

Service Plan 2018/19

Adult Social Care

1. Service Scope

What does the Service Unit do?

Adult Social Care supports and protects some of the most vulnerable adults in Bournemouth by providing the care they need to live safe and independent lives.

Adult Social Care, often working in partnership with local NHS trusts and the Clinical Commissioning Group, arranges services to meet clients' individual needs. This may include domiciliary care, care home placements, day services, specialist equipment and home adaptation. At the heart of Adult Social Care is the statutory work that social workers and occupational therapists undertake to meet clients' needs who require mental health support, safeguarding from harm or who do not have the mental capacity to make informed decisions about their life.

Adult Social Care operates across five principal areas:

- Learning Disabilities & Mental Health
- Long Term Conditions including Hospital Social Work (older people, people with a physical disability and those with a sight or hearing impairment)
- Statutory Services including Safeguarding
- Service Development
- Specialist Services including Client Finance

The aim of adult social care is to “**ensure that adults with care and support needs are able to live safe and independent lives by supporting access to high quality services which are within the means of the local authority**”. To achieve this aim, we work with other council services and external partners to:

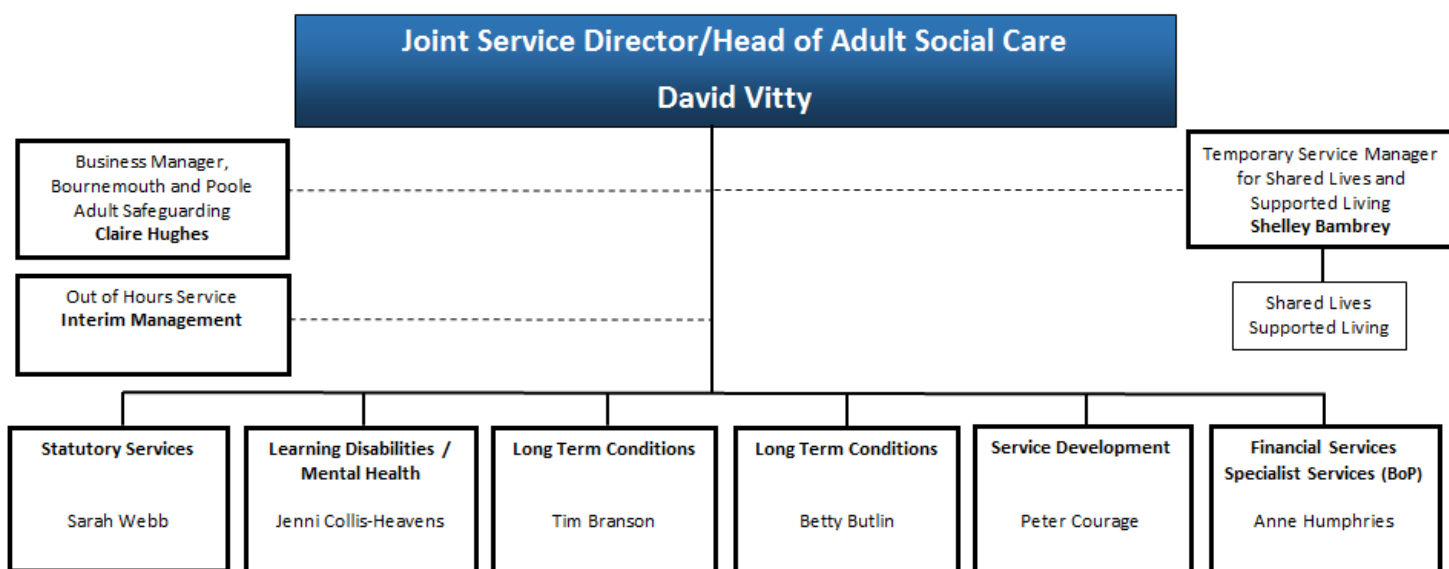
- ✓ Develop personalised services which use the principles of early intervention and prevention to maximise independence and reduce demand for long term care.
- ✓ Ensure service delivery is consistent with the expectations of our clients.
- ✓ Ensure that policies, procedures and practice deliver efficient, high quality and lawful care.
- ✓ Employ sound financial governance to ensure best value for public money.
- ✓ Develop a culture of continuous improvement in the way care is assessed, commissioned and reviewed.
- ✓ Improve the efficiency and effectiveness of support services.
- ✓ Enable people to be discharged from hospital at the earliest safe opportunity.
- ✓ Ensure continuous improvements in safeguarding policy and practice.
- ✓ Provide a supportive and stimulating environment for practitioners and managers allowing opportunities to continually develop their skills, knowledge and practice.

