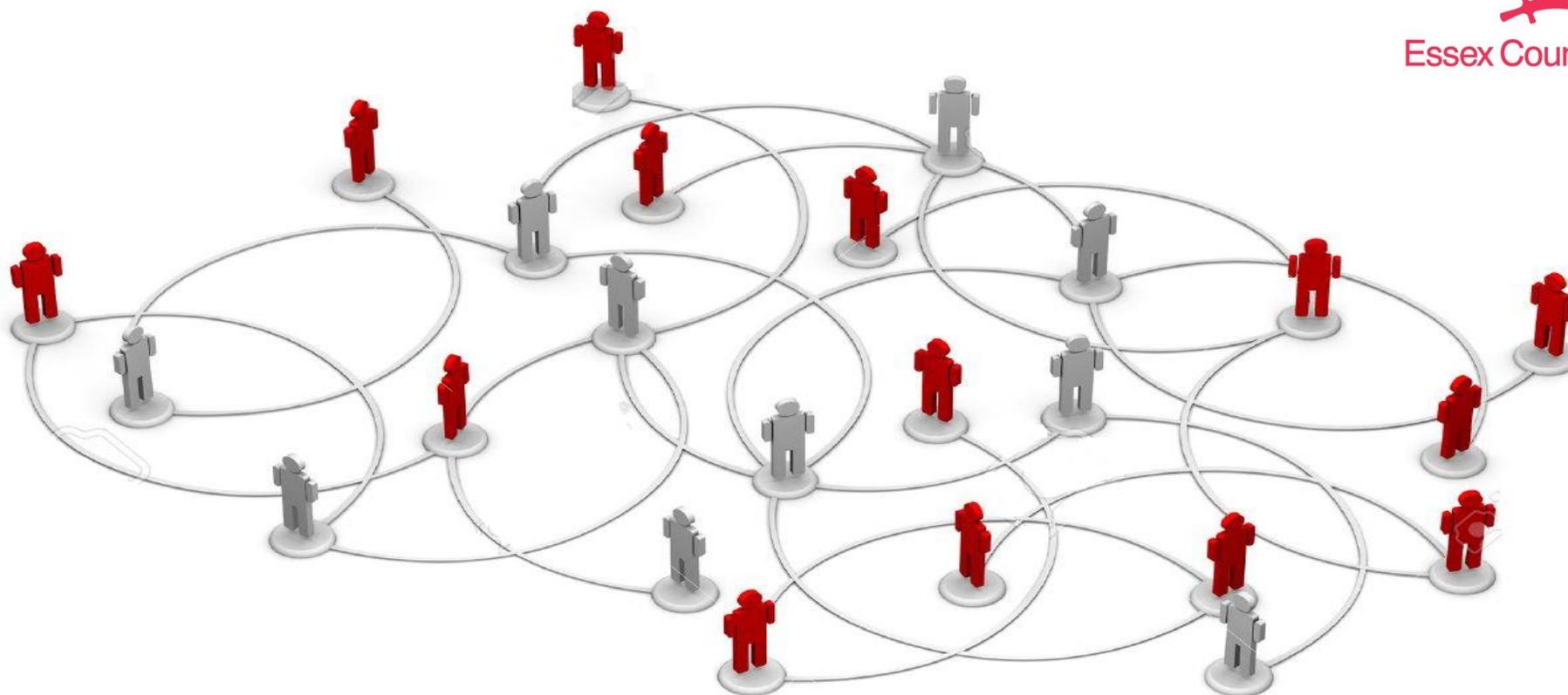




Essex County Council



# Adult Social Care Business Plan 2017-21

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# INTRODUCTION

## Our Vision

Solutions not services, enabling you to get on with your life

## Our mission

To make the best and most sustainable use of all available resources to ensure people, their families and carers have access to the information and tools to enable them to live healthily and independently for as long as possible and to exercise choice and control over their lives, while ensuring safety, dignity and quality of life for those in need of long term care.

## Our role

Adult social care spends over £556m a year, supporting some of the most vulnerable adults in the county and their carers. We provide:

- Safeguarding services;
- Care and support for older people and people with learning difficulties, physical and sensory impairments, mental health problems and drug and alcohol problems;
- Housing-related support for vulnerable adults; and
- Assessment and support for carers of vulnerable adults.

