

SCRUTINY OF THE INTEGRATED PLAN PROPOSALS 2016/17 – 2019/20

PORTFOLIO: ADULT CARE & HEALTH

INTRODUCTION

Adult Care and Health within the Health and Community Services Department (HCS) provides information, assessment, care and support to adults who have social care needs and their family carers. These include older people, people with a learning disability, a physical disability, mental ill health, autism, or Asperger's Syndrome.

The five key pressures facing Adult Care and Health currently are:

- **Increasing demographic demand and complexity of care packages** – the ageing population means more adults require social care and their family carers need support. People's needs are also more complex meaning care packages are becoming larger to meet their eligible needs. We are seeking new ways to help people remain independent at home and prevent them from needing social care either at all – or as soon. The cost of this additional demand for social care is calculated as £8.1million per annum (D06-D09).
- **Attracting and retaining a care workforce** – attracting and retaining a dedicated and caring workforce to undertake this demanding and critical work in a high cost-of-living area is a constant challenge. The Government's announcement to raise the minimum wage from £6.50 to £7.20 from 1 April 2016 and to continue to increase this to £9.00 per hour from 2020 will not directly impact front-line care staff next year in Hertfordshire as most are being paid more than this amount. However, maintaining a differential between the minimum / living wage and the hourly rates paid to care staff is essential to sustain and grow the care workforce in line with our demand forecasts, and the IP proposals provide for this (L09). We continue to work with Hertfordshire Care Provider's Association on a number of new ways to attract and retain a high quality caring workforce in adult social care.
- **Ensuring sufficient supply of quality care at the right price** – Ensuring that there is sufficient supply of good quality care is an increasing challenge, with pressures leading to waiting lists for home care, and difficulty in purchasing residential care and nursing care at an affordable price. Addressing this, whilst maintaining good care standards among our 700+ care providers, low levels of safeguarding concerns and complaints and high customer satisfaction is our key objective. We have created the 'Hertfordshire Care Standard' which offers a fair price for care in return for fair pay for staff and high care quality expectations.
- **Health integration** – the alignment and integration of NHS and social care services to meet the holistic needs of each individual rather than treating each condition separately is the ambition of Hertfordshire's

Health and Wellbeing Board commissioners, and is a stated intention of the Government. Partnership working in this context demands sustained effort to be effective and we are working closely across a range of areas to prevent ill-health, provide care closer to home, reduce hospital admissions and improve efficiency. We have agreed one of the most ambitious Better Care Funds in the country to achieve all this, and major programmes of work are underway to ensure that available NHS and council resources are used more effectively to meet people's needs and not duplicate provision. Examples include the Care Home Vanguard project, the Emergency Care Improvement Programme and the Enhanced Discharge Service. The NHS has made a substantial financial contribution to protect our services (HCS025), on the basis that this saves money for health in the long run.

- **Transforming services to maintain modern, flexible and efficient provision** – HCS is overseeing significant change initiatives for example:
 - The 'Accommodation for Independence' Programme for people with learning disabilities which involves converting existing residential care homes into modern supported living services (HCS044)
 - Using 'Community Alternatives': adopting a strengths-based approach as part of our new Care Act assessment and care planning processes, finding community alternatives and networks for people to connect them to society and improve their health, wellbeing and happiness (HCS024; HCS026; HCS044)
 - Participating in the national Learning Disability Transforming Care programme as a pilot site: to re-design services for people with learning disabilities and/or autism with a mental health problem, or behaviour that challenges, to ensure that services meet the needs and that care is delivered in the community, closer to home, rather than in hospital settings (OP20)
 - The development of day opportunities for people to access mainstream leisure and community services and be less buildings-based than at present (HCS045)
 - The drive to increase the use of services provided by private and voluntary organisations in order to minimise the use of or defer the need for social care support (HCS024; HCS044)
 - Using technology to make business process efficiencies (HCS048; HCS049; HCS051; HCS052)
 - Piloting new adult care pages on the new website with a view to improving the usability, clarity and customer focus of the web pages.