The **principles and values** - that underpin the delivery of all of our services are;

- Listening to people needs, ensuring the services provided are as personalised as possible.
- Supporting people to stay active, healthy and safe from harm.
- Helping people to achieve independence, choice and control over their lives.
- Treating everyone with respect, dignity and fairness.
- Being clear, open and honest in all aspects of our work, including learning from mistakes.
- Providing value for money and prudent financial management in all we do.

How are we organised?

Confirmed Structure 25.10.17



Statutory Services

Statutory Services include Safeguarding, statutory Mental Health Act Assessments and Deprivation of Liberty Safeguards (DoLS). The Statutory Services Team act as a point of advice for colleagues and partner agencies as well as directly providing services in the most complex cases. The service provides specialist DoLS assessments for people who are being deprived of their liberty in a care home or hospital bed, and statutory mental health act assessments for people who may require compulsory admission to hospital. The service also includes a specialist Safeguarding Team who lead on undertaking enquiries into allegations of abuse, including whole service enquiries in settings such as care homes.

Learning Disabilities and Mental Health Services

The Learning Disability and Mental Health Services comprise of the following teams; Community Team for People with Learning Disabilities, Transitions Team, Aspergers Team, Community Mental Health Teams, Assertive Outreach Team and the Dorset Forensics Team. Teams are integrated with Dorset HealthCare and consist of Social Care and Health professionals providing support to adults and, with colleagues in children's services, to young people approaching adult life.

Long Term Conditions

The Long Term Conditions (LTC) teams is comprised of the Hospital Social Work Team, and what was formerly Bournemouth Enablement Team and Locality Team. The latter two teams have recently been amalgamated and restructured in to 3 locality teams. The LTC services contain a mix of social workers and occupational therapists, care managers and occupational therapy assistants who provide assessment and support planning services to all adults (18+) and older people with a physical disability or long-term condition. Clients are assessed and reviewed with an emphasis on promoting independence through enablement, rehabilitation and recovery to prevent, delay or minimise long-term needs. Unpaid carers play a vital role in supporting clients, and this is recognised through the support that teams provide in assessing and helping carers to meet their own needs.

Service Development

The Service Development Team is comprised of project, policy and business analysis functions. The team provides a resource for other Service Managers and is tasked with implementing change projects, finding and implementing savings opportunities and carrying out the development of policy, procedure and change management. As well as enabling Medium Term Financial Plan savings, the team also have a central role in helping to establish shared and integrated services with the NHS and neighbouring authorities.

Finance Services

The financial services for Adult Social Care in Bournemouth offers a financial support function for clients and ensures the service meets the financial requirements of the Care Act through the Personal Budget & Direct Payments team, the Financial Assessments & Benefits Team and Financial Management (who deal with debt recovery).

The Financial Support Team are also part of this service area who process client packages of care and make provider payments.

Other Services

The joint management team for adult social care also provides leadership for the pan-Dorset Out of Hours Service and some specialist Borough of Poole services such as Shared Lives, Supported Living, Brokerage, Reablement and Helpdesk; services which are provided by either Tricuro or Commissioning and Community Learning for Bournemouth Borough Council.

What are our key risks and assumptions?

The key risks facing Adult Social Care in Bournemouth relate to increasing demand for care at a time of limited financial resources and an independent sector care market with limited capacity and rising care costs. The table below shows these key demands and risks, as well as the assumptions we are making in designing solutions – we know that we can manage the demands facing us only through greater use of innovative commissioning techniques to support, grow and shape the care and support market alongside new ways of working which promote greater independence and reduce the demand that individuals place on care services.

| Demands and risks | Assumptions and solutions |
|--|---|
| <ul style="list-style-type: none"> • Experience during 2016/17 and 2017/18 is indicating that the demand for complex care is likely to place continuing and substantial pressures on the Adult Social Care budget. A number of variables, over which the council has very little control, also have an impact on the Adult Social Care budget and are becoming increasingly difficult to predict. These pressures not only include the number of people seeking support and the acuity of their needs but also demographic factors such as the number of clients who no longer require care (often because they are deceased) and the severity of the winter period. • Increases in specialist statutory work, including safeguarding, Deprivation of Liberty Safeguards and mental health act assessments, will continue. • Managing cases through the Court of Protection has shown an increase in activity. There are noted to be pressures on colleagues within legal services in respect of providing the necessary advice and support to adult social care in respect of these statutory functions. • Integration of health and social care will continue to be a priority, driven by the Sustainability and Transformation Plan and demanding new ways of working and cultural change. • There is an increasing demand for adult social care. Clients are living longer and demand is manifesting itself in greater acuity of need by clients rather than a substantial increase in the number of clients who require care packages. Successful demand management measures are helping to prevent an increase in the number of people seeking funded care packages, but where people do present they often have multiple and more complex needs. • Shortage of capacity in the local market for care services continues to drive up unit costs. • Delayed transfers of care from acute and community hospital settings risks the diversion of increasing numbers of resources towards hospital discharges and away from services in the community which prevent admission. | <ul style="list-style-type: none"> • New measures to manage the demands on Adult Social Care budgets such as a targeted reassessment programme and a quality assurance panel will continue into 2018/19. Demand management measures will also continue, and learning from successful budget management measures elsewhere will assist Bournemouth Borough Council in developing new models of Adult Social Care budget control. • ASC are working on the assumption that a high level of new clients will receive general advice and support and/or simple services such as equipment without the need for a full home-based assessment. • ASC are working to ensure that all services we commission focus on independence, personalisation and delivering better outcomes for our clients and carers. • Further joint working and service integration opportunities between Health partners and Adult Social Care will be developed and promoted to build upon those already in place. |

