

Report to: **Cabinet**  
Date: **26 June 2018**  
By: **Director of Adult Social Care and Health**  
Title of Report: **Adult Social Care 2018/19 proposals**  
Purpose of Report: **To consider the background to the proposals for 2018/19 Adult Social Care budget**

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## **RECOMMENDATIONS**

**Cabinet is recommended to:**

- **note the background to the Adult Social Care proposals for 2018/19**
  - **note the reports on actions taken to deliver staffing savings**
  - **note the proposal to use the additional 2018-2019 Government funding allocation of £1.616m to fund and partly mitigate Supporting People Community Based Services and Supporting People Accommodation Services**
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### **1. Background and Supporting Information**

1.1 Following the decision at Cabinet in January 2018 to consult on savings proposals, a public consultation took place between 15<sup>th</sup> February and 25<sup>th</sup> April 2018 on the areas of saving identified in the January Cabinet report.

1.2 This consultation was expanded to include commissioned Older People's Day Services, Affinity Trust Learning Disability Residential Service and the HIV Support Service as these were services that required review given existing contractual arrangements were drawing to a close. The initial work which had been carried out in reviewing older people's day services also showed we needed additional information to help us make a decision on how to find the required savings. This ensured a holistic approach was taken to the best use of resources across Adult Social Care.

1.3 Over 6000 responses were received to the consultation through meetings, surveys and other feedback such as letters, emails and videos. All of the feedback received during the public consultation is available within the Members' and Cabinet Room for Members' consideration. Consultation reports are appended to each of the individual supporting reports elsewhere on this agenda.

1.4 In the ten week consultation period we asked for people's views on how we are proposing to make the savings. This was in addition to asking specific questions about each of the saving areas. The key messages listed below reflect the feedback received from organisations, groups and individuals across surveys and other feedback such as emails and letters:

- People are unhappy and concerned about the nature of all the proposals and say that the most vulnerable people in society would be affected
- Some people and organisations acknowledge the funding pressures that the Council is facing
- People are concerned that the county has an ageing population and an increasing need for services.
- Organisations say that it has been proven that cutting back on preventative services is more costly in the long run
- People would be put at risk and it would put more pressure on statutory services
- The voluntary and community sector won't be able to plug the gaps in provision

- The proposals would impact on the community through the loss of vital services and increases in homelessness, anti-social behaviour and crime
- It would affect staff, who would be under more pressure, and it may cause good quality staff to leave
- Organisations suggest increasing partnership working and ensuring that the voluntary sector is involved in the process

1.5 Local partner organisations such as the Clinical Commissioning Groups and East Sussex Fire and Rescue Service have responded to the consultation acknowledging the scale of the challenge and impact of the proposals; in addition to offering support and suggestions on how we can work together to potentially mitigate some of the impact of the proposals. These letters are available to Members as part of the consultation feedback and we will continue to work in partnership to progress this work.

1.6 Equality Impact Assessments (EqIAs) have been undertaken for each area proposal. In considering the proposals in this report, Cabinet Members are required to have 'due regard' to the duties set out in Section 149 of the Equality Act 2010 (the Public Sector Equality Duty). EqIAs are carried out to identify any adverse impacts that may arise as a result of the proposals for those with protected characteristics and to identify appropriate mitigations. The full version of relevant completed EqIAs have been placed in the Members' and Cabinet Room and are available on the [Cabinet](#) pages of the County Council's website. They can be inspected upon request at County Hall. Members must read the full EqIAs and take their findings into consideration when determining these proposals. Summaries of each impact assessment are appended to each of the supporting reports.