KEY THEMES AND QUESTIONS

STRATEGY AND CAPITAL INVESTMENT

How do the future service plan priorities contribute to the Corporate Priorities?

Health and Community Services' integrated plans align fully to the Hertfordshire county Council corporate plan, the four key priorities of which are laid out below:

Opportunity to Thrive:

Our focus as a department has been in implementing the Care Act 2014 which now means that for every person eligible for social care, and their family carers, there is a proportionate care assessment, a personal budget, a care plan and the opportunity to arrange personalised care and support.

Certain of our integrated plan initiatives will now build on this to improve the experience of people who receive care services: we will improve the effectiveness of placements for people transitioning to adult care meaning fewer crisis placements, enhancing stability and continuity of care (HCS043). The 'Accommodation for Independence' Programme will offer modern accommodation in supported settings for people previously cared for in residential establishments, increasing their independence and opportunities for living rewarding lives (HCS044).

Opportunity to Prosper:

In the light of the government's announcements on the National Living Wage we are supporting care providers to maintain wage differentials so as to protect the social care workforce, and helping our care providers to sustain resilient and successful businesses (L09). We will improve our invoicing systems, moving them onto an electronic footing, reducing the levels of queries and making it easier for our suppliers to do business with us (HCS049).

Opportunity to be Healthy and Safe: We have identified savings as a result of investing in telecare facilities which are allowing people to remain independent for longer in their own homes, whilst reducing demand for costlier forms of care. We continue our work with the NHS to prevent [predominantly older] people being admitted to hospital and where hospital treatment is required, expedite their discharge home (HCS041; HCS046). Our new Specialist Care at Home Schemes will rehabilitate and aid the independence of those discharged from hospital (HCS053).

Our new specialist care at home schemes offer intensive care at home with a focus on rehabilitation and living safely whilst maintaining independence. In recognition of this, the NHS has agreed to continue to protect adult social care budgets by making a significant financial contribution in 2016/17 (HCS025).

We are participating in the Learning Disability Transforming Care programme, which aims to significantly re-shape services for people with learning disabilities and/or autism with a mental health problem, or behaviour that challenges, to ensure that more services are provided in the community and closer to home, rather than in hospital settings (OP20).

Opportunity to Take Part: In our 3 year plan, Health and Community Services prioritises work on a model being used elsewhere in the country called ‘Asset Based Community Development’, whereby social work professionals make links into the local communities where people and carers live, encourage local groups and businesses to become more accessible to people with disabilities – and generate volunteering, work and ‘disability friendly communities’. Following successful adoption of this model in our Community Learning Disability Teams, we are rolling out the approach into the Older People and Physical Disability Services. This should lead to people spending less money from their personal budget on formal care services and more on community alternatives or transport (HCS016, HCS024, HCS044).

How are you managing your service to make it more efficient?

The Department wants to harness the potential of flexible working practices and innovative technologies to allow staff to maximise time spent with service users, carers and their families, and to interact with them in the most effective way and efficient way. The service is therefore investing in mobile technology in line with the Hertfordshire County Council Enabling the Worker programme. This will deliver efficiency in terms of saving printing costs and reducing mileage; and by enabling staff to make more effective use of time will allow the service to reducing staffing levels where appropriate, for example by not filling vacancies (HCS048).

How are you developing and delivering partnership approaches to make best use of the Hertfordshire pound and improve outcomes for our citizens?

Adult social care’s strongest partnership is with the NHS. The increasingly frail older population who wish to remain independent at home but who have multiple long-term conditions are a real focus for health and social care. The NHS and adult social care created one of the largest ‘Better Care Fund’ budgets in the country which, in 2015/16 pools £330m of monies currently spent on community health and social care for older people. Our strategy is to transform services to reduce duplication, invest in preventative services and rapid response – and ultimately prevent hospital or care home admission, meaning more money can be recycled on supporting people’s health and social care needs at home.

Health and Social Care is building on its relationship with Housing partners. Hundreds more mainstream and supported housing placements are required for older people and learning and physically disabled people in the medium term, to maximise their independence and as alternatives to care home settings. New models of supported living are being considered which will need partnerships between housing providers and adult social care (HCS044).

