older People (inc Specialist Mental Health Team)</u> Care and support services for older people who meet the council's eligibility criteria for social care including care home placements, homecare, day services and social work teams who assess those in need.</p>	164,437	(40,320)	124,117	123,488	123,001	122,497
152,610	<p><u>Disability Services (People with a Learning Disability and People with a Physical disability or sensory loss)</u> Care and support services for people with a learning disability and physical disability who meet the council's eligibility criteria for social care including residential care home placements, supported living accommodation, support at home, day services and social work teams who assess those in need.</p>	177,983	(21,724)	156,259	159,516	164,263	167,166
16,287	<p><u>Mental Health Services</u> Care and support services for people with mental ill-health who meet eligibility criteria for social care including residential care, support at home, day opportunities delivered by the voluntary sector and social work assessments delivered by Hertfordshire Partnership Foundation Trust on behalf of HCC.</p>	21,420	(5,040)	16,380	16,651	16,918	17,055
4,471	<p><u>Transport SLA</u> Day services associated transport delivered by county council staff from more than 20 locations countywide to older people and people with physical and/or learning disabilities.</p>	4,395	(348)	4,047	3,973	3,904	3,804
17,015	<p><u>Preventative Services</u> Short-term services available to people who may need adult social care in the future but who can remain independent for longer including services delivered by the voluntary sector or enabling services that encourage people to regain functional skills at home.</p>	15,494	(248)	15,246	15,263	15,303	15,203
29,893	<p><u>Provider Services</u> Comprises in house operations such as day centres, supported living services, Herts Equipment Service, Gypsy and Travellers Service, Money Advice Unit, Work Solutions and the Hertfordshire Home Improvement Agency.</p>	30,508	(1,235)	29,273	28,823	28,373	27,173
7,257	<p><u>Strategic Centre</u> Central support services including Money Advice Unit, Work Solutions Team, commissioning teams and senior management overseeing statutory social care provision.</p>	7,892	(210)	7,682	7,582	7,482	7,382
<b>341,625</b>	<b>Adult Care &amp; Health Total</b>	<b>422,129</b>	<b>(69,125)</b>	<b>353,004</b>	<b>355,296</b>	<b>359,244</b>	<b>360,280</b>

## Adult Care & Health Services Capital Programme 2018/19-2021/22

The total Capital Programme 2018/19 to 2021/22 for the portfolio is £76.072m and for 2018/19 is £20.998m. This includes all new bids and re-programming from 2017/18 at the end of quarter 2.

	2018/19	2019/20	2020/21	2021/22	Total
	£'000	£'000	£'000	£'000	£'000
<b>HCC Funding</b>	14,507	23,730	7,444	5,297	<b>50,978</b>
<b>Grant</b>	6,491	6,201	6,201	6,201	<b>25,094</b>
<b>Total</b>	<b>20,998</b>	<b>29,931</b>	<b>13,645</b>	<b>11,498</b>	<b>76,072</b>

### Revised Capital Bids

Adult Care & Health Services has two bids which increase total HCC funding compared to the previous Integrated Plan. In total, £1.4m of additional funding is requested for 2018/19 to 2021/22.

Scheme	Total Increase/ (decrease) 2018/19	HCC Funding Increase/ (decrease) 2018/19	External Funding Increase/ (decrease) 2018/19	Total Increase/ (decrease) 2018/19 to 2021/22	HCC Funding Increase/ (decrease) 2018/19 to 2021/22	External Funding Increase/ (decrease) 2018/19 to 2021/22	
	£'000	£'000	£'000	£'000	£'000	£'000	
Telecare	250	250	-	1,120	1,120	-	Increase reflects growth in demand for assistive technology.
EPH Provision (phase 1)	-	-	-	280	280	-	The bid has been increased to reflect the tendering work that was carried out in 2016 which demonstrated that building costs have increased from when the original phase 1 bid was made.
	<b>250</b>	<b>250</b>	<b>-</b>	<b>1,400</b>	<b>1,400</b>	<b>-</b>	

Updated bids for vehicle and equipment replacement programmes are included in the following portfolio capital programme. Spend on these annual programmes are variable, dependent on the use of the asset and assessment of need and risk.

**Proposed Adult Care Services Directorate's Capital Programme 2018/19 - 2021/22**

	<b>Description</b> New request (N), Existing request (E) or Revised request (R)	<b>Portfolio</b>	<b>Total scheme cost</b>	<b>2018/19 Integrated Plan</b>			<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
				<b>Cost</b>	<b>HCC Funding</b>	<b>Grants</b>	<b>Cost</b>	<b>Cost</b>	<b>Cost</b>
				<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
1	<b><u>Telecare (R)</u></b> Hertfordshire Careline is run by North Herts DC and provides a range of services to help older people, people living alone and people with long-term health needs to stay independent. HCC choses Hertfordshire Careline to deliver assistive technology services to service users, particularly community alarms and telecare services. This budget is used for HCC to provide a subsidy to cover equipment and installation. On behalf of HCC NH Careline currently provides support for around 20,000 people in Hertfordshire and local areas, taking 1,000 calls a day, at least a third of which are life critical emergencies.	Adult Care & Health	Annual programme	550	550	-	570	590	610
2	<b><u>EPH Provision (phase 1) (R)</u></b> Capital Project to re-provide care home places in obsolete homes by extensions to existing homes/new build on sites provided by HCC or the implementation of alternative methods of procurement, in accordance with the September 2017 Cabinet decision relating to: The Future Development of Care Homes in Hertfordshire.	Adult Care & Health	43,141	5,083	5,083	-	5,083	-	-
3	<b><u>EPH Provision (phase 2) (E)</u></b> Capital Project to re-provide care home places in obsolete homes by extensions to existing homes/new build on sites provided by HCC or the implementation of alternative methods of procurement, in accordance with the September 2017 Cabinet decision relating to: The Future Development of Care Homes in Hertfordshire.	Adult Care & Health	18,500	3,570	3,570	-	9,000	3,500	2,000