1.7 The EQIAs identify a range of impacts for existing and future clients and carers of the services within scope of the proposals. The impact of the proposals on service delivery is significant. The EQIAs and consultation feedback identify a range of common themes including:

- Increased social isolation, risk of poverty and increasing debts
- Increased risk of high rates of acute health care use due to lack of early intervention, including emergency visits and inpatient admissions to hospital for people with complex needs
- Impact on carers mental and physical health, access to peer support; increasing feelings of isolation
- Increased anxiety and distress for older people with dementia and mental health conditions, and due to reduced capacity for specialised support and the increased likelihood of being admitted to residential care, plus increased use of primary and acute healthcare and an increase in demand for social care
- There are likely to be direct impacts on other services and their providers. For example, if delivery of the savings results in service reduction or closure, impacts for Children's Services, District and Borough Councils; health services, mental health, Police and voluntary sector service providers have been identified through the EQIA's

## **2. Financial Appraisal**

2.1 In February 2018 County Council agreed the Council Plan and budget which required savings of £17m including Adult Social Care savings of £9.6m. The 2018-2019 net revenue budget for Adult Social Care is £166m. A summary of the savings proposals is at 4.5.

2.2 On 6<sup>th</sup> February 2018 the Government announced an additional £150m funding for the 2018-2019 Adult Social Care Support Grant nationally. This is a one-off payment for 2018-2019 only, it is not an ongoing funding allocation. The East Sussex allocation is £1.616m. It is proposed that this additional funding is used to remove the savings proposals for Supporting People services. It is, however, acknowledged that it does not address the longer term funding gap and will add to the savings requirement in future years.

2.3 For the proposals relating to Adult Social Care staff, the formal staff consultation processes commenced on 19<sup>th</sup> March 2018 and have not, as yet, concluded. As such, final decisions about future staffing structures have not been made and it is not therefore possible to know the exact numbers of

staff that will be redundant. Given this, and that the amount of a redundancy payment is determined by the age and length of service of the individual concerned, it is not possible to provide an accurate assessment of the redundancy costs arising. However, based on current proposals and information, a broad indicative estimate would provide for redundancy costs to be somewhere in the order of approximately £2.8m to £3m. The costs for redundancy that arise will be met from the Redundancy Reserve which stands £4.9m at the end of 2017/18.

2.4 As regards pension access, any individual aged 55 or over who is made redundant is entitled to the immediate payment of their pension benefits, provided they have at least two years' membership in the LGPS. As access to the pension is in advance of the 'normal date of retirement' there is a cost to this early access. For the reasons already stated above, it is not possible to provide an accurate assessment of these costs at this stage. However, based on current proposals, a broad indicative estimate would provide for these costs to be approximately £2m to £2.2m. These costs do not fall directly on the service as they are met from within the employer's pension contribution rate.

### **3. Savings proposals**

3.1 The areas identified for savings in 2018-2019 need be considered in the context of the savings already delivered over recent years. Between 2013 and 2016 Adult Social Care has delivered £23.4m savings. This included £10.8m of savings from reducing community, residential and nursing care packages. In addition, funding for services and support commissioned through our commissioning grants prospectus was significantly reduced. This affected services such as educational, occupational, leisure and activity-based services, largely commissioned from the voluntary sector.

3.2 Given the scale of the ongoing savings requirement for 2018-2019 there are inevitably a number of areas of saving identified that have already been subject to previous funding reductions, for example Supporting People community based services (Home Works and STEPS); directly provided services; day services and staffing.

3.3 The services identified for savings in 2018-2019 include services which provide preventative and early intervention support. It is recognised that these services help to stop or delay the need for statutory service intervention which is more costly. In addition, the proposals include a number of accommodation based services which support people with a wide range of often complex needs including: adults and young people who are homeless or at risk of homelessness; people who have mental health problems; people with learning disabilities; people with physical disabilities; people with sensory impairments; young mothers; people with substance misuse problems; people who have recently come out of prison.

3.4 This is the first year in which proposals have been made to reduce staffing capacity in operational services including assessment and care management, learning disability services and older peoples directly provided services. During the consultation process, the Adult Social Care Departmental Management Team met with Union representatives to discuss the Union response to the proposals. In addition, Union support for staff affected by the proposals has been in place. In addition the Human Resources team developed a staff support programme to support staff during the process.