A strategy for commissioning Hertfordshire’s voluntary sector was agreed in 2015 by the Health and Wellbeing Board. This sees a more strategic approach to how we spend money with the sector, assisting them to grow confidently and give the opportunity for HCC to consider if any of its services can be better delivered by professionals and volunteers in voluntary organisations. Hertfordshire County Council is also committed to renewing the ‘Hertfordshire

Compact', a document which describes how the voluntary sector and public sector will work in partnership to deliver for people (HCS024; HCS044).

We have rationalised our community alarm provision in partnership with North Herts Careline to allow better use of existing capacity with no change to service quality (HCS041).

How have you prioritised capital investment and what opportunities have you considered that might mitigate or reduce future capital and/or revenue costs?

The majority of care home buildings operated by Quantum Care are owned by Hertfordshire County Council and are provided at a market rent. In return, buildings no longer fit for purpose are re-built and the rent agreement adjusted accordingly with a view to recouping the capital costs (IPP, page 239, HCS 1-3). This approach is important in helping to regulate the market for care home beds and keeping fees at a sustainable level.

We will seek opportunities to develop day service provision for people with learning disabilities, away from larger day centres to more modern town centre bases with good disabled toilet facilities provides new opportunities for people to access services available to the wider community including sports, leisure and education (IPP, page 239, item HCS 4).

The county council operates a number of supported living accommodation schemes which require rebuilding or upgrading with adaptations for older residents and en-suite facilities. This will enable people to be supported in a more dignified way, particularly around bathing and toileting. In addition, we are investing in a facility to enable people to enter short-term accommodation where they learn life skills as well as academic study with a view to moving into the most independent accommodation possible after their education (IPP, page 239, item HCS 5).

Our replacement schedule for the fleet of vehicles operated by the service is kept under constant review to ensure that the life span of vehicles is maximised and that these are replaced when appropriate in cost terms (IPP, page 239, item HCS 10).

The Better Care Fund now includes the Government's capital grant contribution for Disabled Facilities Grants (DFG). This was previously provided to district councils directly from Central Government. In the light of this funding change we are considering how to integrate provision of help with home adaptations across housing, health and social care systems. We are participating in a project to ensure that all individuals in Hertfordshire who need housing adaptations to support independent living will have access to an appropriate service that is accessible and equitable. The aim is that the service will run more efficiently, be more resilient and help local authorities deal with increased budget pressures (IPP, page 239, item HCS 12).

Have you considered any other investment approaches to reduce future costs to the authority?

We have invested in telecare technology which reduces costs to the authority by deferring or eliminating the need for people to access care services. The initial investment in telecare will be paid back in the year 2018/19 and savings will accrue thereafter. There is work underway to consider the business case for further investment in telecare (HCS046).

ENGAGEMENT

How have the proposals been informed by staff/public/partner/staff engagement?

We are increasingly using co-production methods to help develop the services needed for the future. Co-production means working with service users, empowering them to develop and design services, within necessary constraints and parameters such as available budget. We are creating a Co-Production Board which will embed this way of working throughout the service and ensure that the service user voice has a significant weight in our work. In this vein, over the past year a number of senior appointments within the service have been made with service user panels used as part of the interview process.

This year has seen the development and approval of the Carers Strategy and significant engagement and consultation work took place with carers and other stakeholders as part of its formulation. Responding to this engagement has led to further work streams such as the development of training materials for employers as part of work to support carers in the work place.

The procurement of the new Specialist Care at Home has been informed by consultation and close working with our partners. Specialist Care at Home is an entirely new service, which has incorporated the effective elements of the current Home from Hospital and Enablement Service, and successful pilot work in relation to hospital discharge and prevention of re-admission. The new model aligns with the Ageing Well in Hertfordshire Strategy 2015 – 19, which was developed by partners, following consultation with service users and the outcomes within the strategy are at the core of this provision (HCS053).