| | |
|--|--|
| <ul style="list-style-type: none"> • Many of the factors noted in this table present a direct financial pressure, which risks overspend of the adult social care budget. • During 2018/19 it is recognised that there will be risks to adult social care as a result of Local Government Reorganisation (LGR). Should approval to proceed be given, adult social care management and strategic capacity will be diverted to the challenges of preparing for LGR and consequently a list of other service development activity may cease. It is noted that particular attention will need to be given to disaggregation planning. | |
|--|--|

What were our key achievements last year?

- The Senior Management Team for Adult Social Care at Bournemouth Borough Council was successfully integrated with the Senior Management Team at Borough of Poole creating a Joint Management Team for the conurbation. This new joint approach is helping to deliver greater consistency of service provision but is also creating efficiencies in areas such as Policy and Procedure and strategic partnerships with agencies such as NHS Trusts.
- The new Combined Leadership Team is also inspiring Service Managers to create joint operational services. 2017/18 has seen the creation of a new Joint Addictions Team, a Joint Service Development Team, a Joint Continuing Health Care team with further plans being developed for Joint Statutory Services.
- Substantial progress has been made in transforming the direct payment provision into a model which is providing both better customer service and a stronger financial governance. This activity has included migration of all existing on-line direct payment accounts to a new payment card and the recovery of £650,000 in unused direct payments.
- A very positive Safeguarding Peer Review with all highlighted actions from the related Action Plan complete by year end. Feedback from partners indicates that we are feeding back outcomes more consistently and feedback from clients indicates that they feel safer overall.
- Whilst Safeguarding Concerns are gradually increasing, this is in line with the national picture and in part, should be seen as a positive that people are receiving advice and support to keep safe.
- The Approved Mental Health Practitioner (AMHP) Hub has successfully managed the increased demand for Mental Health Act assessments, despite there being challenges in recruiting, training and retaining Approved Mental Health Practitioners.
- The national guidance with regard to Deprivation of Liberty Safeguards (DoLS) has been successfully applied and we are managing the most urgent/priority cases (i.e. those people who are objecting). The service has also shown the robust management of the backlog of other referrals.
- A significant increase in the proportion of clients receiving a review in the year and reduced waiting lists for assessment.
- Maintaining low levels of clients who are discharge from hospital with a delay reason attributable to the Local Authority, despite significant increases in hospital admissions.

- Worked in partnership with acute hospital trusts to develop a number of successful discharge pathways.

Customer and Stakeholder Analysis

Adult Social Care is a service unit led by customer need, and as a result we have a number of well-established engagement and consultation mechanisms already in place. Some of these arrangements are local, others are based upon national arrangements linked to the Adult Social Care Outcomes Framework (ASCOF) and the Sector Led Improvement agenda for local authorities. All of our engagement processes are overseen by appropriate research governance arrangements.

Examples of this approach in 2017/18 within Adult Social Care include the Day Opportunity and Transport Charging Policy consultation and the application of Disability Related Expenses consultation.

Equality and Diversity

The Council is committed to equality and diversity and within Adult Social Care (ASC) we take issues of equality and diversity seriously in relation to the provision of services which meet specific needs and requirements for eligible customers. To support this approach, we:

- Measure responses from surveys by age, needs and ethnicity
- Analyse the levels of people contacting the service, being assessed, receiving a service and level of funding by age, needs and ethnicity

We will also continue to ensure that equality issues are considered in any changes to policy, procedure and delivery of services, and that equality impact needs assessments are completed, as set out in the [**Adult Social Care Equality & Diversity Action Plan**](#).

The Adult Social Care Business Unit has a nominated Equality & Diversity lead and staff across services are trained in their responsibilities and supported where appropriate to complete arrangements such as EINA assessments.