3.5 The actions being taken within Assessment and Care Management staffing (Appendix 1) and Strategy and Commissioning staffing (Appendix 2) are attached and Cabinet are asked to note them.

3.6 The actions for Assessment and Care Management will reduce assessment and care management capacity across the county which will impact on waiting times for assessments and reviews. Priority will be given to Safeguarding and urgent cases. These have been designed to minimise the impact on areas such as hospital discharge, Health and Social Care Connect and Financial Assessment Teams, however they come at a time when demand for adult social care continues to rise and we are in the eighth successive year of social care savings. The impact on both clients and remaining staff within the assessment and care management teams will be closely monitored. The changes will be implemented with effect from October 2018.

3.7 The Strategy and Commissioning Division will continue to plan and commission services based on need and resources. The final structure of the Division will be determined through the ongoing development of integrated commissioning, with proposals being made later in the year. Although the actions taken to deliver the required savings will present challenges the remaining capacity will still enable us to continue the programme of integration with health and work with our partners in the District and Borough Councils in delivering shared priorities.

3.8 The 2018-2019 proposals do not identify savings for the Community Care Budget which is used to fund people's individual care packages to meet identified eligible social care needs. This area of spend was subject to previous savings referred to above. In addition, hospital social care teams have not been identified for savings in order to continue supporting the whole system approach to enabling people to be discharged from hospital in a supported and timely manner.

3.9 Individual supporting reports set out the recommendations for delivering the savings proposals are listed below. It is proposed to allocate the additional £1.616m Adult Social Care Support Grant funding to remove the need, in 2018/19 only, to agree some of the savings proposals. In order to ensure Cabinet are able to consider the totality of the Adult Social Care savings when allocating the £1.616m, this report includes the appendices (1 and 2) updating Cabinet on the actions already in train to deliver staffing savings.

The proposed service changes arising from the reduction in the ASC budget will be considered later on the agenda. These include:

- Older Peoples Intermediate Care Services and Day Services: Milton Grange, Firwood House and Warwick House
- Stroke Recovery Service
- HIV Support Service
- Carers Services
- Older Peoples Commissioned Day Services
- Discretionary East Sussex Support Service (DESSS)
- Learning Disability: Directly Provided Services
- Affinity Trust Services
- Supporting People Accommodation Services
- Supporting People Community Based Services

3.10 The volume and strength of feedback received through the consultation and the level of impact identified through the EqlAs provides a comprehensive body of evidence about the impact on clients, carers and families of delivering the service and staffing based proposals savings. All of the proposals will have a direct impact on current or future service users, their families and carers and the staff involved in delivering those services.

#### **4. Allocation of additional Adult Social Care Support Grant**

4.1 Consideration has been given to all of the information presented in this and the supporting reports in proposing the deployment of the additional Government funding for 2018/19. The recommendations Cabinet is being asked to note is based on the level of risk to clients of losing the support they currently receive; the complexity and level of need of clients in receipt of the service; the reach of the service in terms of the number of people the services support, and; the likelihood of immediate additional costs being incurred by Adult Social Care and Children's Services.

4.2 Additional demand on Adult Social Care teams is likely if clients lose the supporting people community based support services. Current users of the STEPS community support services are more likely to be older people on low incomes with illness and long-term conditions; experiencing anxiety and depression; at risk of food and fuel poverty; or at increased ill-health and increased risk of hospitalisation. A primary purpose of the Home Works intervention is to mitigate the risk of an escalation of need. Clients are supported to develop the resilience necessary to address personal

crises as they arise. In addition Home Works provide a crucial move-on service to help vulnerable people transition safely from other services into independence. If agreed, the proposals risk the potential for serious adverse impact for vulnerable people including carers. Many of those who may be impacted have both mental and physical health needs.