We have worked with health partners to redesign the available health and care services for people who acquire or develop neurological conditions in adulthood and need care and support to remain independent. New services were co-produced with people who have motor neurone disease and other neuro conditions and the outcomes will be monitored; there increased independence early on is projected to reduce spend on health and social care longer term while more importantly improving life outcomes for them.

Adult Social Care web pages are already in place as part of the project to develop the new web site and their development has been informed by significant engagement work with service users to ensure they are accessible, useful and user friendly.

We have continued to seek input from staff about how the service should be developed and has run a number of successful Dragon's Den style sessions. These sessions enable staff to bring forward proposed schemes requesting small up-front investment to generate a better experience for people with a business case to demonstrate savings.

Managers throughout the services are encouraged to listen to staff ideas and feed these back to management board. Manager engagement days are held twice yearly providing a further opportunity to engage with staff on their ideas for service development.

How do your proposals support engagement with or delivery to local communities including the enhancement of the role and visibility of Members?

HCS has involved and engaged residents, service users and carers across the service for the development of services. We have taken responsibility for the cross-cutting work stream on 'Enabling the Citizen and Communities'. In particular, the new website is being developed with the involvement of residents at every stage and activity is underway to engage with service users in relation to plans for on-line forms to facilitate self-assessments for both carers and service users.

Whilst implementing the Care Act it was of prime importance to ask service users and carers what they thought about our services and how they would like things to be different in the future. We held a range of involvement activities and have now developed new relationships, networks and forums to allow residents, service users/carers and local community organisations to be involved in the development and delivery of new services. This activity includes, for example, work with service users and subject matter experts to co-produce and design training; in recruiting staff; and involving older people in the planning and evaluating of services – such as support at home and services for carers. Our strategic partners such as Carers in Herts and Herts Care Providers Association (HCPA) work closely with us to support wider engagement from residents, providers and the community sector. The proposals for our Co-Production Board to feed into management board decision making and have oversight of co-production across our services will also support greater engagement.

Elected members and particularly Executive Members take a lead on communication of new adult care and health initiatives, consultations and strategies with citizens, in particular with local and national media. Highlights this year have included:

- The leadership role of the Executive Member in promoting the Hertfordshire Year of Mental Health, inspiring and motivating people to take simple steps to help challenge mental health discrimination, and to improve the lives of those of us with mental health problems
- Good Care Week, which saw the Executive and Deputy Portfolio Member helping to showcase the crucial role of care professionals, with a view to raising the profile of careers in the sector

- The role of the Executive Member and Panel in championing the Herts Care Standard to promote the vital importance of good quality care.

The Executive Member has been interviewed about a number of initiatives during the year on both a reactive and pro-active publicity basis. Members have also met with people who use services and their carers to listen to their views and actively participate in Boards and groups where feedback is sought from key stakeholders – including the Learning Disability Partnership Board, the Safeguarding Adults Board and Carers' Forum.

To what extent do your proposals encourage self reliance e.g. volunteering, accessing services on line etc. enabling people and communities to help themselves?

The cross-cutting workstream 'Enabling the Citizen and Communities' is intended to provide better web channels for people to self-serve and access high quality information and advice to enable them to make informed decisions.

The new website includes redeveloped pages for Adult Social Care which signpost to community resources and information that supports prevention of care needs as well as our own services. We also widely promote the community directory as a source of local community support.

The Care Act places a new responsibility on the local authority to have a comprehensive information and advice offer about adult social care and health, which extends to include the support available in the community. Much of the signposting we do extends to reminding and advising people about how to stay healthy, independent and delay or prevent the need for social care. We have reviewed and developed our information and advice service at each point of contact, including face to face, by telephone, via the internet and through partners. Our commissioned HertsHelp information and advice services focus on prevention and resilience and getting people in touch with local community support. Much of this is supported by volunteers and tackles areas such as loneliness. Our new library strategy includes an enhanced role for social care information and advice.

We work closely with our partners to raise standards across the county so people can get consistent information and advice wherever they look for it. This has included extending our Herts Care Partners network, providing additional funding to Carers in Herts for information and strengthening the information and advice requirements of our commissioned contracts with the community and voluntary sector.

