Our vision is to ensure the wellbeing of all adults in Northamptonshire by providing them with the opportunity to live well, age well and stay well in a manner that helps people to take charge of their lives or be supported when they genuinely cannot help themselves.
Welcome to the 2018-19 Business Plan for the new Adults, Communities and Wellbeing Directorate. The Directorate has been formed to bring together Northamptonshire Adult Social Services (NASS) including Olympus Care Services and First for Wellbeing into a single management structure, creating a simplified service delivery model for all future adult services and community based provision.

This plan that recognises that we have one of the lowest funded Adult Social Care Services of any County Council and one of the fastest growing populations of over 65s the Country. This creates significant challenges in meeting demand. While we have seen some improvements in performance, during 2017-18 we have also seen rising complexity and cost in meeting peoples needs and this led to a budget overspend.

We know people are living longer and with more, often common, long term conditions. But that means that many care needs can be foreseen and potentially avoided or at least delayed. We know too that the demand generated from our hospital referrals can be over prescribed and that care needs worsen with the length of stay in hospital. We also know that our provider Markets are under developed, unstable and lack capacity. These are big challenges to address.

We cannot continue to meet rising demand and the costs of care created by these conditions within our existing budgets. There is no short term fix so we need to make sustained long term change where we meet our duties, protect the most vulnerable and deliver better outcomes but all within our limited resources. This will require working with partners and putting in place the right resources, processes and capacity to be more proactive and less reactive to demand. The first step towards this goal is the creation of the new Directorate that will help us look at identifying those most likely to need care in future and acting sooner to prevent or delay these needs escalating by connecting residents to early community support and solutions.

This plan is informed by a series of reviews undertaken during 2017-18 using experts from local government and best practice guidance to identify how we best meet our challenges and what we need to change. We have also considered who we need to work with and how we make partnership working more effective and joined up. Lastly we have looked at our budgets and what level of funding is required to achieve our vision while delivering value for money and supporting corporate imperatives. We believe this plan creates a realistic, while still challenging, blueprint to deliver our vision in challenging times.
Northamptonshire Communities and Individuals are safe and supported to be healthy and stay independent

We are helping people keep healthy and manage long term conditions more effectively

People feel safe and connected to communities

We are supporting people to stay in or return to their own homes & communities

We are helping people to stay well, live well, age well and stay well

We provide a professional, caring and responsive service

We are helping people gain the skills & education needed to support better outcomes

We are getting people out of hospital sooner

We are delivering good quality services within our budget

We are helping people to keep healthy and manage long term conditions more effectively

We have a thriving market of providers and choice of services

We are using the voluntary sector & communities to support residents

There is a vibrant Market of good quality, cost effective services available to support Northamptonshire Adults in achieving their outcomes

We will put in place a number of performance measures to check that we are progressing towards these outcomes. These measures will be in addition to the national and legal measures used to judge our performance and compare us to others.
Adults in the Future

Population

By 2021 the estimated population of Northamptonshire will be

760,200

Health & Wellbeing (including Adult Social Care & Public Health)

The demands on adult social care will increase, and by 2021 the predicted number of adults will be

588,600

There will be 2,461 Northamptonshire residents with a moderate or severe learning disability and 47,219 younger adult residents with a moderate or serious physical disability

Community Capacity & Voluntary Sector

Carers, particularly young carers, will continue to play a significant role in delivering aspects of social and personal care.

Carers in Northamptonshire currently provide vital support for their family and/or friends and with a growing population, this is expected to increase.

70,000

While many long term conditions are avoidable through self management and healthier living in Northants ...

26.7% of adults are inactive

67% of adults are overweight or obese

Only 27.8% of eligible people were offered a health check
Statutory Duty to assess and provide services to prevent rising care need and meet ongoing eligible care needs of all adults in the county

Rising complexity and cost of care for the elderly

People are living longer with more long term conditions

Increasing demand, reducing supply

Reducing budget

Increasing demand and cost via the hospital front door

Dealing with symptoms and reacting to crisis, and not managing the source of demand effectively

Many care needs can be avoided or delayed through improved health and wellbeing and better self management of conditions and causes

Towards a sustainable Adults Social Care Model – Our Challenge

Northamptonshire Adult Social Services is the lowest funded across all County Councils.