4.3 Accommodation based housing support services are provided to people with a wide range of often complex needs including: adults and young people who are homeless or at risk of homelessness; people who have mental health problems; people with learning disabilities; people with physical disabilities; people with sensory impairments; young mothers; people with substance misuse problems; people who have recently come out of prison. The needs of people accessing these services is increasing: they are presenting as increasingly complex and chaotic; often demonstrating multiple needs and issues including exploitation and domestic abuse, mental health, substance misuse, self-harm and are therefore in greater need of supported accommodation. The increased risks for people waiting for fewer bed-spaces would have to be managed by ESCC social care teams.

4.4 It is therefore recommended that the additional £1.616m one-off funding is allocated across the following services:

- **Support People Community (Home Works and Steps)**  
Recommendation: to utilise £1.212m of the additional 2018-2019 Government funding allocation to support these services – meaning the budget will have reduced by £1.288m in the current financial year.

**Supporting People Accommodation based services (Refuges; Homeless; Mental Health; Young People; Young Mothers)**

Recommendation: to utilise £404,000 of the additional 2018-2019 Government funding meaning the budget will have reduced by £396,000 in the current financial year.

4.5 If the proposals outlined above are agreed, the savings target of £9.6m will be delivered in a full year, however, this level of savings will not be achieved within 2018/19, reflecting that the proposals will need to be implemented in line with statutory and contractual responsibilities and duties. The part year impact of the savings proposals will be managed within the authority's overall Medium Term Financial Plan and the appropriate use of reserves and contingency funds. The table below summarises the savings proposals.

## **Summary of Savings Proposals for Adult Social Care**

Service Description	Estimated Savings Delivered in 2018/19 £	Full Year Savings £
Older People Intermediate Care Beds and Directly Provided Services	271,500	1,086,000
Older People Commissioned Day Services	0	188,438
Remodelling of Carers Services	422,000	422,000
Stroke Recovery Service	33,100	79,500
Learning Disability Directly Provided Services	405,000	1,170,000
Affinity Trust Service at Cregg Na Ba	180,000	360,000
Discretionary East Sussex Support Service (DESSS)	163,000	390,000
Assessment & Care Management Staffing	714,000	1,958,000
Supporting People – Accommodation Based Services	800,000	800,000
Supporting People – Community Based	2,500,000	2,500,000
Strategy, Commissioning & Supply Management	390,000	590,000
Community Safety Staffing	40,000	40,000
HIV Support Service	0	48,000
<b>Total</b>	<b>5,918,600</b>	<b>9,631,938</b>

### **5. Alternative Service Provision**

5.1 The availability of alternative service provision has been considered across all proposals. Consideration has also been given through for the potential of other organisations to deliver services, where this is a more cost effective option.

5.2 Discussions with service providers have taken place during the consultation period to identify the impacts of the proposals on clients and services and to identify possible outcomes. For example, it is proposed that the Affinity Trust service savings are met by providing alternative accommodation placements operated by the same provider.

5.3 If the proposals are agreed, any ongoing service provision which can be provided with remaining funding will be designed with providers and key stakeholders. Redesign will be informed by the public consultation feedback and will determine the client group, eligibility, referral routes and the key outcomes.

### **6. Conclusion and Reason for Recommendations**

6.1 If the recommendations in this and the supporting reports are agreed, it is proposed that reports are made to the Lead Member for Adult Social Care and Health every six months setting out

progress with implementation. The People Scrutiny Committee are meeting on 22<sup>nd</sup> June 2018 to consider the proposed allocation of additional funding and the proposals set out above and in this and the other Adult Social Care reports on the agenda. Any comments will be reported at the Cabinet meeting.