Public Health

Local authorities have a legal duty to improve health and wellbeing of residents and to reduce inequalities in health between them under the Health and Social Care Act 2012. Ambition 2020, the Council's Corporate Plan, sets out a clear priority reflecting this legal duty (AC3 – improving health and wellbeing and reducing inequalities for residents). Although there is a public health service plan that sets out the main activities of the public health team in Bournemouth, and how this will benefit residents, many of the public health issues are complex and require action on many fronts if we are going to be effective at improving health and wellbeing.

How does our service contribute to improving the health and wellbeing of Bournemouth residents, reduce inequalities in health between different communities of groups in Bournemouth and contribute to a healthier and more sustainable physical environment for Bournemouth residents?

- Work being undertaken to further embed the Personalisation Strategy into everyday practice within the unit will widen the options available around Telecare/Assistive Technology.

- Work will continue in developing the financial support services available to clients, providers and partner organisations to ensure all processes are streamlined and the service offered to clients is in accordance with our client journey.
- Adult Social Care will ensure that the service delivered to clients is in accordance with our client journey and that supporting policies, processes and systems are streamlined to minimize inefficiencies, hand-offs and duplication.
- We will continue to identify new solutions to meet increasing demand for packages of care that enable discharge from hospital in a safe and timely fashion.
- Continued to work with Dorset Health Care University Foundation Trust to ensure that clients with a learning disability or mental health problem receive a holistic assessment of their health and social care needs, and the provision of specific services to people such as flu jabs, advice and information.
- Adult Social Care has been embedding specialist staff within the corporate Care Direct team. This has provided expert capacity to offer advice, information and support to callers which in many cases is sufficient to resolve the presenting problem without the necessity for further long term intervention.

Employee Engagement

Our staff are our most valuable resource, and without their genuine engagement in supporting the delivery of our priorities and plans it would be impossible for us to deliver the services that our clients and their carers deserve. Ensuring that we have a highly skilled, well-motivated and empowered team of the right people in the right place at the right time is essential.

Engagement

Our aim during 2018/19 is to build upon the mechanisms we already have to engage with staff and to ensure that they are fully engaged in our mission, principles and values, so that they in turn will promote them to our clients and carers. We expect them to be involved in the development of our service and the underlying policies and processes that keeps them running.

All staff within the unit are encouraged to participate in corporate staff surveys.

We already have a range of engagement mechanisms across the broad and diverse range of services provided and commissioned by adult social care. Our current Employee Engagement Plan reflects this. The intention during 2018/19 is to develop a joint Employee Engagement Plan across Bournemouth Borough Council and the Borough of Poole.

The Adult Social Care Staff Newsletter is produced monthly as a way to keep the staff informed of Adult Social Care matters. The newsletter is emailed to all staff and saved on the BIZ Staff Communication pages to allow for easy access to this information.

Adult Social Care run an annual roadshow which is offered to all Adult Social Care staff over 2 different days. The roadshows are delivered by the Service Director and the Combined Senior Leadership Team to present information on changes, updates and the future of the service and are designed to encourage employee engagement.

The Staff Advisory Group (SAG) has been introduced to help improve two way communications between ASC staff and Senior Management and consists of staff representation from across the service. The group meets on a monthly basis to exchange information and have the opportunity to give feedback on matters relating to Adult Social Care. The SAG meetings also focus on areas of concern identified in the Employee Engagement Survey (undertaken corporately) ensuring there is progress in relation to the identified actions.

Training and Development

We continue to ensure that managers and staff are well placed to deliver the priorities and demands of the changing and evolving agenda within adult social care, using our Extended Management Team meeting and the Staff Advisory Group to;

- Develop quality standards for all of our services that will set out what our clients and carers can expect in the way of service delivery
- The capability framework which managers and staff will be expected to meet has been implemented.
- Expanding the breadth of our current training plan for adult social care to ensure that all required learning and development opportunities that support the service's objectives are available to staff within adult social care and the Workforce Development Group
- Implement a Workforce Plan for Adult Social Care to assess and evolve our workforce requirements
- Engage with the Staff Development Unit in undertaking an Annual Training Needs Analysis to predict demand for core training and to highlight new needs, which will inform the development of the Training Plan.

The training plan seeks to identify the core and desirable training needed for each post in Adult Social Care. It supports the current direction of Adult Social Care and its Service Plan, and meets National Legislation and good practice guidance. The training plan also helps to consolidate the Staff Capability Framework.

The Principal Social Worker Role plays a critical role in developing excellence in social work practice, closely working with the Workforce Development and Training Service to complete Training Needs Assessments and develop opportunities for career progression, continual professional development and support for the workforce. The intention during 2018/19 is to develop a joint Principal Social Worker Role across Bournemouth Borough Council and the Borough of Poole.