This Plan is supported by *Strategic Approach for Adult Social Care 2017-21*, which sets out our strategic focus for the next 4 years, with a particular focus on three cohorts: those who are frail and elderly, those with learning and physical disabilities and those with mental health problems.

## Our direction of travel: from crisis to empowerment

We have a legal duty to meet a wide range of needs. ECC currently supports about 17,000 adults with social care needs at any one time. About 10,800 of these are older people, nearly 3,500 people with

learning disabilities, 2,250 people with physical or sensory impairments, and over 550 people with mental health needs. We assess and review around 5,000 carers a year.

We are largely a reactive support service but this model is not sustainable and must change as demand exceeds available resource. Through effective practice, we want to see a transformational shift from a focus on long-term care and support to early intervention and enabling people to live independently as long as possible.

This approach will enable us to improve outcomes for people in a financially sustainable way and within the financial constraints within which the Council operates.

## Our focus

In order to deliver this transformation, we will focus on:

- Prevention
- Early intervention and recovery
- Enablement
- Safeguarding

The lived experience of citizens, their carers and those who are actively engaged in supporting networks and services will inform our actions and we will co-produce our solutions wherever possible.

We also know that we can only deliver our ambitions by working effectively with partners and developing our workforce as our most important asset.

This Business Plan explains how we will do this; what our priority areas of focus will be; how they relate to ECC's Organisation Strategy and how we will build our capacity and capability to deliver.

# THE ECC ORGANISATION STRATEGY

## OUR STRATEGIC AIMS

Enable inclusive economic growth

Help people get the best start and age well

Help create great places to grow up, live and work

Transform the council to achieve more with less

## OUR STRATEGIC PRIORITIES

- » Help people in Essex prosper by increasing their skills
- » Enable Essex to attract and grow large firms in high growth industries
- » Target economic development to areas of opportunity

- » Help keep vulnerable children safer and enable them to fulfil their potential
- » Enable more vulnerable adults to live independent of social care
- » Improve the health of people in Essex

- » Help to secure stronger, safer and more neighbourly communities
- » Help secure sustainable development and protect the environment
- » Facilitate growing communities and new homes

- » Limit cost and drive growth in revenue
- » Develop the capability, performance and engagement of our people
- » Re-imagine how residents' needs can be met in a digital world

## OUR ORGANISATION BUILDING BLOCKS

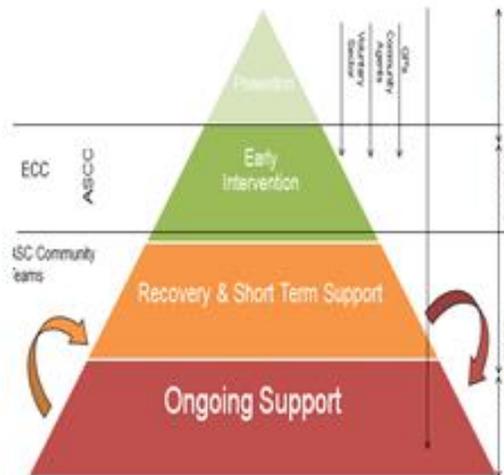
- » **Our people** are our most important asset. We will be demanding a lot from our employees over the next few years as we shift the culture and have the best employees in local government.
- » Our transformation will be underpinned by securing the benefits of **digital approaches** to service and outcome improvements. We will use digital to rethink current provision and fundamentally re-imagine what we do and how we do it.
- » **Commissioning** is a key capability for the organisation. Our redesign process has focused on ensuring that commissioning as a capability is built into our DNA.
- » ECC is embedded in one of the most complex public policy systems in the country. We have a large number of **partners** who are critical to our ability to secure key outcomes.