The service was overspent last year and this year, despite many successful interventions and changes made.

The Budget required to meet demand needs to rise by 10% in 2018-19 to meet the needs of the Adult population of Northamptonshire, but this is not available.
Towards a sustainable Adults Social Care Model – the Challenge

50% of contacts referred to Adults Social Services result in a service or support being offered.

The complexity and cost of care are rising, while budgets are reducing. People are living longer and with more long term conditions. The average cost of caring for the elderly is now 35% higher than it was in 2014.

The more specialist and complex services become, the more they cost.

The more needs escalate, the less independent people become.

The demand generated from our hospitals is high and referrals can be over-prescribed. Care needs escalate with the length of a hospital stay.

Our markets are under-developed, unstable and lack capacity, driving costs up.

We cannot continue to meet rising demand and the costs created by these conditions within budgets. **We have to change to become sustainable.**
To make ACW the best it can be and to deliver the savings we need to make, we will need to use our resources differently and transform the way we deliver and commission services. The diagrams/frameworks on the following pages set out how we will make the changes we need to make in order to respond to this challenge.
**How we will Address the Challenge – Making Services Sustainable**

**Levers for Change & Efficiency**

There are only so many levers for change and cost reductions in Adults given our demographics and legal duties:

**Reduce**

- **Less long term costly care** - Early Intervention based on risk analysis to reduce the number of people that need long term care
- **Reduce the speed of escalating care** - prevent, reduce and delay escalating care
- **Reduce demand expectation** - manage transitions from children's services and discharges choice more effectively
- **Reduce reactive planning, reviews and decision making** & do regular and proactive reviews
- **Reduce the length of Hospital stays**

**Do it differently**

- **Greater focus on health, wellbeing and prevention** across the population
- **Strengths-based assessment and care** across workforce – focus more on what a person can do than what we can do for them
- **Get people out of hospital earlier** and before they deteriorate
- **Use of community hubs** - new ways of meeting need, managing long term conditions and informal care systems
- **Use data more effectively** – to predict and prepare for demand, risk stratification and market planning

**Buy or Commission Differently**

- **Shape market opportunities** - generate new solutions/services to meet need and change to outcome focused contracts
- **Plan ahead** and understand how much care, what type of care and who will need care in the short, medium and long term
- **Work with Partners** to deliver new shared models of delivery and improved integrated working to deliver better outcomes at lower cost
- **Make, buy or partner** – decision on what we provide and what we buy.
We need to reduce the numbers of people entering formal care by earlier interventions, improved community solutions and helping people to self manage long term conditions.

When they do enter formal social care pathways we need to use reablement and therapy services to return them to independence and we need to challenge the over prescription of care services from the hospital discharge processes.

Doing the above will free specialist capacity and resource to focus on those most in need and generate long term savings and sustainability.
We will be working across Adults Social Care, Public Health and First for Wellbeing rather than in silos. By doing this, we will work to reduce the causes and risks of long term care needs and shift our conversations and services to earlier in the process when the first signs or risk of ill health, needing care or crisis appear.

We will be putting increased focus, capacity and solutions towards meeting emerging need, support recovery after a crisis and maintaining independence so that people are less reliant on long term care or stay out of formal care for longer.

We will need to change how, where and with whom we deliver services to make this plan as effective as possible.
How we will Address the Challenge – A New Contract

YOUR PART - You can help by
• Using self-help services when you can
• Taking an active part in your community
• Looking out for vulnerable in your community
• Being more healthy and active
• Focus on self care & management
• Think about what you can do for yourself not just what we can do for you
• Consider your desired outcomes not just needs
• Trust us to help facilitate recovery in the best way for the best long term outcomes

NEW CONTRACT

• Help you to find solutions
• Make it easy for you to access services you need
• Listen to your needs and desired outcomes
• Consider how your strengths and assets can be used to meet those outcomes
• Build services around individual and community needs

• Transform the way services are delivered, continuing the good work we have started
• Work with partners to make experience between agencies seamless
• Offer care in the most appropriate setting
• Work with providers to ensure we can provide a range of suitable services to meet peoples needs
• Ensure the Northamptonshire pound is spent well so it goes further

NASS with Providers

First for Wellbeing & OCS

• Reablement & prevention services

Specialist Adults Social Care

• Specialist Services

When you need specialist support we will help you to secure it and ensure that it is helping you to achieve your outcomes.

