

KEY ISSUES AND FINANCIAL CHALLENGES FOR THE NHS AND COUNTY COUNCIL IN HAMPSHIRE

Hampshire Health and Wellbeing Board
14 December 2017

Health and Wellbeing Board: Adults' Health and Care Transformation to 2019

Graham Allen

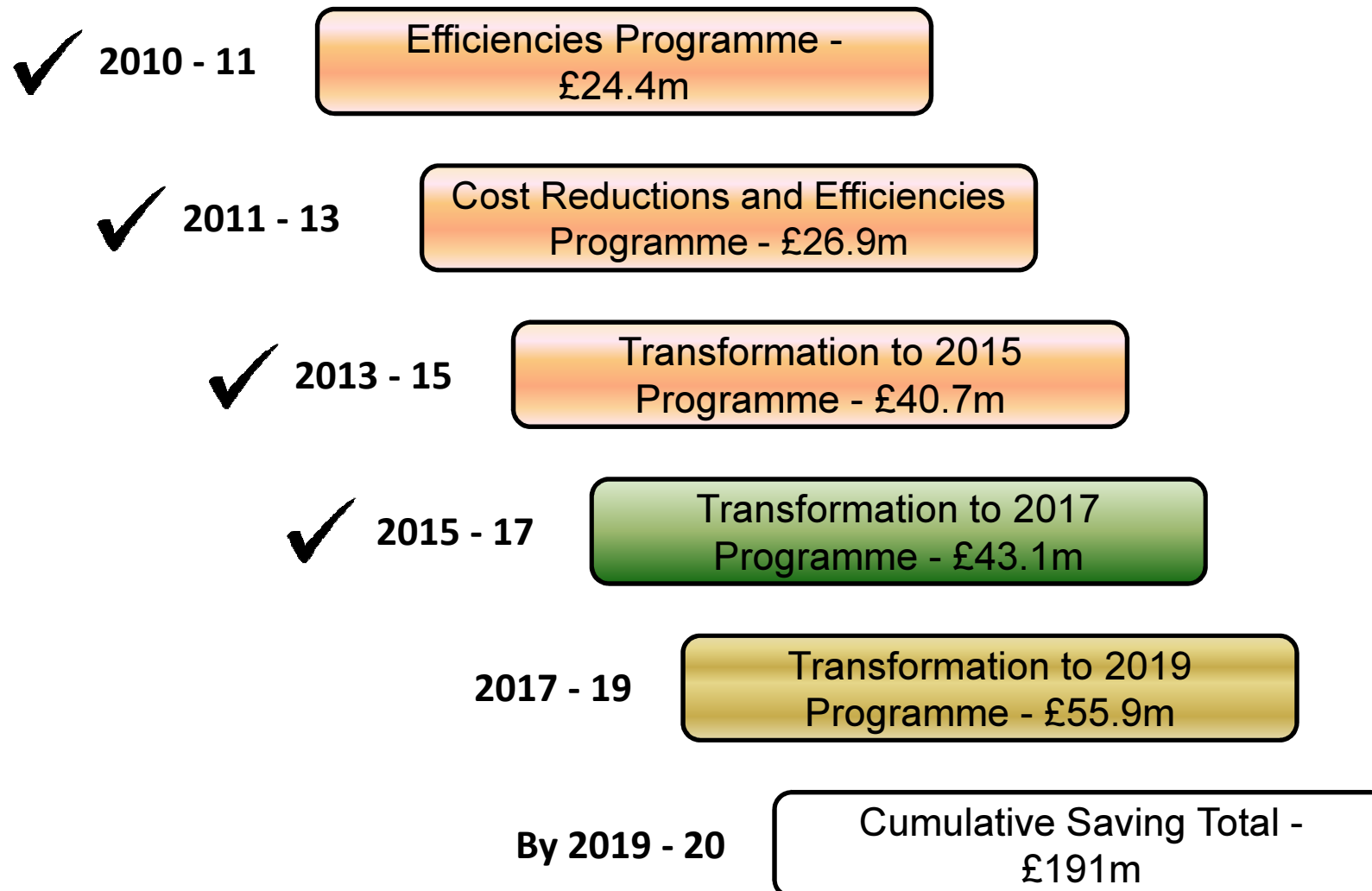
Director of Adults' Health and Care

14 December 2017

Key Services

- Older People / Physical Disabilities
- Learning Disabilities / Mental Health
- Internal Provision and Front Door
- Safeguarding Quality & Governance
- Strategic Commissioning and Business Support