# OUR STRATEGIC APPROACH

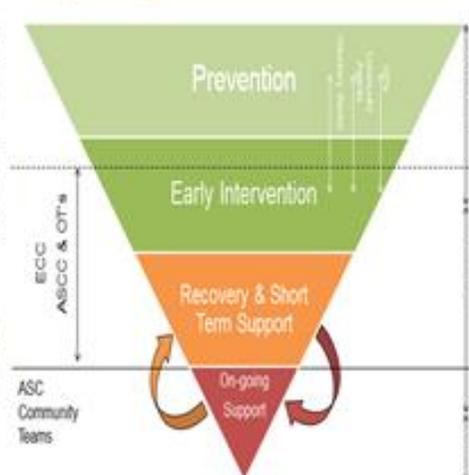
## OUR FOUR STRATEGIC PILLARS

- 1. PREVENTION.** We will focus on evidence-based interventions that can help to prevent avoidable demand on statutory health and care services.
- 2. EARLY INTERVENTION AND RECOVERY.** We will proactively work with individuals, families and other agencies to help people who have experienced periods of ill-health or crisis to recover as quickly as possible, reducing their ongoing needs and helping them to return home.
- 3. ENABLEMENT.** We will work on the assumption that people want to be enabled and supported to live independently at home and access employment when possible, ensuring that residential care is only used when it is clinically appropriate.
- 4. SAFEGUARDING.** We will place the right of all adults to live their lives free from harm, abuse and neglect at the heart of everything we do.

*A shift from crisis...*



*To empowerment...*



**This change of strategic approach means we will work to ensure:**

- ✓ We are better able to **identify earlier those at risk of their needs rising** and facing the risk of crisis and dependency.
- ✓ We will make **early intervention and recovery the default offer** for those in short-term need or crisis, helping them to rebuild their strengths, confidence and independence.
- ✓ We will work to replace traditional service offers that simply manage conditions with **new innovative solutions** that maximise opportunities for individuals to live their lives well.
- ✓ We will **promote personal responsibility** and place more power in the hands of individuals and their families to take decisions on their own care and support needs.
- ✓ We will work to ensure **the best feasible levels of care provision** for those who cannot live independently, with an ambition of 100% of care providers being rated 'good' or 'outstanding' by 2020-21.

# ADULT SOCIAL CARE IN CONTEXT

Adult social care faces significant challenges and opportunities in 2017-21 as it responds to financial, demographic and workforce pressures.

## Strengths

- ✓ The care provider market is relatively stable and 80% of providers are good or outstanding.
- ✓ We have embedded the 'Good Lives' approach to social work, helping people build on their and their community's strengths.
- ✓ We have secured national recognition for improvement work with care homes, helping to improve patient safety and reduce falls.
- ✓ Essex is doing better than regional and national averages on measures including proportionately fewer council supported adults in residential and nursing homes; more older people receiving reablement after discharge from hospital; fewer delayed transfers of care; more direct payments; and adults with learning difficulties in paid work.

## Weaknesses

- Relations with care providers are fragile and residential care providers have taken legal action to seek higher fees.
- We struggle to recruit and retain enough staff, with vacancy rates of over 25% in the care market and in our social care workforce.
- We have more to do to ensure we are consistently commissioning for outcomes and to develop best practice in delivery of services.
- Essex is performing below regional and national averages on measures including proportionately fewer older people still able to live independently 91 days after discharge from hospital; fewer people find it easy to find information and support; and fewer adults in contact with mental health services are living independently.

## Opportunities

- ✓ The digital revolution and technology opens up new possibilities.
- ✓ NHS partners share common pressures creating a common platform for joint working (e.g., on workforce strategy).
- ✓ The system focus on early intervention, recovery and integration is an opportunity for more joint work with children and young people's services, public health and strengthening communities.
- ✓ Additional investment through the Better Care Fund in 2017-19.
- ✓ A Market Development Strategy is an opportunity to restructure the market to support our vision and develop the community role.
- ✓ Income opportunities include better alignment of the Council's practices to Statute and new charging policies for services.

## Threats

- Financial pressures on local authority and partner budgets. The Revenue Support Grant is forecast to be phased out by 2020.
- Limited potential to further benefit from the Adult Social Care precept, given that the maximum total increase to 2019/20 is 6%.
- Cost pressures, particularly increases in the National Living Wage.
- Population of older people expected to grow by 21% in next 10 years.
- Pressures on the local care market, including on residential care and capacity for domiciliary care. Relationships with providers can be strained as they seek higher fees with legal challenges.
- Complex geographies – including NHS Sustainability and Transformation Plan footprints - making it more difficult to have a coherent approach.