Short term Services

• When there is a crisis, a concern or you need more help we will make sure there is someone to assist you to get you safely back on your fit and back to independence.

Universal Services

• We will work with you to improve your health & wellbeing and help you manage long term conditions
• We will work to increase the ability of individuals and communities to find solutions by developing communities and working with partners including the voluntary sector.
How we will Address the Challenge – By Adopting Best Practice

1. Managing demand at the front door
   How: by finding solutions for people and their problems that delay, prevent, reduce the need for formal support and deliver good outcomes at a lower cost

2. Managing demand from the Acute Trusts
   How: by stopping over-prescription, discharging earlier and using intermediate care effectively we will achieve better outcomes at lower cost

3. Effective short-term interventions for people in the community
   How: with the right initial offers of help and short term support we can reduce or eliminate the need for longer-term solutions and reduce long term costs and reliance on care

4. Designing the care system for people with long term needs
   How: by ensuring that people with long-term conditions have care and support plans with a focus on achieving the maximum possible independence (as realistic and possible for their individual circumstances) and their plans are regularly reviewed based on outcomes achieved we will reduce dependency and delay escalating needs

5. Developing a workforce to manage demand
   How: by having a workforce fully trained and supported to work with people needing social care in a way that fits with our service objectives we will deliver better outcomes at a lower cost

6. Commissioning and management arrangements to sustain improvements
   How: by collating and analysing performance data (activity, finance and outcomes) we will have a better understanding of whether there has been an impact on the delivery of outcomes and the management of demand for the money the Council spends
In recent years we haven’t been effective enough in commissioning - we have become focused on contract management and not on longer term challenges and working with Providers to provide solutions.

As a result, we have a shortage in supply and concerns in key areas of the market including Domiciliary Care, Nursing Care and Dementia Care where we don’t have enough providers in the market and as a result the cost of service is rising as demand outstrips supply.

We need to be better at planning ahead and at engaging with our markets to tell them what we need from them and getting their help in shaping new solutions and services that are cost effective and good quality.

We will shortly issue an updated Market Position Statement for the service and a number of emerging priorities will be set out ready for wider engagement with providers across the care market. These priorities include

• A review of Olympus Care Services activities and direction following its transfer back to the Council
• The procurement and development the new Home (Domiciliary) Care Tender and services.
• The procurement of a new community equipment contract.
• The development of a workforce plan working with the care sector to increase the capacity and capability of the care workforce
• The need to develop more extra care and housing solutions that support community and independent living
• The need to purchase more residential dementia care and nursing beds in the future.

Our Commitments

In future we will engage in co-production of services with providers, service users and stakeholders

We will issue a Market Position Statement that makes it easy for our providers to understand ours services, direction and need

We will be clear about those services that the Council will continue to buy and those it will commission and purchase

We will embed our new brokerage team and develop a clear directory of services covering market offers and solutions

We will work more effectively with the Voluntary sector to see where they are best placed to support care and provide services
How we will Address the Challenge – Top 10 Priority Projects

1. **Demand Management**
   - Understanding our demand profile, projections and cost – building our offer to respond, reduce and prevent. Ensuring only SU who need a social care intervention or request an assessment, receive one.

2. **Wellbeing & Prevention**
   - Increasing the use and effectiveness of wellbeing services, sports, fitness, AT, Reablement and therapy as well as short term interventions to prevent long term residential or Day care.

3. **Health**
   - Increased admission avoidance, improved pace and process for Discharges (reduced D7CIC).

4. **Learning Disabilities only**
   - Transitions and early planning based on strengths based approach, increasing the independence of existing SU and creating better setting for more independence.

5. **Commissioning & Market Management**
   - Market Strategy & Sustainability, management & skills. Major contract re-negotiation and resetting, outcomes commissioning and procurement, accommodation strategy, market pricing and planning.

6. **Automation & Efficiency**
   - Direct Payment cards, Care and wellbeing directory, mobile working, OCTIGO development.

7. **Financial**
   - Debt reduction, Direct payment processes and controls, Income improvement, Financial processes and Reporting.

