

Appendix I: Description and Outcomes of the Younger Adults Community Care & Residential Care Spend Savings Projects 2014/15 to 2016/17

Project Title	Governance Status	Description	Intended Outcomes
Reducing the average community care budget - Younger Adults	High	<ul style="list-style-type: none"> • Reviewing the care packages of existing service users across all areas (i.e. Learning Disabilities, Physical Disabilities, Mental Health and Aspergers) to identify if their needs have reduced over time, and hence the amount of support provided can be reduced, or whether support can be provided in a different way (e.g. through use of Assistive Technology instead of 1-1 care). In particular, the following types of support will be reviewed: supported living/outreach; homecare; external day services spend; high cost care packages; and commissioned Direct Payment packages, with an initial focus on DP packages for those with physical disabilities. • Identifying any unused accumulated direct payment funds in service user bank accounts, to inform if direct payment allocations to service users can be reduced. • Reviewing expensive homecare packages where additional care staff are required to provide moving and handling support, and exploring ways of reducing the number of cases where there is a double up of staff. • Reviewing payments made under the Chronically Sick and Disabled Persons Act (CSDPA) 1970, which includes telephone line rental payments and payments for Talking Books. The phone rental review will identify those no longer eligible for support, and in such cases payments will be stopped. A policy change is also proposed, so that assistance to obtain a phone continues, but not paying costs towards installation or line rental. For those receiving Talking Books, the review will identify those that could use other services that might be lower cost or free due to advances in technology and access to new information technology. 	<ul style="list-style-type: none"> • Reduce the average community care personal budget across all areas. • Provide enough support to promote and maintain independence. • Commission services that have average package costs in line with comparable Authorities. • Ensure that the average cost of direct payment packages are in line with the average cost of managed budget packages.
Reduction in Younger Adult long term care placements	High	<ul style="list-style-type: none"> • Identifying a target group of 120 people currently living in long-term care who would benefit from a move to alternative provision, targeting high cost placements. • Developing alternative models to residential / nursing care (including more supported living, more use of Shared Lives, more interim step up / down solutions for those leaving hospital and emergency cases). • Reviewing triggers leading to admissions into long-term care. Subsequently, to use this information to reduce the number of new admissions into long-term care. • Continuing to use Assistive Technology solutions in order to keep individuals out of residential care and/or to support them in moves out of residential care. • Reducing the number of new out of county residential / nursing care placements, review existing high cost out of county packages, and move 30% of current out of area service users back home to Nottinghamshire. • Developing outcome plans pre-admission or within a set time-frame post admission. • Providing support to individuals with disabilities living with carers / family, to enable them to continue to stay at home for longer. • Focussing on provision of supported living (SL) services as an alternative to more expensive residential care option where overall financial benefit accrues. • Targetting Supported Living services where there is both an individual and economic benefit. • Considering a range of options to maintain people in the community. 	<ul style="list-style-type: none"> • Ensure that the average cost of Supported Living is in line with comparable Authorities. • Increased availability of suitable alternatives to long-term residential care for both new and existing service users. • Reduced reliance on residential care and encourage more independent living. • Reduction in the number of new admissions into long-term care and overall reduction in the number of long-term care placements. • Provision of care closer to home and a reduction in the number of new out of county residential / nursing care placements.
Development of reablement in Physical Disability services	Low/Medium	<ul style="list-style-type: none"> • To further develop the work of Promoting Independence Workers (PIWs) in Younger Adults Commissioning Teams to deliver re-ablement support to individuals with newly acquired physical disabilities and long-term health conditions. • The PIWs will provide re-ablement services to: individuals with newly acquired physical disabilities; those with long-term conditions such as Multiple Sclerosis, Muscular Dystrophy, and other chronic conditions, which often present high usage (and therefore cost) of health and social care provision with numerous admissions and re-admissions to hospital and community facilities; and those with Asperger's. • The aim is to enhance people's independence through provision of short-term interventions, focussing on developing confidence, making links with mainstream community services and assisting people to access education and employment. Ultimately, this aims to prevent or reduce longer-term support needs in future. 	<ul style="list-style-type: none"> • Reduce the number of people requiring ongoing social care support. • Ensure that all people who use social care funded services are eligible for support at the level required and only receive support for as long as is required.

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Managing Demand in Younger Adults	Low/Medium	<ul style="list-style-type: none"> • To review the eligibility for some people who are being referred into the service. These tend to be individuals with mild learning disabilities, moderate mental health needs or other vulnerabilities who are prone to crisis in life events and often have chaotic life styles, but who may not have substantial and ongoing social care needs. • Identify the number of service users in this cohort being supported by the service. • Confirm current average expenditure on this cohort and determine if this expenditure is appropriate. • Identify the number of new cases coming into the authority each year, the reason for referral, and any mitigating actions to prevent delay or reduce referrals. • Review current levels and forms of support to existing service users, to confirm if they are still appropriate, and identify people no longer needing support. • Where current forms of support are no longer appropriate, alternative provision or case closure is required. Where new individuals are coming into the service inappropriately, a change in the response of the services and revised access arrangements are to be developed. 	<ul style="list-style-type: none"> • Reduce the number of people requiring ongoing social care support. • Ensure that all people who use social care funded services are eligible for support at the level required and only receive support for as long as is required.