## ADDRESSING THE CHALLENGES

Challenges	Solutions
There is rising demand for NHS and social care services from a growing and ageing population	NHS and social care need to work together to find ways of <b>preventing</b> avoidable need <i>and</i> costs and different ways of ensuring health and care needs can be met
Rising demand is closely correlated to low income, high deprivation areas and to the effectiveness of primary care. It is not spread evenly across the county	Resources need to be <b>targeted</b> and we need to have localised <b>place-based strategies</b> with CCGs and districts and community partners to address different issues in different places
There will continue to be a national focus on reducing growth in emergency admissions to hospitals and reducing Delayed Transfers of Care	We need to work in <b>partnership</b> with health and our other partners to implement the High Impact Model for Change, as required by the Better Care Fund. We will fully explore the opportunities offered by population based accountable care solutions
Adults want their needs met within their own homes and communities and to live independently and healthily	There is a need for the right kind of <b>housing</b> and the right access to community support and capacity.
Carers work long hours to support loved ones and provide substantial financial benefit in Essex but they lack social contacts and struggle to access information and advice	We need to transform our services for carers particularly around information, education and social contact to enable them to care without harm to their wellbeing and health.
Care providers are finding market conditions difficult and their profitability fragile	ECC needs to work to ensure there is <b>good choice and quality</b> in the market and that it is sustainable and affordable, and ensure there are alternatives where the market does not provide the right solutions.
There is a shortage of skilled workers in social care and nursing. Vacancy rates are over 20%.	We need a fit for purpose <b>workforce strategy</b> covering, structure, recruitment and retention, and private sector collaboration.
The funding gap facing adult social care in Essex could rise to a possible £154m by 2020/21 and NHS partners also face significant financial challenges	The key driver for this is <b>inflation</b> (£42 million in 2018-19, £89 million in 2019-20 and £139 million in 2020-21), with higher rates of inflation predicted from residential care than domiciliary care.
Technology will play an increasingly important role in enabling people to live independently and to self-manage their care needs	We need to understand the areas of <b>potential for technology</b> and establish a programme of investment
The population of people with learning disabilities is relatively stable, but will account for a significant proportion of adult social care expenditure.	We need to consider how <b>best to meet needs of adults with LD</b> and get best value while promoting independence and employment where possible.

# IN A NUTSHELL: Key Building Blocks for Transformation

Transforming our practice and process	Transforming our workforce
<p><b>We will:</b></p> <ol style="list-style-type: none"> <li>1. Embed Sustainable Futures and Good Lives practice in adult social care and strengthening financial controls and benefits tracking.</li> <li>2. Undertake a Business Process Review to improve and re-design processes.</li> </ol>	<p><b>We will:</b></p> <ol style="list-style-type: none"> <li>1. Re-design our organisation structure so there is the appropriate mix and capability in the workforce.</li> <li>2. Develop a Workforce Strategy to improve capability and competency at management levels and recruitment and retention rates.</li> </ol>
Developing collaboration	Using technology
<p><b>We will:</b></p> <ol style="list-style-type: none"> <li>1. Develop an integrated programme with NHS partners to promote joint working.</li> <li>2. Develop an ECC market shaping strategy, including an approach for investing in the market.</li> </ol>	<p><b>We will:</b></p> <ol style="list-style-type: none"> <li>1. Develop a Digital programme for adult social care to invest in technologies that support improved workforce productivity, information sharing and promote self-care and management.</li> <li>2. Work to develop a shared care record with NHS partners.</li> </ol>

## Issues and Dependencies:

- We know **that prevention is better than cure** and studies show that education, employment and the environment make the biggest difference to health and care services.
- **Delivering change will** require support from other parts of ECC and external partners and we need to ensure our organisation design is maximising work across functions and portfolios to transform outcomes and life changes for vulnerable adults and reduce future demand on adult social care.
- There is also the challenge of how we will shift spend from long-term support to early intervention – which requires a significant change in approach and potentially some double running costs - and achieve the whole organisation commitment to drive the creation of a capital investment programme for prevention and early intervention. Ed

# OUR ACTIONS TO SUPPORT THE STRATEGIC PRIORITIES

## 1. ENABLE INCLUSIVE ECONOMIC GROWTH

### 1.1 Help people in Essex prosper by increasing their skills

We will improve the skills of adults in occupations that Essex firms require by supporting vulnerable adults into training and employment and older people and carers to continue to work if they want to.

