

11 December 2017

Agenda Item: 7

**REPORT OF THE PROGRAMME DIRECTOR OF TRANSFORMATION, ADULT
SOCIAL CARE, HEALTH AND PUBLIC PROTECTION****PROGRESS REPORT ON SAVINGS AND EFFICIENCIES****Purpose of the Report**

1. To provide a progress report to the Committee on budget savings projects being delivered by the Adult Social Care, Health and Public Protection (ASCH&PP) department over the period 2017/18 to 2020/21. Please note that this report excludes progress on the savings projects falling under the remit of the Community Safety and Public Health portfolios, and the Business Support Services Review (ASCH&PP and Children, Families & Cultural Services) project, which falls under the remit of the Personnel Committee.
2. To seek Committee approval on a number of new savings and efficiency proposals, that in tandem will deliver a further £0.810m savings over 2018/19 to 2020/21.
3. To seek Committee approval on the creation of a temporary post, extension of two existing temporary posts, and to change one existing temporary post to a permanent post. These approvals are requested to support delivery of new and existing savings projects.
4. To seek Committee approval to an amendment of an existing temporary post approval.
5. To provide an update on the Adult and Health Portfolio as at September 2017.

Information and Advice**ASCH&PP Department's Savings and Efficiency Programme 2017/18 to 2020/21**

6. The ASCH&PP department has already delivered efficiency savings of £80m over the period 2011/12 to 2016/17 through the delivery of savings and efficiency projects relating to Adult Social Care (excluding Public Protection and Public Health savings).
7. The department's remaining approved savings targets (excluding Public Protection and Public Health) are profiled as follows:

	2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m	Total
Project Savings	10.345	10.715	3.258	1.349	25.667
Base Budget Adjustments	2.091	0	0	0	2.091
Total	12.436	10.715	3.258	1.349	27.758

8. There are 10 high governance savings projects remaining and 17 low governance projects. A list of these projects and their current status as at Period 7 2017/18 is provided in **Appendix 1**. This also shows any projects reporting exceptions and savings at risk of either slippage into future financial years and / or at risk of non-delivery.
9. The £2.091m base budget adjustments for 2017/18 have already been undertaken. In summary, the current position regarding the achievement of the remaining £10.345m savings in 2017/18 is that savings of £12.851m are projected by the end March 2018 (including £0.060m savings that are to be delivered in a different way to that originally intended), i.e. £2.506m above target. The difference is broken down as follows:
 - a. Surplus savings are anticipated from the *Targeted Reviews* project (£0.234m) and *Improving Collection of Continuing Health Care Funding* project (£2.076m).
 - b. The *Reducing the Costs of Residential Placements - Younger Adults* project is also projected to deliver £0.484m savings this year, although no savings are profiled, but this is required to catch up for non-delivery of this amount during 2016/17.
 - c. Delivery of £0.204m savings is currently anticipated to be at risk of non-delivery during 2017/18, but this is anticipated to be made up by 2019/20. This relates to the *Reduction in Long-Term Care Placements* project (£0.125m), *Charge for Money Management Service* project (£0.067m) and *Brokerage for Self-Funders* project (£0.012m).
 - d. £0.084m savings are at risk of non-delivery during 2017/18, associated with the *Integrated Community Equipment Loan Scheme (ICELS)* project.

In addition, projects with a combined savings target of £0.830m (8% of the total target for 2017/18) are highlighting that some aspects are 'off target', though this does not necessarily mean that there will be a resultant risk to overall savings delivery. This relates to the *ASCH Strategy Phase II* project (£0.750m) and the *Increase in Transport Charge* (£0.080m) projects. In effect, this is an early warning that action needs to be taken to rectify a problem and / or stop a position worsening. However, at this stage the scale of the issue, and any potential savings at risk of slippage or non-delivery may be unknown, and further work is required to ascertain this.

10. Within a portfolio(s) of programmes and projects of the scale of that being undertaken by the Department, it is to be expected that some projects will have delivery issues, which ultimately may result in failure to meet some or all of the savings. This is particularly the case where change has been overlaid on change and where projects are more transformational. For those projects reporting exceptions in **Appendix 1**, further detail on the reasons for these, and mitigating action, is provided in **Appendix 2**.
11. The overall departmental position in terms of agreed budget savings, including savings at risk, is contained within the body of the financial monitoring report that is considered by the Finance and Major Contracts Management Committee, and its associated appendix. Any change requests approved by the Improvement and Change Sub-Committee to amend projects' savings targets and / or their profile of savings are also reported to Finance and Major Contracts Management Committee, as are requests for base budget adjustments.