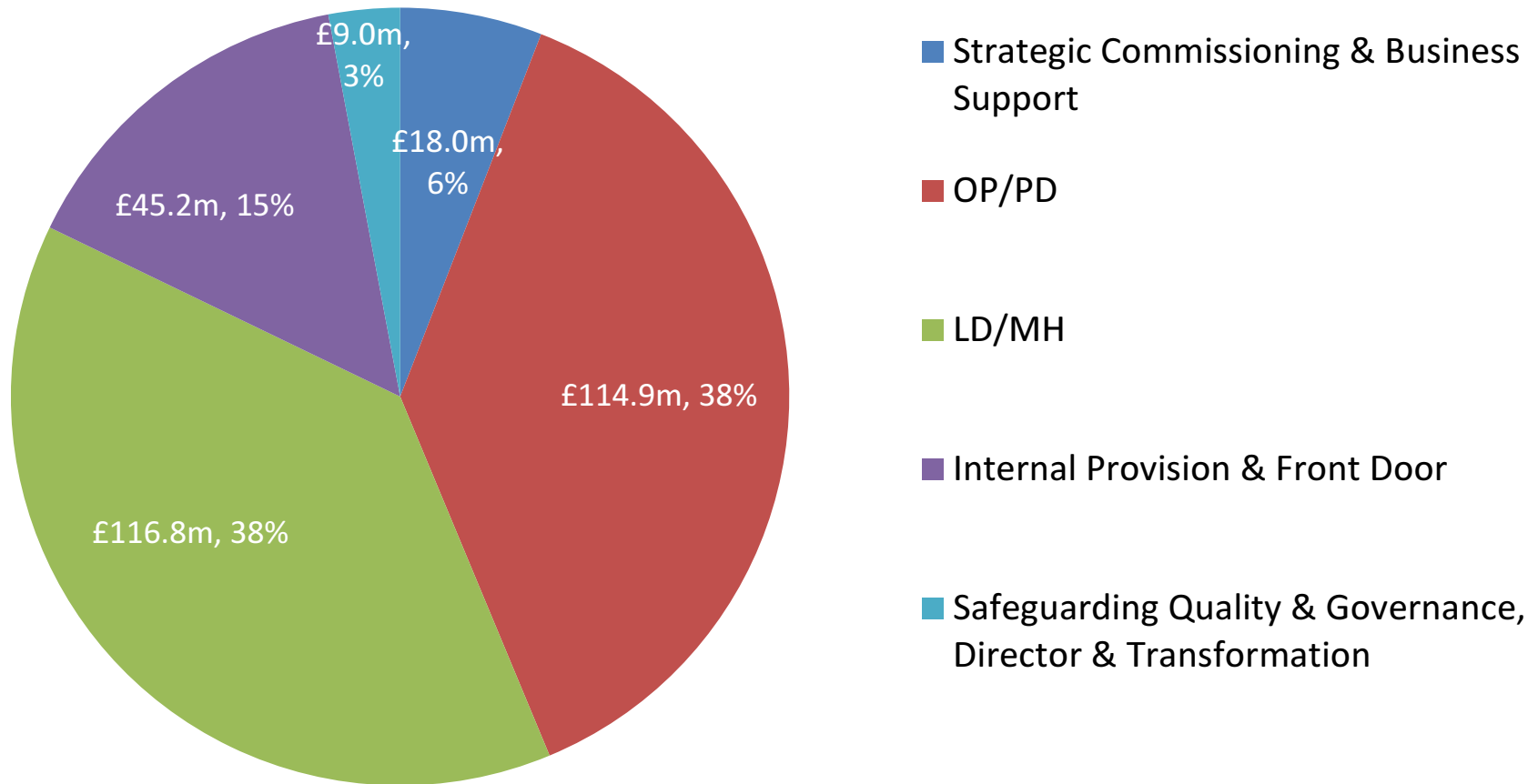
Adult Social Care Reductions



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Adult Social Care Budget

Adult Social Care - Net Budget 2017/18 of £303.9m by Service Activity



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T19 Approach

- **Principles:**

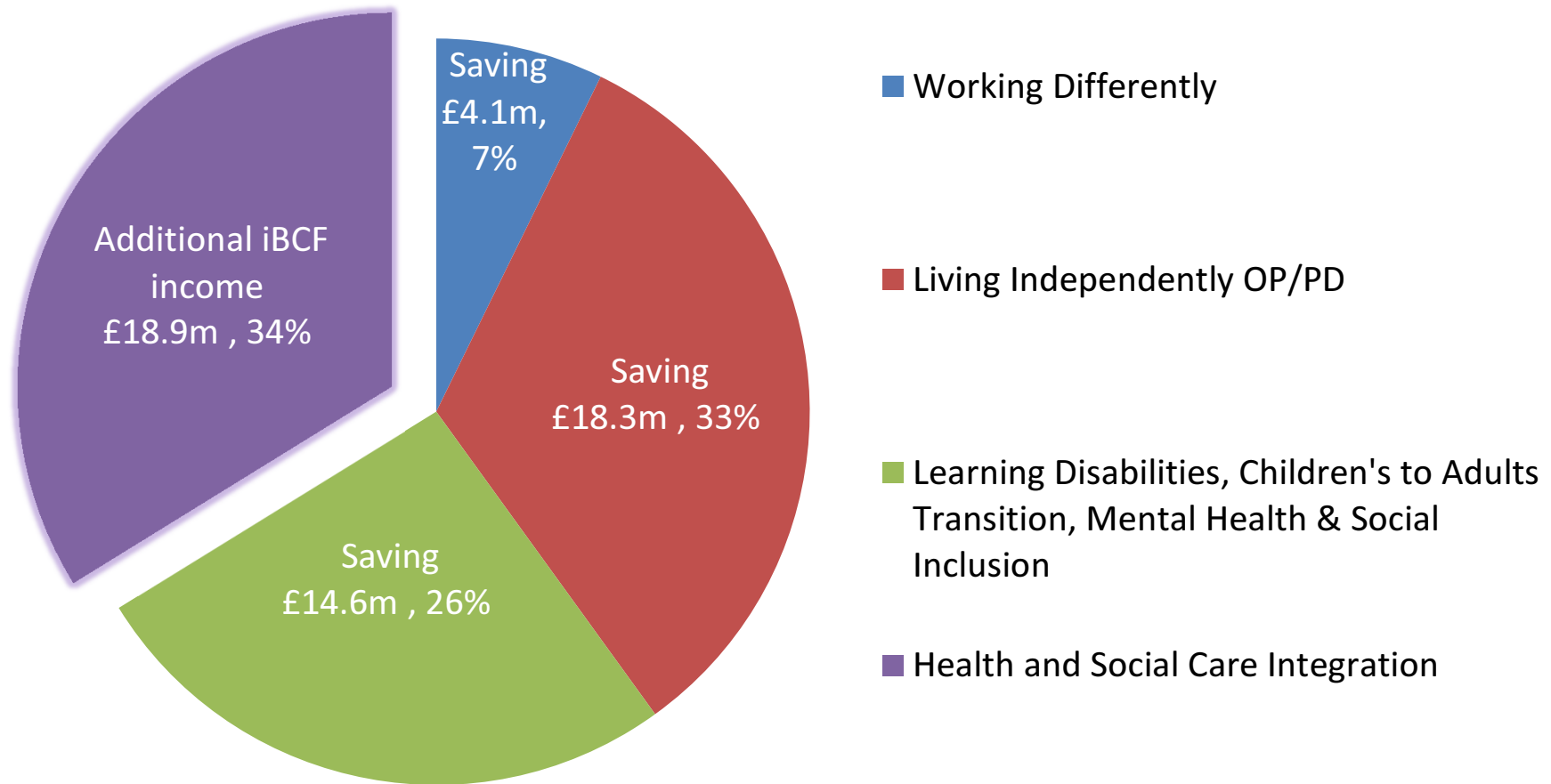
- **Prevention:** Strengthen the prevention strategy to reduce and/or contain demand
- **Independence:** Increase the number of clients living independently and reduce the cost of care
- **Productivity:** Improve efficiency and productivity of the department's operations
- **External spend:** Increase outcomes and service efficiency from commissioned services

Adult Social Care T19 Programme

- **Four main blocks within the proposals:**
 - Use of additional health and social care integration funding
 - Living independently (OP/PD)
 - Learning disabilities, children's to adults transition, mental health and social inclusion
 - Working differently
- **Underpinned by:**
 - Demand management and prevention

Adult Services Tt19

Achieving £55.9m Tt2019 Saving Target by work-stream



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Health and Social Care Integration funding (£18.9m)

- Additional £18.9m national funding transfers into the Integration and Better Care Pooled Fund, from 2019/20 financial year
- Proposing to use this increase in the Improved Better Care Fund element to continue joint / integrated service delivery and protect core adult social care services

Living Independently (OP/PD) (£18.3m proposed)

- Focus on strengths based approaches; intermediate care / re-ablement, increased capacity for short-term stays, Technology Enabled Care and extra-care to enable more people to return home and to need less ongoing support
- Consider increasing client contributions
- In-house service efficiencies
- Review of day opportunities and development of alternative provision

LD, Children's to Adults, MH and Social Inclusion (£14.6m proposed)

- Support people into more flexible and modern ways of living that provide much greater independence; including employment and accessing wider community support
- Continue work with Children's Services and providers to support young people in transition; children's to adults
- Engaging with district councils to redesign Social Inclusion (homeless) services when they come to an end in March 2019 – HASC working group assisting review

Working Differently (£4.1m proposed)

- Entire department workforce - working differently through increased use of technology, modern / flexible / mobile working, automation, business process efficiencies and some activity ceasing
- Projection of circa 150 FTE fewer posts, based upon current operating model
- Staff levels will be managed down through 'natural' turnover, redeployment of staff and voluntary redundancy where possible

Demand Management and Prevention

- Containing and reducing demand for services will be key within a reducing budget
- There will be a focus on initiatives and investment to help individuals and communities to do more for themselves, including access to better advice and information
- Key function to be further developed with the Voluntary and Community Sector and people who use services.