We have invested with partners in the use of Telecare packages to enable people to be independent at home with confidence, prompt them pro-actively when equipment is triggered (e.g. medication dispensers) – but access support and response services in emergencies. This provides an alternative to community services and in some instances care home admissions (HCS041; HCS046).

PERFORMANCE, STANDARDS & TARGETS

What contribution are you making to the broader partnership working both within Hertfordshire county Council and outside?

We are working hard to manage performance jointly with our health partners in key areas to progress the integration agenda, as described above. A particular focus has been on delayed discharges at Watford General Hospital; work has been undertaken to improve referral processes and to fill vacancies, under the leadership of a new senior manager. Delays are now beginning to fall.

The nationally specified conditions linked to the Better Care Fund require partners to monitor a number of key performance indicators to improve the experience of people who need health and social care. Hertfordshire is performing well against this basket of indicators with the exception of delayed transfer at Watford and readmission of patients, which is not fully in the control of adult social care.

We have a strong focus on safeguarding as part of our three year plan, and work closely with a range of partners including the Police and Crime Commissioner, the Constabulary and District Councils, via the Safeguarding Adults Board, to progress our aims and objectives here.

What contribution is your service making towards the efficiency savings Hertfordshire County Council needs to make?

HCS is contributing a proposed £10.4 million of efficiencies in the 2016/17 Integrated Plan. Of this figure £7.7 million relates to new efficiencies identified for the current IP round.

The new efficiencies fall into the following categories:

- Making better use of technology to streamline and automate systems and processes, and maximise productivity (HCS042 Customer Service Function; HCS 048 Enabling the Worker; HCS041 & HCS046 Telecare; HCS 050 Learning and Development Commissioning; HCS 049 Review of Back Office Functions)
- Achieving better value from commissioning and purchasing of care (HCS053 Specialist Care at Home; HCS 047 Housing Related Support & Flexi-care; HCS043 Effective Placements for Transitions)
- Redesign and modernisation of services (HCS045 In House Day Services; HCS044 Learning Disabilities – Community Alternatives)

On top of the service's contribution is an additional significant amount relating to funding received from the NHS to protect social care given that this investment serves in turn to defray costs in the NHS (HCS024).

Together with the NHS contribution the service is delivering efficiencies worth 6.9% of its proposed net revenue budget for 2016/17.

What is your services contribution to the IP cross-cutting themes and how are these impacting on your proposals?

HCS is leading on the 'Integrating health and social care' cross-cutting theme and continues its work to align and integrate services under this theme, and is participating in the NHS's own change programmes such as the Care Homes Vanguard in East and North Herts, and the Learning Disability Transforming Care Programme. Joint Better Care Fund strategic initiatives in progress cover a range of areas relating to minimising demand on hospital care such as:

- Community Discharge Scheme: Short-term (3-6 week) emotional and practical support for hospital leavers
- Enhanced Discharge Service: skilled Healthcare Assistants managing care plans, reducing dependency on care over four week period from discharge
- Flexi-care: post-discharge, 24-hour care provided by Housing Associations
- Equipment: initiatives on stock replenishment, ordering protocols, training in functional assessment
- Equipment: reconfiguring and investment in enhancing capacity, responsiveness and flexibility of the equipment service
- Specialist Support at Home - single providers per area, clarifying and enhancing processes and efficiency
- Step Down Beds - exploring provision of further beds to assist with flow out of hospital.

HCS is also leading on the 'Enabling Citizens and Communities' workstream which involves investing in the website, improved information and advice available from the Customer Service Centre.

How are you continuing to drive service improvement and how do you compare against the top performers in your area?

HCS has a three year plan setting out its service improvement priorities over the period grouped into six themes:

- Inform, Advise and Advocate
- Developing Communities
- Enable People for the Future
- Personalise People's Support
- Quality and Safeguarding
- Develop our Organisation

Key Performance Indicator (KPIs) targets are set for each theme in December annually, and these are monitored regularly and reported into the HCS Performance Monitor. Teams are encouraged to develop service plans for the start of each financial year which focus on the contribution they can make in particular area and particular KPIs for which they are responsible.

