

Budget Development Process 2012/13 – 2014/15 Savings/Income Generation Option

Income / Saving Option	Development of Further Integrated Working with NHS
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Directorate	Social Work
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Service Area & ABB Link	Adult Services
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Narrative Description of Savings Option

Annual, deliverable savings of £464k across 2012/13 and 2013/14 through better integrated working with the NHS have been identified by Social Work Services.

An investment of £400k per annum in 2012/13 and 2013/14 from the National Change Fund has been approved to support the shift in practice and resources required to achieve more efficient working in respect of re-ablement and integrated working. This will allow immediate equivalent savings to be made in the mainstream Social Work budget in each of the financial years 2012/13 and 2013/14. The achievement of more efficient working over the course of 2012/13 and 2013/14 will allow the National Change fund investment to be reviewed after two years and potentially re-directed to other change initiatives.

The saving of £64k in mental health fieldwork services will be achieved by the deletion of a management post which is no longer required following re-alignment of the management of frontline services.

Detailed discussions on developing a more integrated approach continue to take place at both the Community Health Partnership and the Community Health and Social Care Partnership Board, under the *Putting You First* programme Board as well as through the Social Work Change Programme Board, with managerial oversight also being provided by the Joint Tactical Management Group which has a membership across tactical management in both NHS Dumfries and Galloway and Social Work Services.

Changes to Support Service and Savings Delivery

The savings will be delivered through a significant change in the way that social work services are delivered. This will entail the service working closely with NHS colleagues both in acute settings and in the community to:

- Provide intensive, time limited re-ablement services which reducing ongoing need for intense packages of care in the longer term;
- Review and assess packages of care ensuring that we work wherever possible with people in an appropriately time limited way, meeting their needs, reducing ongoing dependency and linking people to the range of universal and community services that are available – reducing levels of long term packages of care where there is no ongoing need; and
- Develop, in collaboration with NHS and Council colleagues, including Community and Customer Services, a 'community hub' model of service delivery comprising a number of elements, including co-locating staff, establishing a single point of access for health and social care and driving forward early intervention and reduction of dependency. More detailed information on the community hub model provided below.

Re-ablement

It is proposed that, over 2012/13 and 2013/14, the efficiencies already being delivered by the

existing re-ablement service model (STARS) be built upon by expanding the application of the model. This will involve delivering 20% additional capacity through continuing to develop the operation of the service in two aspects:

- a. The development of smaller integrated locality teams, operating in an integrated way with NHS community rehab skills and Social Work OT and the roll-out of re-ablement across the whole of the remaining in-house mainstream service in order to provide flexibility of staffing in more remote areas. This will be supported by the introduction of electronic systems to ensure that the logistical procedures for managing rotas and the allocation of support staff is maximised; and
- b. These logistical efforts will release the current clinical capacity of the existing senior charge nurses within the service to undertake more clinically relevant activities in terms of the assessment and review of service users receiving re-ablement and also contributing to the development of rapid response and anticipatory care, with an early beneficial impact through reduced requirement for long term social or health care intervention.

The additional capacity will enable more focussed Social Work input to delivering this service, based on rigorous and systematic review of care packages and supporting an increase in the number of people accessing universal and community services following a period of more intensive re-ablement. Overall this focussed shift in the delivery of services will enable a reduction of £200k from purchasing budgets.

Developing a Hub Approach

The concept of a 'hub' model of service delivery in the community has been developed through a number of key events and a test of this model will be taken forward over the course of 2012/13 and be built upon and rolled out in 2013/14. A hub approach may encompass the following elements but there will be flexibility in approach depending on the needs and resources in individual communities:

- A hub or central building where co-located services and information provision is easily accessible to the community. This may be a community hospital, library, community hall or health centre, or, alternatively may not be buildings based but available virtually;
- Health and social care services being co-located, having access to the same information systems and being able to organise and arrange work around people, minimising duplication and enabling resources to go further;
- Single points of access / contact to services with systems in place that support easy navigation to services that people need;
- More direct access to services and developing models of self assessment where appropriate;
- Innovative use of technology to support the provision of services to people and to maximise staff time and expertise. This will include the use of assistive technology in people's homes and the use of IT support to staff and teams that enables them to work efficiently and, where appropriate 'virtually' – an example of this being a shared ability across health and social work staff to utilise teleconferencing and Office Communicator Systems to manage meetings;
- Cross-sectoral support for community engagement and capacity building approaches that will maximise the valuable contribution of the 3rd and independent sector as well as supporting capacity building and building resilience in local communities – providing more opportunities for people to access universal and community supports to maintain independence;

Health and social care services, together with other Council services such as Community and Customer Services, will develop a single point of access and information, advice and signposting functions to build community capacity and draw on resilience in communities. By this approach, it is anticipated that more older people will participate in community development, public health and healthy ageing activities. It is also anticipated that this will strengthen the ability of individuals and communities to anticipate future care and support needs and work in partnership with the NHS and the Council to develop appropriate strategies for maintaining independence for longer, including self-management and

accessing universal services or services direct via the contact centre.

We will invest in a wider range of resources, services and skills identifying those at risk and contributing to effective person centred anticipatory care to deliver better outcomes, reduce crisis and manage people utilising and effective proactive care approaches.