T19 Key Messages

- Overall the complexities of the Transformation to 2019 programme will be delivered through three approaches (just about equal in terms of financial benefit);
 - Continue with and build upon the transformation created through T2017
 - Protect key services through application of the IBCF in order to achieve increased integration across social care and health
 - Undertake new transformational saving opportunities

...this will mean

- Strengths based approach – maximising independence
- Identifying and developing increased integration between social care and health, as well as other partners / stakeholders
- Positive staff engagement
- Investment in Prevention and Demand Management
- Increased use of technology and Technology Enabled Care
- Capital investment to enable new service models
- Co-production with service user groups / others
- Resetting of public expectations about what we can do and about how people's needs will be met

Thank you

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CHILDREN'S SERVICES TRANSFORMATION TO 2019 (Tt2019)

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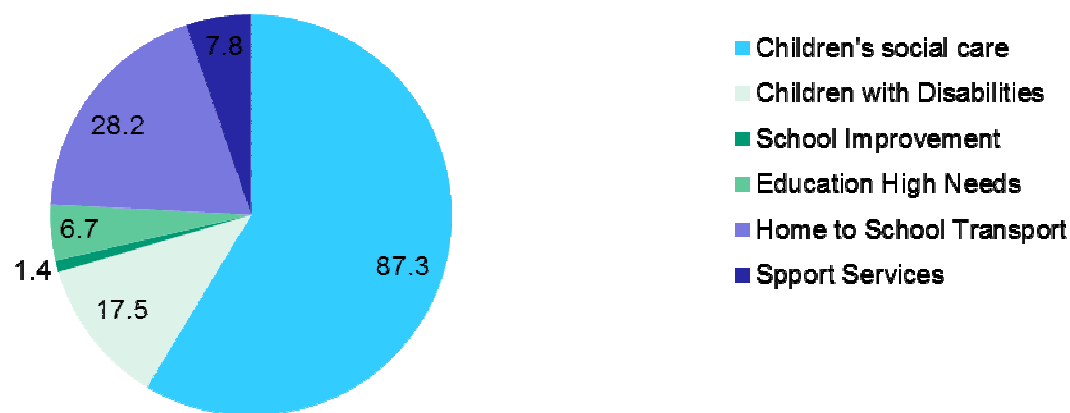
Key services

- Children's social care including children with disability services;
- School improvement;
- Educational high needs;
- Home to school transport; and
- Wider dept. support functions.

Children's Services 2017/18

Budget: £148.9m

Department Budget £'m



- Savings needed by 2019 = £30.1m

Children's Services Savings since 2010

- *Prior to 2017 - £56m*
- *Tt2017 - £21.5m*
- *Tt2019 - target £30.1m*

Principles

- Ensure a safe and effective social care system;
- Ensure sufficient capacity to lead, challenge and improve the schools system to help ensure improved outcomes for all but particularly more vulnerable groups;
- Tightly target limited resources according to the needs of children;

Principles (2)

- Secure targeted and co-ordinated early help provision;
- Sustain and develop high quality and financially competitive sold services; and
- Maximise the opportunities to create efficiencies and maintain and enhance services through partnership arrangements.

Issues

- Funding for children's services in Hampshire is relatively low;
- The majority of the department's spend is external, primarily relating to placement costs of children looked after; and
- Some areas of potential savings would have a profound impact on our statutory duties.

Proposed Savings 2019

Workstream	Total Budget	Full Year Savings Proposals	Savings Proposals as % of Budget
	£'000	£'000	%
Social Care Transformation	87,282	21,870	25.1
Children with Disabilities	17,514	3,000	17.1
School Improvement Services	1,368*	59	4.3
Education High Needs	6,695	979	14.6
Home to School Transport	28,241	2,800**	9.9
Support Services	7,813	924	11.8
Maximising Efficiencies/Enabling Productivity	NA	500	NA
TOTAL	148,913	30,132	20.2

- * Majority funded from grant
- ** savings of £4.05m planned. An element of this will be required to address the underlying pressure.

Social Care Transformation: £21.9m

- Four strands:
 - Reducing the number and cost of children looked after;
 - Infrastructure and organisation redesign;
 - Review of Swanwick Lodge; and
 - Reduction in the 0-19 grants.