Proposals for Additional Savings and Efficiency Projects

12. In order to continue to meet ongoing and future budget pressures, a number of additional savings and efficiency proposals have been developed for consideration and approval by Committee, as follows:

Proposal Name				
Further Investment in Assistive Technology (AT)				
Proposal				
<p>To make further targeted investment in AT equipment and services to enable people to be more independent for longer and reduce the demand for community care and residential care. This will be achieved through:</p> <ul style="list-style-type: none"> • Improved consistency of use of AT solutions across operational teams. • Centralised use of AT activity monitoring systems. • Significant expansion of the use of mobile phone apps, text reminders, home automation and AT reminder devices to enable people to self-manage aspects of daily living. • Introduction of an 'AT First' policy at the Adult Access Service. • An increase in the service charge for telecare services of £2 per week (to £4 instead of £2) to enable investment in additional staffing to support the service. 				
Impact / Benefits				
<ul style="list-style-type: none"> • Most service users will benefit from an increased ability to self-care and remain safe and independent in their own homes for longer. • Some service users and carers may view the use of assistive technology negatively and as a replacement for traditional care models. • An increase to the telecare service charge, but this will be comparable with other local authorities and private providers. • The increased use of AT will help to reduce hospital admissions and support prevention of falls. 				
Savings Anticipated	2018/19 (£'000s)	2019/20 (£'000s)	2020/21 (£'000s)	Total (£'000s)
	134	154	(28)	260

Proposal Name				
Merger of Commissioned Crisis Prevention Service for Carers and Rapid Response Service (now called Home First Response Service)				
Proposal				
Nottinghamshire County Council provides an emergency short-term support service where a carer is suddenly unable to continue their role. It has also recently commissioned (see background papers) a Rapid Response and Hospital Discharge Service county-wide. There are similarities in the infrastructure needed to provide these two services and merging them into a single rapid response service brings service improvements as well as reducing costs.				
Impact / Benefits				
<ul style="list-style-type: none"> The proposal does not impact on the current level of support available. Indeed, this will be enhanced due to a revised service specification. Implementation of the proposal will impact on the work of the Emergency Duty Team, but will enhance the options available to them when a crisis situation arises. 				
Savings Anticipated	2018/19 (£'000s)	2019/20 (£'000s)	2020/21 (£'000s)	Total (£'000s)
	50	0	0	50

Proposal Name				
<i>Improving Collection of Continuing Health Care (CHC) Funding (Phase II)</i>				
Proposal				
The Council will continue to maximise income from health partners for packages of care that are jointly funded with them and have been commissioned by the Council on behalf of health, so necessitating a transfer of funding from health to social care. The new proposal will continue with the existing key themes but extend them to include additional actions, particularly around joint work with health partners. The main themes are: to improve processes and systems with health partners; ensure equitable access in line with legislation; cease case management of fully funded cases; and consider joint arrangements with health (medium / long term approach).				

Impact / Benefits				
<ul style="list-style-type: none"> • More timely assessments and appropriate access to CHC funding in line with national CHC legislation and policy. • Service users assessed as eligible for either part or fully funded health care receive free or partially free care services. • More timely and efficient referrals for, and collection of, CHC funding from Clinical Commissioning Groups (CCGs) will aid budget management and monitoring for both the Council and CCGs. • Learning for social workers about what is a primary health need so that health funding is received, where appropriate. • There is additional work for finance teams in monitoring and processing CHC funding. 				
Savings Anticipated	2018/19 (£'000s)	2019/20 (£'000s)	2020/21 (£'000s)	Total (£'000s)
	500	0	0	500

13. In order to support delivery of the AT proposal above, the following additional permanent and temporary resource is required, at a cost of £27,755 pa recurrent from April 2018 and £70,000 pa recurrent from April 2020, £65,548 temporary costs over 2018/19 and 2019/20, and a one-off capital cost of £32,000 over 2018/19, broken down as follows:

Resource Required	Creation / Extension	FTE	Band / Grade	Temporary / Permanent	Timescale	Anticipated End Date	Annual Cost (inc on costs)	Funding Source
AT Advisor	Extension	1.00	4	Temporary to Permanent	From April 2018	N/A	£27,755	To be netted off savings, as reprovion costs
Community Care Officer	Creation	1.00	5	Temporary	24 months, from April 2018	March 2020	£32,774	ASCH earmarked reserves
Recurrent AT equipment and service budget	N/A	N/A	N/A	Permanent	From April 2020	N/A	£70,000	To be netted off savings, as reprovion costs
One off capital cost	N/A	N/A	N/A	One-off	2018/19	N/A	£32,000	Better Care Fund

The resource will also help to deliver both an existing AT savings project, which has a savings target of £0.583m over 2017/18 and 2018/19, and enable delivery of other existing savings projects, including the *Reduction in Long-term Care Placements*, *Reducing the Costs of Younger Adult Residential Placements* and *Targeted Reviews* projects. The AT Advisor post (together with a permanent AT Manager and Advisor) is currently supporting delivery of the existing AT project. The annual cost of the AT resource is £0.111m.

14. In order to support delivery of the Phase II CHC project, approval is also required to extend the following temporary posts, that are currently supporting delivery of the existing project, which has a savings target of £2.550m for 2017/18:

Resource Required	FTE	Band / Grade	Temporary / Permanent	Timescale	End Date	Annual Cost (inc on costs)	Funding Source
Data Technician / Finance Officer	1.00	4	Temporary	16 months, from April 2018	End July 2019	£27,755	ASCH earmarked reserves
Commissioning Officer	1.00	C	Temporary	12 months, from end July 2018	End July 2019	£52,076	

Correction to 9 October 2017 ASC&PH Committee report on Supporting Best Practice in Care and Support Planning for Adult Care Services.