### 1.2 Enable Essex to attract and grow large firms in high growth industries

We will help to enable firms in high growth sectors to consolidate and expand by developing a market shaping strategy for a diverse and sustainable Essex care market.

### 1.3. Target economic development to areas of opportunity

We will help to support work to optimise the benefit of economic growth for all our residents by supporting vulnerable people into employment. We will develop the social care workforce through the strength of our training and commitment to CPD.

## PRIORITIES for 2017-19

Activity	Leads	Strategic Priorities	Measures
We will work with ELPH to ensure there is a range of employment support services for people with disabilities, including those with mental health needs	Andrew Spice	1.1	M 1.1
We will be effectively planning for transitions for people with learning disabilities working with children and families, education and health partners to embed person-centred planning with NHS partners and schools through Education and Health Plans and effective transition planning	Andrew Spice and Peter Fairley	1.1	M 1.1
Supporting carers to balance caring with employment through the Carers Strategy and Action Plan	Andrew Spice	1.1	M 1.2

## PRIORITIES FOR 2019-21

Activity	Leads	Strategic Priorities
We will continue to address the barriers to economic inclusion for vulnerable adults and their carers.	Andrew Spice and Peter Fairley	M 1.1

## 2. HELP PEOPLE GET THE BEST START AND AGE WELL

### 2.1 Keep vulnerable children safe and help them fulfil their potential

We will help to protect the most vulnerable children and young people by discharging our adult social care safeguarding responsibilities, recognising where adults may be struggling as carers and that young people may be supporting them as carers.

### 2.2 Enable vulnerable adults to live independent of social care

We will lead ECC's work to enable vulnerable adults to live independent of social care with a focus on all the areas of action identified in ECC's Organisation Strategy.

### 2.3 Improve the health of people in Essex

We will support action to reduce health inequalities, enable people to make healthier choices and improving mental health and the life chances of people with mental health issues by helping to target health programmes at vulnerable adults at risk.

## PRIORITIES for 2017-19

Activity	Leads	Strategic Priorities	Measures
We will develop and implement a positive progression model for adults with learning disabilities, extending the increasing independence approach	Simon Froud	2.2	M1.1, M2.1, M2.2, M2.3
We will invest in public health initiatives in areas that maximise value for money and reduce demand on adult social care	Mike Gogarty	2.2	M2.1, M2.2, M2.3, M2.5
We will invest in care market quality improvement initiatives and training to support the raising of standards across care providers	Andrew Spice	2.2	M2.4
We will support the implementation of the Greater Essex Mental Health and Wellbeing Strategy with a focus on: <ul style="list-style-type: none"> <li>i. Increasing identification and diagnosis of depression</li> <li>ii. Addressing social isolation</li> <li>iii. Supporting those with highest need</li> <li>iv. Targeting the economically vulnerable</li> </ul>	Chris Martin	2.2, 2.3	M1.1, M2.1, M2.5, M2.6

We will explore and develop ECC's role and engagement with any future accountable care systems	Peter Fairley	2.2, 2.3	All
Undertake an effective practice and culture review to ensure operational resources and their productivity are maximised	Georgia Chimbani	2.2	M4.1 – M4.3
We will improve access to information and advice by reviewing our current information offer and identifying gaps in provision where immediate improvement can be made to provide people with access to information early before they are in crisis	Andrew Spice	2.2	M2.5, M2.6