HCS is able to compare performance with other authorities both in the East of England and nationally. In terms of financial performance, expenditure and unit cost information on all authorities providing adult social care is available from the Health and Social Care Information Centre. In 2014/15 the basis for collecting cost information was changed and so figures are not comparable with previous years.

Because of the change in approach there are data quality issues with the home care figures which make it difficult to compare across authorities.

However, the data on 2014/15 for residential and nursing accommodation for Learning Disabilities (£55.3m gross expenditure in 2014/15) shows Learning Disability unit costs running above the East of England average; the 'Accommodation for Independence' programme mentioned above is likely to impact favourably here.

In the other major expenditure area of Physical Support, 2014/15 unit costs for residential and nursing accommodation run lower than the East of England Average for the 65+ age group (£40.8m gross expenditure in 2014/15), albeit higher for the 18-64 age group (£7.8m gross expenditure in 2014/15).

Operational performance data is collected nationally via the Adult Social Care Outcomes Framework (ASCOF) indicators. These represent a 'basket' of 27 measures across a variety of social care areas. Hertfordshire obtained an average ranking of 73rd out of 152 Authorities across 24 of the 27 ASCOF Measures (those 24 where a high ranking is desirable). Hertfordshire's performance was better than that of the Eastern Region and England averages across 9 measures.

Strongly performing areas are the level of control service users feel they experience over their daily life, the level of direct payments and proportions of service users receiving self-directed support; all of which are consistent with the current HCS Three Year Plan commitment to keep people's well-being, choice and control at the core.

Areas with scope for further progress relate to the amount of social contact experienced by service users, delayed transfers of care and overall satisfaction, and these will be reflected in team plans during the forthcoming year. Targets for the 2016/17 year are currently being developed in the light of the IP objectives.

In December 2015 the Department invited a number of experienced Peer Reviewers to examine the Council's adult social care commissioning arrangements from a safeguarding viewpoint. An action plan is being formulated in response to the observations made.

During 2015 a number of fact-finding exercises took place with various authorities to review specific areas both in terms of what has been successful in improving performance, and what has not worked well. These include:

- Increasing uptake of Direct Payments - Nottingham
- Integrated discharge, rapid response and community reablement teams - Greenwich
- Opportunities and synergies for working together on our integrated health and social care data analysis - West Essex
- Equipment Services – Hampshire and Essex.

SUSTAINABILITY, DELIVERABILITY & IMPLEMENTATION

How is your service supporting economic growth and prosperity?

In 2015/16, Hertfordshire County Council is spending £340m on adult social care. It is estimated that another £250m will be spent privately by individuals who need assistance in their own home or in a care home. The NHS spends a further £30m on Continuing Healthcare. Other local authorities placing people in Hertfordshire will spend £50m. The value of the adult social care economy is therefore estimated at £670m in the county.

Adult social care employs approximately 28,000 people in Hertfordshire, 94% of which work for the private, independent, voluntary and charitable sector in the county. Around 55% of this workforce is commissioned directly by Hertfordshire County Council with the remainder funded by the NHS or privately by people who fund their own care.

The Hertfordshire average care wage of £8.05 per hour is above the current minimum wage of £6.70 per hour, and with the government's introduction of the National Living Wage, the IP contains proposals to retain the wage differential so as to help sustain the attractiveness of care as a profession in this difficult to recruit area.

Adult Care and Health works to sustain those businesses comprising the adult care sector in the County. The Hertfordshire Care Standard aims to pay a fair price for care – but also place expectations on private and independent care providers to remunerate staff properly through salary, travelling expenses, training and other expenses – and retain the best quality caring staff. In this way the Council is helping to build and sustain resilience businesses in the sector.