In 2012/13, the initial focus will be on improving integrated working in Dumfries. The learning from that initial activity will drive the wider application of integrated working arrangements with the NHS across Dumfries and Galloway, beginning in 2013/14 and becoming embedded from 2014/15 onwards.

National Change Fund Investment

The National Change fund for Older People's Services was introduced by the Scottish Government to drive forward transformational change to the delivery and effectiveness of older people's health and social care services. The fund amounts to £70m per annum, of which Dumfries and Galloway's share is £2.5m. The fund will be available on a recurring basis for at least 3-4 years, commencing in 2011/12.

In order to allow the identified savings to be achieved in the short term, it has been agreed that there will be a two year investment from the National Change Fund (£400k in each year 2012/13 and 2013/14) to support these developments. This investment will enable existing mainstream social work budget to be released with effect from 2012/13 as savings to the level of £400k and will sustain levels of investment in services while the changes are being made which will allow the long term savings through improved efficiencies to be realised.

At the end of the two year investment period, long term cash releasing savings will be realised through the redesign and refocus of services which has been achieved throughout 2012/13 and 2013/14.

Mental Health Fieldwork Services

Through a more efficient delivery of Mental Health services with NHS Dumfries and Galloway, a further saving of £64k has been identified which will be available from 2012/13 onwards. This saving arises from the deletion of a management post which is no longer required following re-alignment of the management of frontline health and social care staff and is without detriment to the continued delivery of essential frontline services.

Future Savings – 2013/14 and Beyond

Work will continue over the course of 2012/13 which will escalate the change delivered under both the partnership *Putting You First* change programme and the Social Work Change programme and these will also identify service redesign and efficiencies.

In particular, further planning will take place over the course of 2012/13 to drive forward the development of the community hub model of integrated working involving Council services, NHS and 3rd and Independent sectors. This will enable further savings on budgets to be delivered in the medium to longer term. More detailed proposals will be included in the budget development process for 2013/14 and beyond.

Savings/Income Generation Option Amounts

2012/13:	£464k
2013/14:	£464k
2014/15:	£464K

Details on the Calculation of Savings Option Amounts

The savings total comprises of three main strands of work that, on agreement, would be progressed by officers. These are:

- £200k – through an increased focus on **re-ablement** and through the delivery of time-limited, focussed support that reduces further long term dependency on formal services;
- £200k – from developing efficiencies and **integrated working** across NHS and Social Work through establishing a “hub” model in Dumfries; and
- £64k – through providing **mental health fieldwork services** more efficiently in partnership with the NHS.

Details on Staffing Implications and how this will be managed

This option will see closer and more integrated working with colleagues in both the NHS and 3rd sector and will require a change in working practices, potential co-location of staff and management. This will be dealt with through ongoing, detailed discussion with partners. It should be noted that work is under way to promote and support the necessary cultural change to allow better integration to take place under the auspices of the *Putting You First* Project Board and the Social work Change Programme.

Issues/Concerns Regarding Deliverability of Indicated Savings

Demand in social care and health services is increasing and is predicted to increase in future years. This is largely as a result of demographic change which will see an increase in older people (particularly the ‘older old’ and older people with multiple co-morbidities) and a corresponding decrease in working age population. Making savings at this level across the public sector is challenging in this context and the aim of these strands of work is to ensure that working practices and systems are in place that enable a flexible public and 3rd sector approach to how services are delivered, focussing on re-ablement and early intervention and ensuring efficient use of shared resources in our communities.

Notwithstanding the caveats made above, it should be noted that the proposed savings, represent a relatively small percentage of total revenue expenditure in Dumfries and Galloway on health and social care services, which amounts to some £300m per annum.

Risk Effect Assessment	
	Potential Effect
Effect on Service User	1
The aim of this proposal is to ensure more targeted services. Service users should benefit from a more efficient use of resources	
Effect on Staff	3
Change of role may be unpopular among staff and there may be resistance to change	
Effect on Other Council Services	2
Opportunities to work across other Council departments will be explored to ensure the full range of resource is utilised.	
Effect on Council's Agreed Priorities	1
This meets the Council's priority of supporting vulnerable people in our communities.	
Effect on ability to attract External Funding	1
None	

Total Potential Effect	8
Measures to Reduce/Address Risks and Minimise Any Negative Impacts	
<p>Treat – Full discussion with NHS and 3rd sector partners will be necessary to address risks.</p>	
Impact Assessment Summary	
<p><u>External Assessment</u></p> <p>An Impact Assessment with external partners was carried out on the initial budget saving proposal for closer integrated working with NHS partners.</p> <p>The overall impact was positive given that the proposed changes are focused on creating more choice and control for all groups of service users and carers. This was based on a more personalised approach in which people will be able to ensure that issues pertaining to either their race, disability, gender, sexual orientation, belief, age or health are accommodated within a personal plan which they direct and control.</p> <p>The only area that did not show a completely positive impact was economic sustainability which was balanced across both low negative and positive impacts. This reflects the shift to the level of caring required and therefore the potential for a greater proportion of the working age population to be in caring roles which are historically low paid. However, the increased level of care required will also create more opportunities, particularly within rural areas and will possibly create a market for part-time working for people in the 50+ age range as they will be able to demonstrate a high level of experience in the caring role.</p>	
Summary of Actions – No actions noted.	