	<b>Description</b> New request (N), Existing request (E) or Revised request (R)	<b>Portfolio</b>	<b>Total scheme cost</b>	<b>2018/19 Integrated Plan</b>			<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
				<b>Cost</b>	<b>HCC Funding</b>	<b>Grants</b>	<b>Cost</b>	<b>Cost</b>	<b>Cost</b>
				<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
4	<b><u>EPH Provision (phase 3) (E)</u></b> Capital Project to re-provide care home places in obsolete homes by extensions to existing homes/new build on sites provided by HCC or the implementation of alternative methods of procurement, in accordance with the September 2017 Cabinet decision relating to: The Future Development of Care Homes in Hertfordshire.	Adult Care & Health	10,000	1,750	1,750	-	6,000	1,500	500
5	<b><u>Day Services Modernisation (E)</u></b> Aims to modernise Day Services moving away from having day services based in large buildings which are segregated from community life, and instead developing a wider range of smaller services, integrated with other mainstream community facilities.	Adult Care & Health	5,755	290	-	290	-	-	-
6	<b><u>Commissioning for Independence (E)</u></b> The Ten Year Supported Accommodation Strategy (2017-27) aims to provide sufficient accommodation for disabled and older people who need social care over the next 10 years. The Commissioning for Independence capital programme will be used to directly commission accommodation in partnership with District and Borough Councils and residential social landlords. This may include responding to opportunities identified with district/borough partners, incorporating growth into existing planned large scale developments or new sites for future development. It may also involve re-provision of existing accommodation that is no longer fit for purpose.	Adult Care & Health	Annual programme	2,000	2,000	-	1,300	1,300	1,300

	<b>Description</b> New request (N), Existing request (E) or Revised request (R)	<b>Portfolio</b>	<b>Total scheme cost</b>	<b>2018/19 Integrated Plan</b>			<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
				<b>Cost</b>	<b>HCC Funding</b>	<b>Grants</b>	<b>Cost</b>	<b>Cost</b>	<b>Cost</b>
				<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
7	<b><u>ACS Minor Capital Works (E)</u></b> Budget to assist in maintaining and managing HCC Buildings managed by Aldwyck on an annual on-going basis to enable Health and Community Services to ensure that all locations remain operational.	Adult Care & Health	Annual programme	137	137	-	137	137	137
8	<b><u>Community transport (E)</u></b> HCC contributes revenue and capital funding to the main voluntary and community transport (CT) schemes, to provide door to door transport to elderly, disabled and rural residents enabling them to continue to live independently. By assisting the schemes to purchase/replace accessible vehicles the County Council supports the schemes to provide door to door transport for residents who cannot get into or drive cars or cannot get to or onto local buses.	Adult Care & Health	Annual programme	60	60	-	60	60	60
9	<b><u>Dial a ride vehicle replacement programme (E)</u></b> The County vehicle fleet delivers a wide range of transport services to the public including Dial-a-Ride (DaR). The fleet is made up of specialist passenger vehicles engaged in the transportation of the elderly, disabled and rural residents, providing door to door transport services within the local community.	Adult Care & Health	Annual programme	308	308	-	79	-	-
10	<b><u>Day Services Vehicle Replacement Programme (R)</u></b> The fleet is primarily made up of specialist passenger vehicles engaged in the transportation of the elderly and disabled to various day centres around the county.	Adult Care & Health	Annual programme	900	900	-	1,275	42	410



	<b>Description</b> New request (N), Existing request (E) or Revised request (R)	<b>Portfolio</b>	<b>Total scheme cost</b>	<b>2018/19 Integrated Plan</b>			<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
				<b>Cost</b>	<b>HCC Funding</b>	<b>Grants</b>	<b>Cost</b>	<b>Cost</b>	<b>Cost</b>
				<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
11	<b><u>Herts Equipment Services (R)</u></b> Ongoing replacement of vehicles for the Equipment Service that are required to deliver health and social care equipment to vulnerable clients within Hertfordshire. Some of this can be for end of life provision or to prevent hospital admission or a delayed transfer of care. In 2016 the service extended its hours of operation to include weekend working, as well as introducing a rapid response service.	Adult Care & Health	Annual programme	127	127	-	226	315	280
12	<b><u>Gypsy Section Vehicle Replacement (R)</u></b> This replacement vehicle is needed to replace the current vehicle that will be 9 years old and is recently costing a substantial amount to maintain. This vehicle is required to carry tools and equipment to maintain the county's eleven Gypsy and Traveller sites. It is also used for out of hour's emergency call out.	Adult Care & Health	22	22	22	-	-	-	-
13	<b><u>Disabled Facilities Grant (E)</u></b> Use of the Disabled Facilities Capital Grant to provide adaptations for disabled people who qualify under the scheme. Co-ordination of assessments and the installation of home adaptations provided by District/Borough Councils or via the shared Home Improvement Agency. Costs for the 2018/19 – 2021/22 integrated programme are based on grant received in 2017/18.	Adult Care & Health	Annual programme	6,201	-	6,201	6,201	6,201	6,201
<b>Total</b>				<b>20,998</b>	<b>14,507</b>	<b>6,491</b>	<b>29,931</b>	<b>13,645</b>	<b>11,498</b>