

12 May 2014

Agenda Item: 10

## **REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE AND HEALTH AND PUBLIC PROTECTION**

### **OVERVIEW OF SAVINGS PROJECTS TO BE DELIVERED 2014/15 TO 2016/17 BY THE ADULT SOCIAL CARE AND HEALTH DEPARTMENT**

#### **Purpose of the Report**

1. To provide Members with an overview of budget saving projects to be delivered by the Adult Social Care and Health Department (ASCH&PP) over the period 2014/15 to 2016/17, and associated resource requirements.
2. To seek Member approval for either the establishment of new temporary posts or the extension of existing temporary posts that will support project delivery, where such approval is not already in place.

#### **Information and Advice**

3. The budget approved by the County Council on 27<sup>th</sup> February 2014 required the ASCH&PP department to make savings and efficiencies totalling £32.641 million for the period 2014/15 to 2016/17, through delivery of 36 projects spanning across both the Adult Social Care and Health and Community Safety committees.
4. This is in addition to the savings that the Department is still required to make in the final year of delivery of the 2011/12 to 2014/15 savings programme. These total £3.479m million, related to 5 projects, all of which fall under the remit of the Adult Social Care and Health Committee. Three of these will be merged into 'Phase II' projects, ie those to be delivered over the period 2014/15 to 2016/17, meaning that overall there will be 38 projects.
5. In tandem, the composite level of savings that the Department must deliver during 2014/15 is £16.571m, and the total savings across all three years is £36.120m, profiled as follows:

	<b>14/15 Phase I</b>	<b>14/15 Phase II</b>	<b>15/16</b>	<b>16/17</b>	<b>Total</b>
ASCH	£3.479m	£12.718m	£13.207 m	£6.147 m	£35.551m
Public Protection	£0	£374k	£195k	£0	£569k
<b>Total</b>	<b>£3.479m</b>	<b>£13.092m</b>	<b>£13.402m</b>	<b>£6.147m</b>	<b>£36.120m</b>

6. The 38 projects have been categorised into high, medium/low and 'non project' governance requirements, depending on their level of strategic significance, savings targets, risk and complexity. 'Non projects' are those that, in the main, just require budget transfers. All projects are listed as per their governance category in Appendix I.
7. The total value of proposals per governance category is as follows:

No of Proposals by Governance Category				Value (£000) of Proposals By Governance Category			
High	Low/Med	Non Projects	Total	High	Low/Med	Non Projects	Total
15 (39.5%)	18 (47.5%)	5 (13%)	38	24.875 (69%)	7.210 (20%)	4.035 (11%)	36.120

8. In order to ensure that all projects are well positioned to deliver savings a deliverability self-assessment was conducted during February 2014 to assess:
  - a. Risks and barriers to achieving savings, and action / resource required to mitigate these.
  - b. Confidence levels in delivering overall savings, as things currently stand, with particular attention to the 2014/15 profile.
9. As a follow-up to the deliverability assessment, the Transformation Team (formerly the Improvement Programme Team) has worked extensively with the Department to ensure that high governance projects are set-up for success and that critical project documentation is in place (for example, project plans and resources secured to deliver projects). Arising from this work are a series of actions that will need to be taken over the coming months to better assure the deliverability of some of the highly complex projects within the ASCH&PP project portfolio.
10. Resource requirements identified to date to support delivery of the Department's savings programme, particularly its highly complex projects, include:
  - Additional temporary ASCH&PP staff.
  - Transformation Team resource support.
  - Corporate enabling services such as: HR and the Customer Services Centre; Finance and Procurement; ICT; Property; Legal; and Communications and Marketing.
  - ICT development and mobilisation costs.
  - Investment in specialist equipment, including Assistive Technology.
  - Capital investment, for example to develop supported living alternatives to residential care.
11. ASCH Committee approval is already in place for some of the additional temporary ASCH&PP posts required to support programme delivery (please refer to Background Papers). Approval is now sought for the creation or extension of the posts as outlined in Appendix II, which includes details of costs, timescales and funding sources.

12. All high governance projects will report progress in delivery on a monthly basis. In this way, there will be early visibility and warning of any issues arising so that these can be addressed.
13. A monthly Commissioning and Efficiencies Delivery Group will oversee delivery of the Department's entire savings programme over 2014/15 to 2016/17, chaired by the Deputy Director for ASCH&PP. In addition, project delivery will be managed by Delivery Groups responsible for overseeing delivery of savings projects falling under the following themes: Lean/Transformational; Direct Services; Younger Adults Community Care and Residential Care Spend; Older Adults Community Care and Residential Care Spend; Market Management; and Access and Public Protection. These will be chaired by relevant Service Directors. The Department will report progress on delivery of the 2014/15 to 2016/17 Programme to ASCH Committee twice yearly.

### **Other Options Considered**

14. Instead of using temporary additional posts, officers from the Department's existing staffing establishment could be utilised to deliver projects. However, this will divert staff from core duties and will put delivery of project savings at risk.

### **Reason/s for Recommendation/s**

15. Approval of the extension of existing temporary posts that have already been undertaking activity to support delivery of savings and efficiencies (as part of the 2011/12 to 2014/15 programme) means a retention of knowledge and smooth transition to the delivery of additional savings as part of the 2014/15 to 2016/17 programme.
16. The extension of existing temporary posts and the creation of additional temporary posts will fill capacity that could not otherwise be met by staff in the permanent establishment alone within the timescales set for the delivery of savings and efficiency targets. It also allows mainstream staff to focus on core duties, and temporary posts to focus on specific priority areas and projects that require a short term focussed approach.

### **Statutory and Policy Implications**

#### **Financial Implications**

17. The details of the required posts and the sources of funding for these posts are detailed in Appendix II. In 2014/15 the cost of the posts is £1,160,867, in 2015/16 the cost is £1,483,348 and in 2016/17 it is £450,815.

### **RECOMMENDATION/S**

18. It is recommended that the Adult Social Care and Health Committee approve the temporary post extensions or temporary post creations as outlined in Appendix II of this report.

**JON WILSON**

**Deputy Director for Adult Social Care, Health and Public Protection**

**For any enquiries about this report please contact:** Ellie Davies, Project Manager, Transformation Programme.

### **Constitutional Comments (LM 22/04/14)**

19. The Adult Social Care and Health Committee has delegated authority within the Constitution to approve the recommendations in the report

### **Financial Comments (KAS 24/04/14)**

20. The financial implications are summarised in paragraph 17 of the report and itemised in detail in Appendix II.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972:

- Report to the Adult Social Care and Health Committee, 22<sup>nd</sup> July 2013: *Establishment of a Data Inputting Team.*
- Report to the Adult Social Care and Health Committee, 25<sup>th</sup> November 2013: *Team Manager Post in Adult Care Financial Services.*
- Report to the Adult Social Care and Health Committee, 6<sup>th</sup> January 2014: *Assistive Technology Update.*
- Report to the Adult Social Care and Health Committee, 3<sup>rd</sup> March 2014: *Direct Payment Support Services.*
- Report to the Adult Social Care and Health Committee, 31<sup>st</sup> March 2014: *Organisational Redesign within the Adult Social Care and Health Department.*
- Report to the Adult Social Care and Health Committee, 12<sup>th</sup> May 2014: *The Care Bill.*

### **Electoral Division(s) and Member(s) Affected**

All