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## PRIORITIES FOR 2019-21

Activity	Leads	Strategic Priority
<b>Build data capability:</b> Continue to develop and implement an approach with partners to use predictive data analytics and Population Health Management so we can target rising risk cases earlier on	Peter Fairley	2,2
<b>Primary care:</b> Explore options and opportunities for commissioning through primary care.	Mike Gogarty and Andrew Spice	2,2
<b>Market improvement:</b> Continue to develop and implement the four year programme to support the goal of 100% care providers being rated 'good' or 'outstanding' by 2021.	Andrew Spice	2,2,
<b>Information:</b> Continue to improve information and advice for vulnerable adults and their carers.	Andrew Spice	2,2
<b>Reablement:</b> Complete a transition of our reablement service so it is a community-based service rather than one driven by referrals from hospitals, with greater Occupational Therapy Provision.	Andrew Spice and Peter Fairley	2,2
<b>ACOs:</b> Develop ECC's role and engagement in accountable care system arrangements in Essex, most likely around the geographical footprints of Mid and South Essex, West Essex and North East Essex.	Peter Fairley	2,2

## 3. CREATE GREAT PLACES TO GROW UP, LIVE AND WORK

### 3.1 Help to secure stronger, safer and more neighbourly communities

We will help to realise the strength of our communities in Essex and enable residents to develop their independence by supporting vulnerable people to be full participants in their communities and tackling barriers to community engagement with vulnerable residents, including stigma.

### 3.2 Help to secure sustainable development and protect the environment

We will support improvement in the quality of life for Essex residents and make the most of the Essex countryside by developing innovative approaches to meeting the needs of adults in rural communities and using natural assets to improve outcomes for vulnerable adults.

### 3.3 Facilitate growing communities and new homes

We will protect and enhance the quality of places and help to promote forward thinking design of communities and homes by investing in accommodation and places that supports vulnerable adults, and engaging with District Councils to influence planning in localities

## PRIORITIES for 2017-19

Activities	Leads	Strategic Priorities	Measures
We will improve access to information and support for unpaid carers	Andrew Spice	3.1	M3.1
We will forecast demand and invest in independent living units	Andrew Spice (demand modelling) Nicola Beach (delivery)	3.1, 3.3	M3.1
We will develop a new mental health accommodation pathway	Andrew Spice and Chris Martin	3.1, 3.3	M3.1

## PRIORITIES FOR 2019-21

Activity	Leads	Strategic Priority
We will engage with the programme of housing development in Essex to ensure that all new settlements and developments are considering the needs of older and other vulnerable adults.	Andrew Spice	3.3
We will seek to influence the development of garden settlements.	Mike Gogarty and Andrew Spice	3.1, 3.3

## 4. TRANSFORM THE COUNCIL TO ACHIEVE MORE FOR LESS

### 4.1 Limit cost and drive growth in revenue

We will support ECC to optimise revenue from services, drive out inefficiency and get maximum value out of every pound of taxpayers' money by reviewing all current activity and commissioning strategies to get the best deal for vulnerable residents. We will develop our charging policies and take a robust approach to debt recovery.

### 4.2 Develop our people's capability, performance and engagement

We will promote high performance and new, effective ways of working across ECC and with partners by continuing to address a common agenda with colleagues from the NHS and engaging with partnership boards. We will support carers to seek information and advice to help them have a good quality of life, while supporting the cared for.

### 4.3 Re-imagine how residents' needs can be met in a digital world

We will deliver successful services designed around the user by providing appropriate access to information and using digital as an engine to drive whole system change by taking full advantage of digital platforms and assistive technologies, with a focus on the role of digital in supporting independent living.

## Priorities for 2017-19

Activities	Lead	Strategic Priorities	Measures
We will design and implement a new Organisation Design for Adult Social Care that addresses skills and capability gaps	Nick Presmeg and Fiona Wilson	4.1, 4.2, 4.3	M4.1, M4.3
We will maintain up-to-date and effective charge regimes for adult social care	Andrew Spice	4.1	M4.2
We will implement Sustainable Futures policy to ensure packages of care are right sized and appropriate to need	Patrick Higgs	4.1	M4.2

We will expand the number of direct payment service users with pre-paid cards	Patrick Higgs	4.1	M4.2
We will work with our NHS partners to establish ambitions for integration and deliverable priorities focusing on improving discharge and sharing data	Peter Fairley	4.1, 4.3	M4.3, M3.2
We will develop an investment programme for digital	Transformation Director for ASC	4.3	M4.3