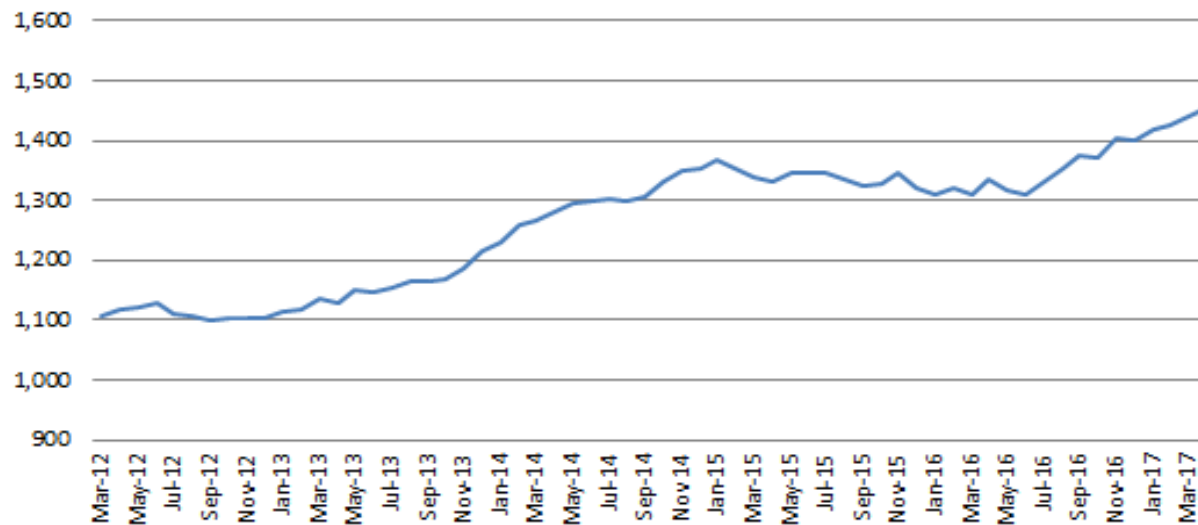
Our challenge

Rising demand and reducing resources

Demand for children's social care is growing, whilst available resources are reducing.

In Hampshire this has meant...

The total number of children in the care



...and expected to continue to rise



How are we going to do it?

Safely reducing the number of children in care by:

- Working in multi-disciplinary teams to deliver family focused interventions to children and families at the time they need it
- Multi disciplinary teams built upon our 'Family Intervention Teams' (FIT) model, along with other disciplines
- Reunification home where appropriate (teenagers make up 40% of our children in care cohort)

Improving the way our service is set up to deliver the above by:

- Using the mobile and digital technology we need to free up social workers' time to spend with children and families
- Less transition points in our service for children and families
- Improving our processes (including the implementation of our new case management system)

CLA reduction

CLA reduction	2017/18				2018/19				19/20	20/21	21/22	Total
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Total	0	0	0	5	10	10	20	30	130	125	80	410

Cohort	Current (Jun '17)	Change	Target reduction	Future
Section 20	416 (28%)	Reunification	80	186 (18%)
		Service re-design	150	
Interim care order	205 (14%)	Service re-design	50	155 (15%)
Full care order	766 (52%)	Reunification	20	636 (60%)
		Targeted interventions	110	
Placement order	77 (5%)	N/A	-	77 (7%)
Other	1 (0%)	N/A	-	1 (0%)



Children with Disabilities: £3m

- Objectives are to:
 - Reshape and develop a service that builds resilience, independence and self reliance to manage demand;
 - Move away from long term arrangements where appropriate;
 - Prioritise step down and telecare;
 - Review information and advice
 - Implement improvements from PiP process activity;
 - Undertake a redesign of the end to end process; and
 - develop a toolkit for personal budgets.

School Improvement Services: £59k

- Proposal:
 - Service mostly grant funded;
 - Remove all core funding for the Music Service.

Education High Needs: £979k

- Four Strands:
 - Reduce the early years admin function;
 - Review of Hampshire Futures;
 - Reform the Special Educational Needs and Inclusion Service; and
 - Review the Virtual School for children looked after.

Home to School Transport: £2.8m Plus Address Current Pressure

- Five Strands:
 - Reviewing policy to deliver to statutory minimum;
 - Transport for education and inclusion;
 - Sole provider tendering;
 - Spend to save mini bus scheme expansion;
and
 - Infrastructure improvement.

Support Services Review: £924k

- Budgets subject to continuous review.
Workstream to include:
 - Printing, photocopying and postage;
 - Admin support;
 - Accommodation review;
 - Complaints and subject access roles;
 - Childcare sufficiency team; and
 - Procurement team.

Maximising Efficiencies/Enabling Productivity: £500k

- As part of Enabling Productivity and the Digital workstreams the department aims to save through:
 - Further efficiencies and effective working practices; and
 - The roll out of mobile devices reducing travel and accommodation requirements.