Appraisal Conversations

The Appraisal Conversation Policy sets out that the Annual Appraisal Conversations should take place within a two-month window with interim reviews take place six months later. For Adult Social Care, **appraisals should take place during June and July** to align with the planning cycle with the **six month reviews scheduled for December and January**, although managers should adopt a flexible approach to accommodate events such as new employees starting, long term absences such as maternity leave and individual employees attendance at learning and development events.

2. What are our key activities in 2018/19?

What are the business as usual activities we deliver?

Table A

| Key activity/action | Council priority outcome / objective / driver | Associated performance measure and 2018/19 Performance Target | Senior Responsible Officer | Other key service dependencies |
|--|---|---|----------------------------|--------------------------------|
| Support front line staff to further reduce sickness levels through positive management of attendance, proactive monitoring and robust application of Corporate sickness procedures | An Efficient Council – EC2 | Timeliness of RTW (Return to Work) interviews. Sickness absence reasons monitoring. Take up of resilience training and free wellbeing training sessions. Target: 12.5 days per FTE | David Vitty | HR |

| Key activity/action | Council priority outcome / objective / driver | Associated performance measure | 2018/19 Performance target | Performance manager | Other key service dependencies |
|---|---|---|---|----------------------------|---|
| Deliver our responsibilities in relation to Safeguarding, DoLS and AMHP. Preparing for changes to DoLS as a result of the law commission review and working on reducing DoLS waiting times. | Improve performance against our safeguarding indicators. | SG1-R Repeat Safeguarding Enquiries, SG1-C Safeguarding Concerns and SG1-E Safeguarding Enquiries. | SG1-R 15% SG1-C & SG1-E has no target, but is monitored and investigated as required. | Sarah Webb | Bournemouth, Poole and Dorset Safeguarding Adults Board |
| Undertake activity required to support the organisation and its partners in moving towards the delivery of a South East Dorset Council | Corporate programme as directed by Cabinet and CMT | N/A | N/A | David Vitty | Corporate infrastructure, political approvals and central government requirements |
| Ensure continuous review of estates. | EC4 - Making the best use of our assets | Disposal or transfer of any property that ASC is liable for and no longer requires | Properties and associated costs cease or transfer | Pete Courage | Corporate Property, CLC |
| Implement and embed the Personalisation Strategy in everyday practice | AC2 - Helping to improve older people's quality of life; AC3 -Improving health and wellbeing and reducing health inequalities for residents; Better for All Equality Strategy objective 1: We will improve choice and satisfaction for service users | <ul style="list-style-type: none"> Develop Telecare (Assistive Technology) strategy and implement before 31/03/19 Maintain SDS indicator above 98% whilst developing outcome focused measures from a client perspective | 98%- 1C Part 1a Adults receiving Self-Directed Support Results of the Client Survey | Tim Branson | Dependent on Personalisation Strategy and CLC implementation of new service options |

| Key activity/action | Council priority outcome / objective / driver | Associated performance measure | 2018/19 Performance target | Performance manager | Other key service dependencies |
|--|--|--|---|--|---|
| To ensure that the service delivered to clients is in accordance with our client journey and that supporting policies, processes and systems are streamlined to minimise inefficiencies, hand-offs and duplication | AC3 – improving health and wellbeing and reducing health inequalities for residents; AC2 – helping to improve older people’s quality of life | <ul style="list-style-type: none"> • Effective management of service budget | <ul style="list-style-type: none"> • Balanced budget at 31/3/19. • Measures implemented and used in all reporting | Tim Branson, Sarah Webb, Jenni Collis-Heavens & Pete Courage | Strategic Finance CLC Contracts Team CLC Performance Team |
| Complete and implement Quality Assurance Framework process including audits and lessons learnt on a team and individual basis for Care Management, Statutory Services and Finance | EC2 - Developing our workforce | <ul style="list-style-type: none"> • Implementation of a framework and associated processes | <ul style="list-style-type: none"> • Framework implemented by 1st October 2018 | Pete Courage & the responsible Principal Social Worker | Strategic Finance and Poole Adult Social Care. |

What service developments will we undertake in 2018/19?