8. **Workforce**
   - Capacity to reduce Risk, Strengths based training and processes, Make Safeguarding Personal, Flexible working and workforce change management.

9. **Sales & Income**
   - Market strategy and benchmarking review, Business development strategy.

10. **Locality Optimisation**
    - Library Service remodelling. Community Hub model with local service wrap around and community fulfilment of need working with partners and districts and boroughs. Accommodation and locality review.
How we will Address the Challenge – 3 Year Roadmap
On February 13 2018 Northamptonshire County Council agreed a Medium Term Financial Plan for the next 4 years. This included setting out how the Council will invest increased base funding of £15m in Adult Social Care in recognition of the current demands and historic levels of underfunding.

The amount of money that we have available to provide Adult Social Services in 2018-19 is £190m and includes £15m additional Improved Better Care Fund money and a 3% Council Tax Levy both specifically for Adult Social Care.

Despite the increase in base budget funding, Adult Social Services will still need to contribute towards corporate savings and tackle those areas where it is not as efficient as it could be compared to its comparators or best practice. We have built in £12m per annum of ongoing savings and we are looking for long term opportunities to make sustainable reductions in spend (see next slide).

Appendix 1 sets out the key priorities of the service and the savings initiatives that are included in the 2018-19 budget proposals.

<table>
<thead>
<tr>
<th>18/19 £m</th>
<th>19/20 £m</th>
<th>20/21 £m</th>
<th>21/22 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget bought forward</td>
<td>161</td>
<td>186</td>
<td>200</td>
</tr>
<tr>
<td>Base Budget demand increase</td>
<td>15</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Inflation &amp; demography</td>
<td>12</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Service pressures</td>
<td>14</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Less Savings</td>
<td>-12</td>
<td>0.1</td>
<td>-</td>
</tr>
<tr>
<td>Net Budget</td>
<td>190</td>
<td>200</td>
<td>213</td>
</tr>
</tbody>
</table>

Inflation

Over 4 years we have allowed for the cost of contract & fee inflation, pay and national living wages of £49m.

Spending Pressures

We have allowed for ongoing additional levels of demand and population pressures of £29m.

Additional Income

We have assumed we will continue to bring in income of £50m per year through client contributions and other funding streams.
The savings initiatives we will be progressing to deliver a balanced budget & create sustainability include:

<table>
<thead>
<tr>
<th>Implementing 2018-19</th>
<th>Reduce</th>
<th>Do it differently</th>
<th>Buy or Commission Differently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frailty Initiative – reduced demand</td>
<td>Improved step down facilities</td>
<td>Shaw PFI Contract Variation &amp; Utilisation</td>
<td>£1m</td>
</tr>
<tr>
<td>Reduced Delayed hospital Discharges</td>
<td>Fairer Charging Policy changes</td>
<td>New Community Equipment Contract</td>
<td>£800k</td>
</tr>
<tr>
<td>Reduced Over-prescription of Care</td>
<td>Learning Disability Transformation</td>
<td>Brokerage – care placement cost reductions</td>
<td>£4.5m</td>
</tr>
<tr>
<td>Capitalisation of Community Equipment in year expenditure</td>
<td>£900k</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in staff from Adults and First for Wellbeing closer working</td>
<td>£300k</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction of Adults bad Debt &amp; maximised income</td>
<td>£300k</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£2.2m</strong></td>
<td><strong>£2m</strong></td>
<td><strong>£13.5m</strong></td>
</tr>
</tbody>
</table>

Qualifying & Developing

<table>
<thead>
<tr>
<th>Growth Reablement Community intervention</th>
<th>Increased capacity and savings Dom Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Hub multi agency services</td>
<td>Health Partnering &amp; contract arrangements</td>
</tr>
<tr>
<td>Strengths based care assessments</td>
<td>Housing &amp; community living strategy</td>
</tr>
</tbody>
</table>

Reduced Delayed hospital Discharges

Reduced Over-prescription of Care

Improved step down facilities

Fairer Charging Policy changes

Learning Disability Transformation

Shaw PFI Contract Variation & Utilisation

New Community Equipment Contract

Brokerage – care placement cost reductions

Increased capacity and savings Dom Care

Health Partnering & contract arrangements

Housing & community living strategy