Equality Impact Assessments

- An Equality Impact Assessment (EIA) has been undertaken for each workstream.

Children's Services Consultation

- Some of the proposals included will be subject to public consultation. These workstreams are:
 - Home to School Transport; and
 - Children with Disabilities.

Next steps

- Submission to Cabinet and County Council
- Consultations with public and staff as appropriate
- Develop and implement new operating model

Health & Wellbeing Board

14th December 2017

West Hampshire CCG

Financial Position & Key Issues

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11th December 2017 v8.1b

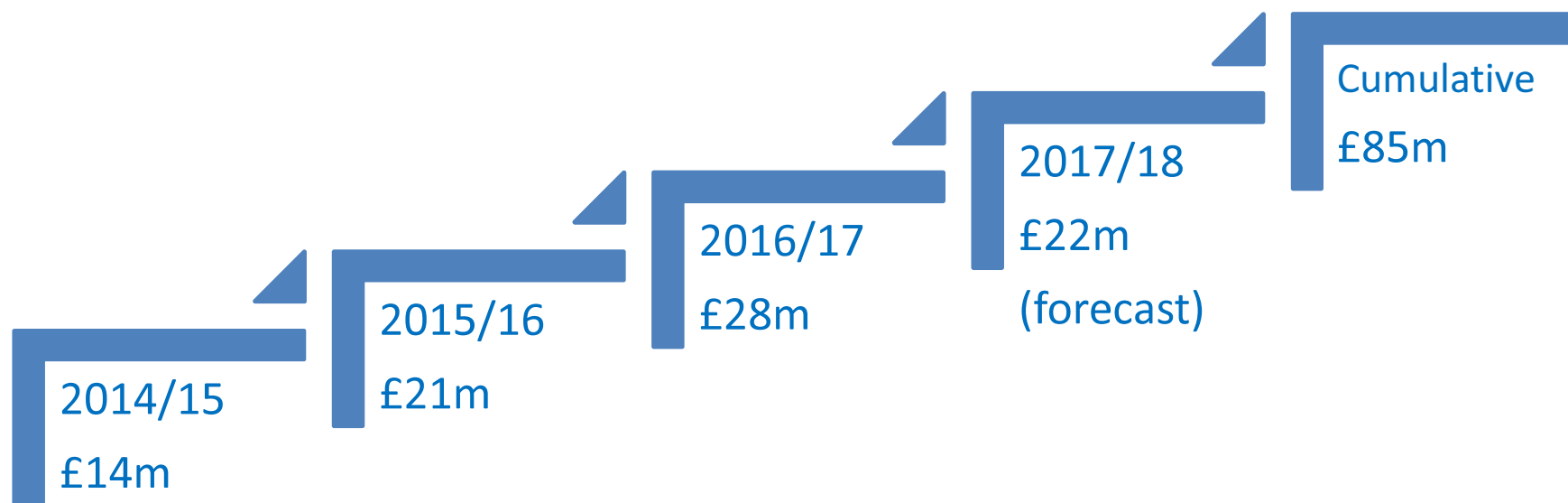
Quality services, better health



39. WHCCG Efficiency Programme Delivery

2015/16 to 2017/18 £'m

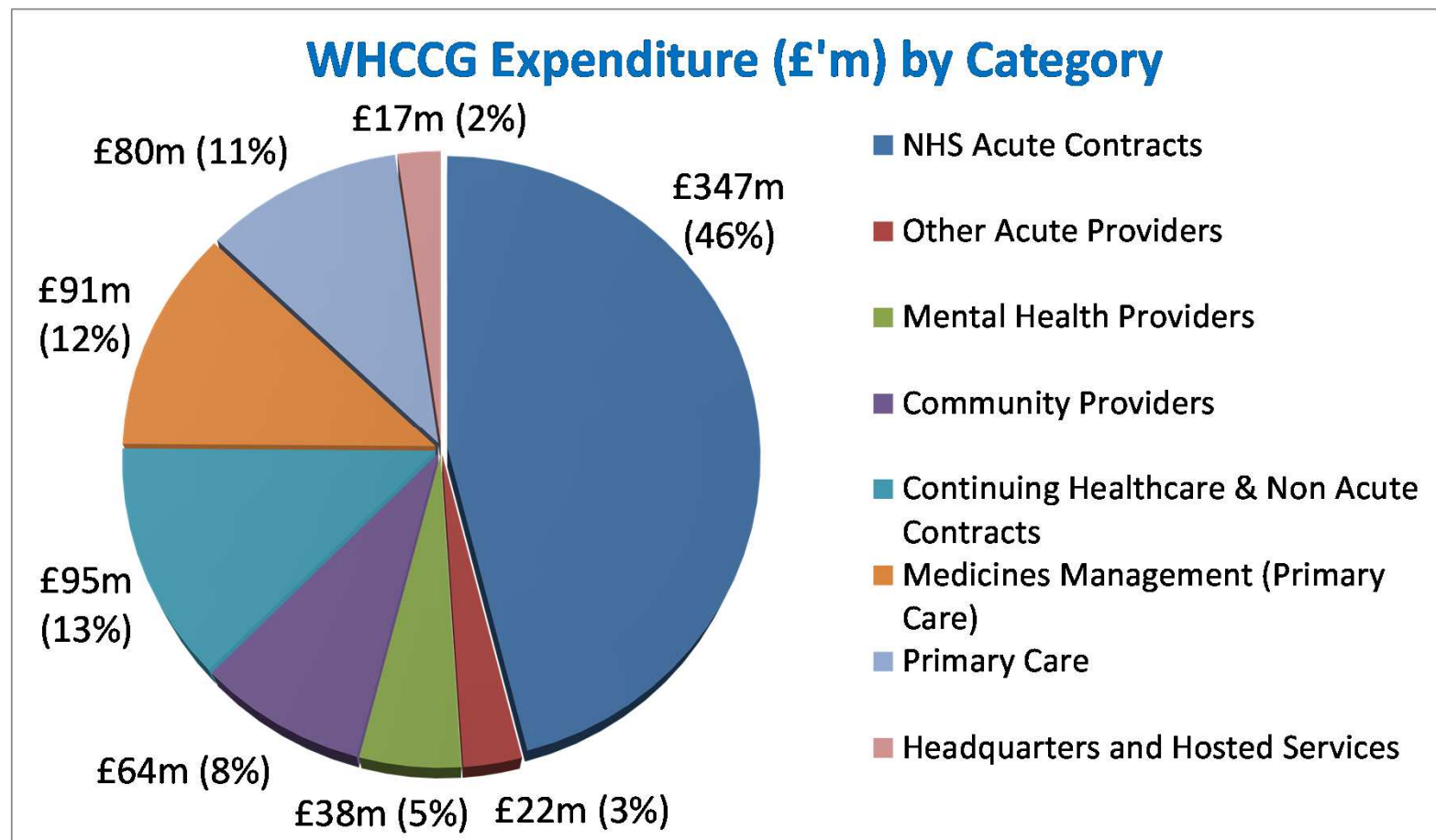
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- WHCCG efficiency savings (QIPP) between 1st April 2014 and 31st March 2018 are forecast to be **£85m**.
- This excludes our acute provider efficiency programmes which deliver approximately 3% savings each year.