15. At ASC&PH Committee meeting on 9 October 2017, approval was given (see background papers) to extend a temporary Band C Commissioning Officer post from April 2018 to March 2019, at an annual cost of £52,076, to oversee the younger adults consistency of commissioning and work with care support and enablement providers to facilitate change. However, Committee approval is required to amend the timescales for the post from October 2018 to September 2019, in order to align timescales to when the current post approval expires. This amendment will have no additional cost implication on the Council.

Adult and Health Portfolio Update

16. A quarterly update on the key achievements of the Adult and Health Portfolio is contained in **Appendix 3**. The Portfolio is reporting good progress in achieving key outcomes and benefits required from the programme. The update also provides a forward view for the next three months. The Improvement and Change Sub-Committee also receives quarterly reports on progress. This report was last presented at the meeting on 26 September 2017 (see background papers) and the next is scheduled to go to the Sub-Committee on 11 December 2017.

Other Options Considered

17. Implementing the new proposals and existing projects without additional staff through locality teams is not possible as there is not enough resource within locality teams to undertake the work without impacting on other business as usual priorities.
18. Some of the requests are for extensions of existing posts, which negates the need for additional recruitment to be undertaken, and thus delay project delivery.
19. There are no other options to outline in relation to the other elements of this report.

Reason/s for Recommendation/s

20. To continue to support delivery of the Adults Transformation Portfolio, including the savings and efficiency programme.

Statutory and Policy Implications

21. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

22. Progress in achieving the 2017/18 to 2019/20 savings targets for each existing project is detailed in **Appendices 1 and 2**.
23. The additional savings proposals outlined in **paragraph 12** above will in tandem deliver a further £0.810m savings over 2018/19 to 2020/21.
24. The post creations and extensions outlined in **paragraph 13** above to support delivery of further investment in Assistive Technology will bring: recurrent costs from April 2018 of £27,755 p.a. and from April 2020 of a further £70,000 pa; additional temporary costs of £65,548 over 2018/19 and 2019/20; and a one-off capital cost of £32,000 over 2018/19. The funding sources for each respective element are also outlined in **paragraph 13** above.
25. The temporary post extensions required to support delivery of the *Improving Collection of Continuing Health Care Funding (Phase II)* project, as outlined in **paragraph 14** above, will be funded from ASCH earmarked reserves. The total cost of the extensions will be £89,083 (£62,472 over 2018/19 and £26,611 over 2019/20).
26. There are no additional costs associated with the change of timescale for the extension of the temporary Commissioning Officer post, as outlined in **paragraph 15** above.

Human Resources Implications

27. Additional temporary and permanent staff will be required, as outlined in **paragraphs 13 to 15** above.

Public Sector Equality Duty implications

28. The equality implications of the proposals outlined in **paragraph 12** above have been considered during their development and, where required, Equality Impact Assessments undertaken.

Implications for Service Users

29. As above, the implications of the proposals on service users have been considered during their development.

RECOMMENDATION/S

That Committee:

- 1) approves delivery of the three new savings and efficiency proposals outlined in **paragraph 12** that in tandem will deliver a further £0.810m savings over 2018/19 to 2020/21.
- 2) approves the creation of one temporary post, the extension of two existing temporary posts, and to change one existing temporary post to a permanent post, as outlined in **paragraphs 13 and 14**.
- 3) approves the clarification relating to the change of timescales for the part-time Commissioning Officer post approved at Adult Social Care and Health Committee on 9 October 2017, as outlined in **paragraph 15**.

Jane North
Programme Director of Transformation
Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Ellie Davies
Project Manager, Programmes and Projects Team
T: 0115 9773211
E: ellie.davies@nottsccl.gov.uk

Constitutional Comments (LM 27/11/17)

30. The Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report

Financial Comments (DG 27/11/17)

31. The financial implications are contained within paragraphs 22 - 26 of this report.

HR Comments (initials xx/11/17)

32. Any new posts will be recruited to and fixed term contracts will be extended.

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 Adult Social Care and Health Committee, 10 July 2017. *Progress Report on Savings and Efficiencies.*
- Report to the Improvement and Change Sub-Committee, 26 September 2017. *Progress Report on Delivery of Programmes, Projects and Savings.*
- Report to Adult Social Care and Health Committee, 9 October 2017. *Supporting Best Practice in Care and Support Planning for Adult Care Services.*
- Report to Finance and Major Contracts Management Committee, 16 October 2017. *Financial Monitoring Report: Period 5 2017/2018.*
- Report to Adult Social Care and Health Committee, 13 November 2017. *Update on Tender for Home Based Care and Support Services.*
- Report to the Improvement and Change Sub-Committee, 11 December 2017. *Programmes, Projects and Savings – Quarter 2.*

Electoral Division(s) and Member(s) Affected

All.

ASCPH510