Hertfordshire Care Providers Association is a key partner of Hertfordshire County Council in this activity. It acts as an umbrella organisation for all private, independent and voluntary sector care providers and provides support and access to training and development, funded by the local authority. HCPA provide support to the following organisations across Hertfordshire (November 2014):

- 302 Residential Care Homes
- 109 Nursing Homes and 6 Hospices
- 114 Domiciliary Care Agencies
- 12 Nursing Agencies
- 66 Supported Living Services
- 53 Day Services

People who find themselves in a caring role for older relatives, or for family who have life-long disabilities, often find it difficult to work fulltime or at all. Providing support to family carers is a statutory entitlement from April 2014 and in October 2015 Hertfordshire's Health and Wellbeing Board refreshed its Carers Strategy which includes a commitment to support carers who wish to work. To further this Adult Care and Health is working with a range of partners, including Carers in Hertfordshire and the national organisation Employers for Carers to encourage employers to make reasonable adjustments for family carers to continue working but maintain their caring role.

Adult Care and Health provides a comprehensive Money Advice service to people with disabilities and older people – supplemented by commissioned services from Hertfordshire’s ten Citizens’ Advice Bureaus. Together they draw in millions of pounds of welfare benefits which would not be claimed, which are spent in the local economy.

What effect is the change in the economy and society having on your services? E.g. levels of demand, inflation, changing income etc. and how are these impacts being managed or mitigated?

A detailed analysis on the inflationary factors affecting the care sector is undertaken every year, combined with a formal negotiation process with Hertfordshire Care Provider’s Association. This includes cost of living / minimum wage, water, fuel, utilities and food.

This year it is proposed to maintain the differential between the average care wage Hertfordshire and the National Living Wage by 50p per hour and funding this legislative pressure will cost £6.8m in 2016/17 (L09). In the interests of maintaining a sustainable market for care provision in the county we have provided service specific inflation for physical disability and learning disability residential and nursing care, modelled to ensure a fair cost for care is being provided. We have also provided an additional amount for older people in relation to nursing care homes recognising that these providers have seen a large increase in the numbers of people staying for less than four weeks (at the end of life rather than dying in hospital) and the numbers of people being admitted with a more acute level of need leading to more administration of complex medication. The total amount of this service specific inflation is £2.7M in 2016/17.

What are the major risks to delivery of your proposals and how are you proposing to manage these? E.g. capacity, time, budget in regard to these proposals.

There is a need to rigorously manage budgets to meet efficiency targets, exercising continual scrutiny in relation to the purchasing of care to ensure that the most cost effective options are sourced. In the Learning Disability Service the Best Value Team has been helpful controlling costs and teams within the Service review the cost of packages on a regular basis.

There is a risk in relation to the care workforce in terms of recruiting sufficient workers into the sector to continue to deliver required levels of care; the social care workforce in Hertfordshire is ageing and annual staff turnover ranges from 11 - 28% depending on the sector, pay and conditions of different agencies and location in the county.

There are delivery risks associated with the projects and programmes necessary to achieve efficiency targets. For example the ‘Accommodation for Independence’ project has property-related dependencies which introduce a risk of delay. Rigorous project management arrangements across a number of efficiency areas including In House Day Services, Flexi-Care, Housing Related Support and Enabling the Worker are necessary to ensure achievement. Alongside these major

efficiency projects, there are a host of other projects that the service is looking to deliver over the next year.

There are risks to delivery in terms of partnership working where partner's priorities are changed by external factors, leading to delays. Both the NHS and Adult Care and Health have invested in senior managers to mitigate these risks.

What is the basis of your demographic predictions? What effect is demographic change having on your service? How flexible is your budget to demographic changes?

Demographic projections are calculated annually using a sophisticated population prediction model and, for learning disabilities, a cost analysis of all people expected through transition. This has been honed over the years and has led to a £1m annual reduction in the amount of demography money requested through getting better value from care providers, although there are signs that it is becoming more difficult to sustain this reduction. This work continues. Demographic pressures requested for older people, people with learning and physical disabilities and mental ill health are shown in the IPP (D06-D09)

There is a risk within the budget that increased demand for care services exceeds the demography calculations within the standstill budget. This is managed through strict application of the eligibility criteria, regular budget and activity monitoring and care reviews of existing packages to ensure value for money and appropriate care provision.