40. WHCCG Expenditure by Category (£'m & %)

2017/18 Forecast Expenditure

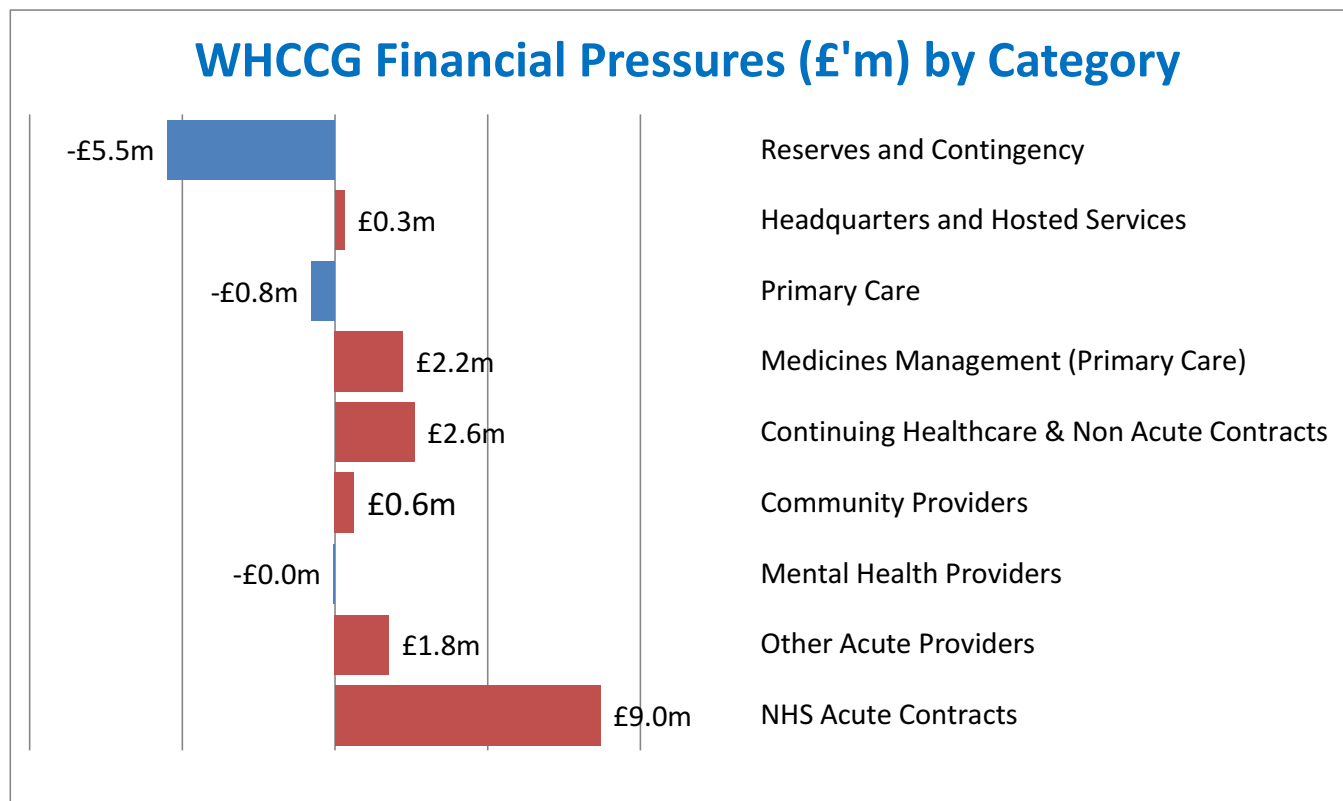


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- Total 2017/18 expenditure forecast for WHCCG is just over $\frac{3}{4}$ of £billion.
- Within NHS Acute Contracts WHCCG registered population activity at Hampshire Hospitals forecast activity at **£132m** and at University Hospitals Southampton **£139m**.

41. WHCCG Financial Pressures by Category (£'m)

2017/18 Financial Pressures £15m



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- Significant financial, activity and service pressures in 2017/18 means that WHCCG will not achieve full delivery of its financial plan.
- Current in-year cost pressures are **c£15m**, with key pressures in NHS acute care contracts, continuing healthcare and medicines management (primary care prescribing).
- Full impact on 2018/19 is currently awaiting further NHS England planning guidance, but initial scenarios indicate that size of WHCCG efficiency challenge will be between 5% and 7%, if business rules are to be delivered..

42. WHCCG Efficiency Programme (QIPP) Development – Key Areas

2017/18 Plan £'m	Category	2018/19 Plan £'m
8.1	Urgent care Reducing bed days for long stay patients Ambulatory Emergency Care Frailty	5.8
7.2	Planned care Optimising outpatient attendances Restricted treatments and procedures	7.2
3.0	Medicines optimisation	3.2
1.6	Continuing healthcare	1.8
11.7	Other / unidentified 2018/19	22.0
31.6		40.0

- The efficiency programme for 2018/19 continues to be developed, along with Project Initiation documentation (PIDs), including quality and privacy impact assessments.
- A summary of each category of QIPP is provided on the next slide.

43. What this means for patients:

Urgent care -

- Avoiding hospital admissions when care can be provided closer to home, particularly for frail patients.
- The right length of stay in hospital when a hospital admission is the most appropriate treatment.

Planned care -

- Optimising use of outpatient clinics where a consultant opinion or intervention is necessary.
- Using technology to provide care closer to home.
- Restricting use of treatments and procedures which do not have a strong evidence base.

Medicines optimisation -

- Best practice prescribing guidelines.
- Reducing medicines waste.

Continuing healthcare -

- Implementing business cases for improving efficiency.

Other -

- £20 million to identify for 2018/19.
- Smaller schemes.
- Non recurrent slippage.

Health & Wellbeing Board
14th December 2017
Hampshire CCG Partnership

The Hampshire Partnership – 2017/18

- The Hampshire CCG Partnership formed in 2017/18 bringing together four CCGs within Hampshire; South Eastern Hampshire CCG; Fareham & Gosport CCG; North Hampshire CCG; & North East Hampshire & Farnham CCG.
- The 'Partnership' has combined Health Care expenditure of **£1.1bn**
- For 2017/18 the Partnership is working to deliver **£46.1m of transformation savings** (4.2%)
- Original plans for 2017/18 set out to deliver a **net in year surplus of £1.9m** against national allocations
- Demand pressures across Acute contracts and Continuing Health Care, and inflationary pressures within the Prescribing budget have resulted in the Partnership updating its forecast to a **£9m deficit** for 2017/18

The Hampshire Partnership – Looking to 2018/19

- 2018/19 plans predicated on the delivery of the 2017/18 plans
- Across the partnerships **savings totalling £63.0m** need to be found to deliver a balanced position
- Savings will focus on reducing/managing demand for acute care, and deriving further efficiencies across Continuing Health care and Prescribing costs.
- We are increasingly focusing on system wide savings which will result in new models of service delivery focusing on maximising the utilisation of resources rather than limiting service offering