**KEITH HINKLEY**

**Director of Adult Social Care and Health**

Contact Officer: Samantha Williams, Assistant Director  
Lead Member: Councillor Maynard  
Local Member: All

**BACKGROUND PAPERS:**

None

**Assessment and Care Management Staffing: update on actions being taken to deliver the budget savings agreed at County Council**

**1. Background**

1.1 Efficiency has improved significantly across Assessment and Care Management, with this being achieved by changes in practice, finding more cost effective ways to provide assessment services and through reductions in the prices of contracts with a range of care and support providers. Income has also increased through the more efficient delivery of Adult Social Care Financial Assessment Services, by targeted financial assessment and achieving reductions in client debt. Reducing the amount of staffing across assessment teams remains the only option to deliver the required level of saving.

**2. Supporting Information**

2.1 As part of the work to achieve a balanced budget there is a requirement for Assessment and Care Management to deliver staffing savings of £1,958,000. This figure represents a reduction of just over 8% on current staffing resources. The saving will be achieved by reducing staffing levels across assessment teams.

2.4 The objective is to reduce the number of assessment staff across a range of assessment teams, which is equivalent to approximately 54 whole time equivalent posts. Savings were weighted and targeted to minimise the impact on:

- Qualified and Health and Care Professions Council (HCPC) Registered Staff: Social Workers and Occupational Therapists to manage greater risk and complexity
- Administrative staff: to ensure practitioners maximise client contact time
- Hospital Teams: to support the ongoing focus on Delayed Transfers of Care
- Health and Social Care Connect: to maintain cost effective diversion and resolution
- Financial Assessment: to maximise income and mitigate the need for further reductions
- Social Work Education Training and Development: to improve practice and deliver improved outcomes with fewer resources

2.5 Therefore the savings are being focused on the following posts:

- Resource Officers
- Assessment Officers
- Community Support Workers
- Support Time Recovery Workers
- Occupational Therapy Assistants
- Service Development Managers
- Safeguarding Co-ordinator

2.6 It should be noted that no changes to staffing numbers for Social Workers are being sought. This staff group has however been included in the consultation process, in relation to any potential change to workload as a result of the proposed changes.

2.7 Reducing assessment and care management capacity within operational teams will impact on the timeliness of assessments and reviews and may increase waiting times for services. Priority will be given to Safeguarding and urgent cases. We will continue to develop new ways of working to mitigate the impact of these savings.

### **3 Conclusion**

3.1 Actions are in place to ensure the required savings are delivered. This will present capacity challenges but systems are in place to ensure we maintain a safe level of assessment and care management service provision.

### **Strategy Commissioning and Supply Management Staffing: update on actions being taken to deliver the savings agreed at County Council**

#### **1. Supporting Information**

- 1.1 The 2018/19 budget agreed by County Council identified savings of £590,000 for Strategy Commissioning and Supply Management staffing.
- 1.2 Extensive consultation has taken place with all the staff affected. Head of Service roles have reduced from six to four, with commissioning manager and other support roles reduced from eighteen to eleven.
- 1.3 Our objective is to implement fully integrated commissioning with our NHS partners. Although the reduction in management capacity will be challenging these risks are best mitigated by maintaining the work to make best use of our collective management resources across health and social care. Closer partnership working with Borough and District colleagues will also ensure we deploy our management resources efficiently and effectively.
- 1.4 The priorities for Strategy, Commissioning and Supply in 2018/19 will be:
  - Develop and implement proposals for integrated commissioning across the health and social care economy
  - Continue to implement a more collaborative approach with Borough and Districts
  - Develop a more collaborative relationships for commissioners and providers
  - Move away from commissioners defining service specifications to focus on outcomes whilst supporting providers to stimulate the market as a response
  - Provide a simplified and flexible structure for provider relationships, to support better communication and outcomes
  - Provide a centralised and rationalised commissioning function that that is organised so that it can take a whole system view, whilst removing duplication
  - Provide with the NHS integrated commissioning unit that works to a single investment and planning process to manage the whole economy collectively

#### **2. Conclusion**

- 2.1 The County Council's priority is to establish integrated commissioning with the NHS and with our partners in the District and Boroughs to deliver our shared priorities. Although the actions being taken to deliver the required savings will present capacity challenges, this will be mitigated by joint working with our commissioning partners.