Table B

| Key activity/action | Council priority outcome / objective / driver | Associated performance measure and 2018/19 Performance Target | Senior Responsible Officer | Other key service dependencies |
|--|--|--|---|--|
| Implementation of a revised model of service for Carers | AC2 – helping to improve older people’s quality of life | Maintain 17/18 performance with a reduction of costs. | David Vitty & Neil Goddard & Tim Branson | CLC |
| Work with Tricuro to review the model of reablement delivery with the aim of modernising the provision and delivering savings | An Efficient Council – EC2 | The impact on performance is yet to be determined. | Peter Courage, David Vitty & Neil Goddard | Tricuro |
| Updating the workforce plan and preparing staff for local government reorganisation | AC5 - Working with others to ensure people are safe and feel safe | A suitable workforce for a safe transfer of services to the new unitary authority | Pete Courage | Bournemouth, Poole and Dorset Safeguarding Adults Board |
| Implement changes to Disability Related Expenses (subject to democratic approval) and changes to the charging policy | An Efficient Council – EC2 | Annual saving of £100,000. Target implementation August 2018. | Jenni Collis-Heavens | |
| Review Learning Disabilities Services which result in delivering savings | An Efficient Council – EC2 | Implementing the improvement plan | Jenni Collis-Heavens | |
| Addressing the backlog of payments to domiciliary providers and implementing a new financial process Consider a new model for managing other people’s money | AC3 – improving health and wellbeing and reducing health inequalities for residents; AC2 – helping to | <ul style="list-style-type: none"> Develop a new service and supporting policies and processes to assist clients in devising personal budgets and understanding finances. Target implementation | Anne Humphries | Dependent on Personalisation Strategy and CLC implementation |

| Key activity/action | Council priority outcome / objective / driver | Associated performance measure and 2018/19 Performance Target | Senior Responsible Officer | Other key service dependencies |
|--|--|--|----------------------------|--------------------------------|
| | improve older people's quality of life; EC5 - working in partnership; EC3 - Managing sound finances; Better for All Equality Strategy objective 1: We will improve choice and satisfaction for service users | October 2018. <ul style="list-style-type: none"> Bring the functions of the Personal Budgets (PB), Financial Support Team (FST) and Financial AB closer to the front line Further develop processes in place in the Financial Support Team to improve service delivery to providers and clients | | of new service options |
| Identify new solutions to manage increasing demand for packages of care that enable discharge from hospital in a timely fashion through effective discharge pathways | AC3 – improving health and wellbeing and reducing health inequalities for residents; AC2 – helping to improve older people's quality of life | To meet the Better Care Fund targets for delayed transfers of care | Tim Branson & Betty Butlin | Health partners. |
| Review the Care Direct pilot and implement a new model which is consistent with the emerging locality structure | AC2 – helping to improve older people's quality of life | Major policies developed in engagement with customers and stakeholders | Tim Branson & Pete Courage | |
| Consider a Joint Principal Social Worker | AC3 – improving health and wellbeing and reducing health inequalities for residents; | Outcomes to be measured through National Minimum Data Set for Social Care (NMDS), complaints, compliments and workforce resilience. Target implementation dates: New Bournemouth Principle | Pete Courage | Learning and Development |

| Key activity/action | Council priority outcome / objective / driver | Associated performance measure and 2018/19 Performance Target | Senior Responsible Officer | Other key service dependencies |
|--|--|---|------------------------------|--------------------------------|
| | | Social Worker by 1 st April 2018 and design a new Principle Social Worker for the BCP Council for 1 st April 2019 | | |
| Implement a restructure of Long Term Conditions services to create a locality based model. | An Efficient Council – EC2 | | Tim Branson | |
| Review of Transitions policy and process | AC3 – improving health and wellbeing and reducing health inequalities for residents | | Jenni Collis-Heavens | |
| Reduction of work related absence as a result of stress | AC3 – improving health and wellbeing and reducing health inequalities for residents | To equal or improve upon 2017/18 sickness related staff absence in 2018/19 | Combined Leadership Team | |
| Implement a joint reassessment programme, with a particular target on high cost cases | AC3 – improving health and wellbeing and reducing health inequalities for residents | <ul style="list-style-type: none"> Balanced budget at 31/3/19. | Betty Butlin | |
| Consider the implementation of a multi-agency discharge hub at Royal Bournemouth Hospital | AC2 – helping to improve older people’s quality of life; EC5 - working in partnership; AC3 – improving health and wellbeing and reducing | Achieving the Better Care Fund target for delayed transfers. Hub implementation target date to be determined with Royal Bournemouth Hospital, but the aspiration is during 2018/19. | Betty Butlin and Tim Branson | |

| Key activity/action | Council priority outcome / objective / driver | Associated performance measure and 2018/19 Performance Target | Senior Responsible Officer | Other key service dependencies |
|--|---|--|----------------------------|--------------------------------|
| | health inequalities for residents | | | |
| ASC will need to undertake a portfolio of project and analysis work in order to prepare for LGR, and in particular with a focus on disaggregation and the Christchurch Locality. | An Efficient Council – EC2; AC2 – helping to improve older people’s quality of life; | A safe transfer to the new unitary authority, ensuring continuity of service | Combined Leadership Team | |

What service transformation and integration will we undertake in 2018/19?

Table C

| Key activity/action | Council priority outcome / objective / driver | Associated performance measure and 2017/18 Performance Target | Senior Responsible Officer | Other key service dependencies |
|--|---|---|----------------------------|--------------------------------|
| Explore opportunities for joint/integrated services/posts between Bournemouth and Poole. This will need to be done within the context of LGR | Efficient Council - EC5 Working in Partnership | Outcomes to be determined through Case for Change Process. | David Vitty | |
| Review opportunities for Health and Social Care integration. | Efficient Council - EC5 Working in Partnership | Identify options & opportunities | David Vitty | |

New activities in 2018/19 and 2019/20

2018 and beyond will see further joint services between adult social care across Bournemouth Borough Council and Borough of Poole and the development of new integrated services between health and social care. Although the nature of this transformational activity will become clearer throughout 2017/18, it is likely that the whole health and social care system will see a greater reliance on preventative services and a shift towards supporting people in their communities, closer to home and away from acute hospital settings. The Government has also suggested that Part 2 of the Care Act (or similar legislation) may be implemented towards 2020 which will focus on the long term funding of adult social care and

the part individual citizens will play in planning for their own care costs. Many of these factors will be shaped by emerging national policy as well as local plans such as the Sustainability and Transformation Plan.

The Chancellor of the Exchequer's March 2017 budget released £2bn to fund adult social care over a three year period, with Bournemouth Borough council receiving £3.798m in 2017/18 (tapering to £1.247m in 2019/20). Priorities for this funding include meeting unmet social care need, supporting the urgent and emergency care system (particularly preventing delayed discharges) and stabilising the care market. Much of the work of adult social care over the coming years will undoubtedly need to focus on these themes.

The newly formed joint management team for adult social care will be exploring and implementing further case for change proposals which will bring together or redesign services. It is recognised that shared services work will be limited by those things that are practical and contribute towards the Medium Term Financial Plan (MTFP), but otherwise the priority for service development will be linked to local government reorganisation rather than shared services.

- Direct Payments
- CHC
- Policy & Procedure
- Statutory Services
- Managing Other People's Money

What services/activities will we be stopping?

Table D

| Activity that will be stopped during 2017/18 |
|---|
| It is anticipated that the element of the Better Care Fund which protects adult social care will be decreased, meaning less investment in frontline services. Plans to respond to this funding reduction are being developed for 2018/19 and measures to mitigate the impact are being explored, but some elements of hospital discharge service provided by Bournemouth Borough Council may consequently diminish. |

Activities likely to stop in 2018/19 and 2019/20

The financial challenges associated with the Medium Term Financial Plan (MTFP) and Better Care Fund are likely to lead to redesign of services, particularly non-statutory provision. Services provided under the Care Act, Mental Health Act and Mental Capacity Act will continue; but discretionary services such as reablement may experience change.

Fees and Charges Proposals 2018/19

Table E

| Description of Fees/Charges | Proposed change from 2017/18 to 2018/19 either a % or £ variation | Reasons for applying non-inflationary changes – including freezing charges |
|--|--|--|
| <p>Fees and Charges for clients who are able to contribute to the cost of their care will be increased in line with changes to market rates and reviewed to ensure we maximise income opportunities.</p> | <p>To be set by CLC as the rate charged to clients will match the increase provided to the private market, no less than £100,000 for Disability Related Expenses.</p> <p>To consider (with Commissioning and Community Learning) uplift to shared lives fees and charges for carers services.</p> <p>Annual uplifts for day centre attendance, day service meals and charging for transport.</p> | <p>Medium Term Financial Plan (MTFP) requirements</p> |

| 3. Financial Resources – Adult Social Care - EXCLUDES RECHARGES | | | | |
|--|--------------------------------------|--------------------------|--------------------------|--------------------------|
| Expenditure description | REVISED 2017/18 £'000 | 2018/19 £'000 | 2019/20 £'000 | 2020/21 £'000 |
| Direct salary costs | 8,348 | 8,758 | 8,933 | 9,111 |
| Other employee costs | 0 | 0 | 0 | 0 |
| Premises costs | 92 | 52 | 52 | 52 |
| Transportation costs | 183 | 191 | 191 | 191 |
| Supplies and services | 556 | 372 | 372 | 372 |
| Other direct costs | 58,912 | 59,882 | 62,622 | 64,971 |
| <i>Service expenditure</i> | 68,091 | 69,255 | 72,170 | 74,697 |
| Fees, charges and rents | (9,300) | (9,500) | (9,500) | (9,500) |
| Grants and contributions | (8,108) | (7,710) | (7,710) | (7,710) |
| Other income | 0 | 0 | 0 | 0 |
| <i>Service income</i> | (17,408) | (17,210) | (17,210) | (17,210) |
| <i>Total net expenditure budget</i> | 50,683 | 52,045 | 54,960 | 57,487 |
| <i>Appropriations to/(from) reserves</i> | (99) | 0 | 0 | 0 |
| <i>Total cost of Service</i> | 50,584 | 52,045 | 54,960 | 57,487 |

Explanation of year on year variances

The underlying care costs for adult social care have been rising in recent years because of the increasing dependency of service users but also increasing costs for residential and domiciliary care. These inflationary costs have required the budget to be rebased in 2017/18 to reflect the current levels of service user dependency and market price pressures.

| Staffing Resources – Adult Social Care | | | | |
|---|----------------------------------|-------------------------------------|----------------------------------|-------------------------------------|
| Grade description | 1st April 2017 | | 1st April 2018 | |
| | FTEs (incl Vac) | No. of employees (headcount) | FTEs (incl Vac) | No. of employees (headcount) |
| Service Directors | 0.5 | 1 | 0.5 | 0 |
| Heads of Service / Service Managers | 3 | 3 | 2.32 | 3 |
| Managers (grades 11 – 13) | 14.9 | 15 | 17 | 15 |
| Operational (grades 8 – 10) | 112.13 | 122 | 115.67 | 123 |
| Admin/Service (grades 5 – 7) | 83.44 | 88 | 75.58 | 94 |
| Admin/Service (below grade 5) | 8.17 | 11 | 3.54 | 2 |
| Total | 222.14 | 240 | 214.61 | 237 |

Headcount **excludes** Vacancies, Agency staff and BoP employees

| Staffing Resources – Sickness Absence | 2017/18 | | 2018/19 |
|---|----------------|---------------|-------------------|
| | Target | Actual | Target |
| Recorded sickness rate (latest rolling 12 months) | 12.5 | TBC | 12.5 days per FTE |

| Explanation of year on year variances |
|---|
| <p>The approach to staffing in 2017/18 and into 2018/19 has been to share costs of senior managers across Bournemouth Borough Council and Borough of Poole but also to increase the vacancy factor in order to contribute to the medium-term savings plan.</p> <p>The Better Care Fund has provided for modest investment in staff to support hospital discharge and as a result, the Council has seen very low levels of delayed discharges, and performance well above the England average.</p> |

| Approved Savings – Adult Social Care | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | 2017/18 £'000 | 2018/19 £'000 | 2019/20 £'000 | 2020/21 £'000 |
| Pay progression changes & staffing structure | (307) | | | |
| Supplies & Services and Equipment | (530) | | | |
| Strategic Commissioning, LD placement, Preventative Services, SLA review, | (1,405) | (2,210) | (150) | (0) |
| Care Act, Training & development for PVI, Slide sheet promotion | (200) | | | |
| Premises review | (30) | | | |
| Better Care Fund & CCG | (1,700) | (200) | | |
| Independent Living Fund | (266) | | | |
| <i>In Year Total</i> | <i>(4,438)</i> | <i>(2,410)</i> | <i>(150)</i> | <i>0</i> |
| | | | | |
| <i>Cumulative Total</i> | <i>(4,438)</i> | <i>(6,848)</i> | <i>(6,998)</i> | <i>(6,998)</i> |

| Approved Growth – Adult Social Care | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | 2017/18 £'000 | 2018/19 £'000 | 2019/20 £'000 | 2020/21 £'000 |
| Increase in no of self funders | 500 | 500 | 500 | 2500 |
| Contributions from CCG | 400 | 1855 | 412 | (247) |
| Demographic Changes – LD | 475 | 475 | 475 | 0 |
| Inflationary Increase – living wage | 300 | 640 | 640 | 0 |
| Care package increases | 5,860 | 0 | 0 | 0 |
| Care Act | 100 | 0 | 585 | 0 |
| ILF reduction | 0 | 9 | 8 | 0 |
| LATC | 0 | 114 | 174 | 0 |
| Future Pay Awards 1% | 0 | 95 | 96 | 96 |
| <i>In Year Total</i> | <i>7,635</i> | <i>3,688</i> | <i>2,890</i> | <i>2,349</i> |
| | | | | |
| <i>Cumulative Total</i> | <i>7,635</i> | <i>11,323</i> | <i>14,213</i> | <i>16,562</i> |

Capital Bids

For commentary on Adult Social Care capital, please refer to the Service Plan for Community Learning and Commissioning.

Service Plan Sign Off

This service plan has been agreed for operation from 1 April 2018 by:

Portfolio Holder: Councillor Blair Crawford

Director of Adults and Children Services: Sue Ross

Service Director: David Vitty