## Priorities for 2019-21

Activity	Lead	Strategic Priority
Our review of commissioning, charging and debt recovery processes will be on-going in the future, as we continue to focus on securing the best value for vulnerable residents and tax payers	Transformation Director for ASC	4.1
We will continue to implement and develop a predictive data analytics and population health management system with our partners	Transformation Director for ASC	4.3
We will continue to engage with government to address the funding challenges that will be created if there is no further renewal of improved Better Care Fund investment	Peter Fairley	4.1

# OUR EQUALITY OBJECTIVES

This Business Plan gives regard to the Equality Duty and supports the commitments made in our Equalities policy statement:

- We will foster good relations between different groups and communities, engaging and collaborating to ensure that what we do best reflects the diverse needs of Essex residents and businesses.
- We will ensure that equality is at the heart of all proposals and processes, seeking to mitigate any adverse effects where possible.
- We will cultivate a greater understanding of the root causes of disadvantage, embedding this throughout the organization to address discrimination wherever we find it.
- We will recruit and retain a diverse workforce that reflects the communities served, and ensure our people feel valued and respected.

## Adult Social Care will support these objectives by:

- Continuing to take a proactive approach to embedding equality and tackling inequality as part of everything we do by ensuring all major initiatives are EQIA-ed, co-production with service users and tracking progress on qualities through performance monitoring.
- Committing to empowering disadvantaged and marginalised people by involving them in co-production and supporting them to lead independent lives on their own terms, for example, by continuing to develop the use of personal budgets, expanding choice through our market development work, developing the independent living programme for people with learning disabilities, implementing the SET dementia and mental health strategies and continuing to work with Healthwatch Mental Health Ambassadors to deliver the SET strategy.
- Developing population health management and/or predictive data analytics techniques to help target resources at rising risk areas and building the evidence base on 'what works' in working with vulnerable people on equalities issues – for example, by developing JSNA 'deep dives' or autism and learning difficulties.
- Developing employment support for vulnerable adults with a focus on increasing the numbers of people with learning difficulties who are in employment.
- Developing our workforce strategy and market development strategy to focus on creating a diverse market and workforce to reflect the communities that we serve.
- Ensuring the mandatory equalities E-Learning module has a completion rate above 95%, taking steps to improve completion scores where necessary.
- Engaging more effectively with employees from minority backgrounds and staff with disabilities through our Equalities Champions.
- Maintaining an EqIA completion score of above 85% for all CMAs, key decisions and changes to an existing service.
- Proactively engaging with and aiding in ECC being a disability confident leader, with a focus on increasing the numbers of people with learning difficulties in employment.
- Playing our part in tackling child poverty in Essex by working alongside internal and external partners.

## BUDGET DATA – SAVINGS TARGETS to 2020-21

Adult Social Care	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m
Current MTRS	421	419	433	471
Savings Target (in addition to those already planned)	0	(28)	(61)	(91)
Financial Envelope	421	391	372	380
Total Savings		(40)	(76)	(106)
Total MTRS reduction %		(10%)	(18%)	(23%)
Cash Reduction % (compared to 2017/18)		(7%)	(12%)	(10%)

ASC 2017/18 Savings Activity	Saving £m
ASC Sustainability Programme	20.3
Health Investment in Prevention	10.8
HRS Transformation	5.0
Social Care Income	4.7
Reablement	4.1
ECL Strategic Partnership	1.0
Other	10.5
<b>Total Saving for ASC</b>	<b>56.4</b>

### Context and assumptions

1. The projected savings of £91 million by 2021 are *in addition to savings that were previously built into the MTRS* of £12.1 million in 2018-19, £15.4 million in 2019-20 and £15.4 million in 2020-21.
2. The MTRS predicts that extra costs in Adult Social Care as a **result of inflation** will be £24 million in 2018-19, £50 million in 2019-20 and £76 million in 2020-21. There are higher than normal inflation rates for some services – 8.6%, 5% and 7% for OP, LD and PSI residential care respectively, and 6.9%, 4.2% and 7% for domiciliary care. The staffing inflation rate remains at 1%.
3. The MTRS anticipated **additional costs as a result of demographic changes** of £6 million in 2018-19, £12 million in 2019-20 and £18 million in 2020-21. The demographic pressures growth rate has been developed by the Insight and Intelligence Team combining national evidence sources and local experience.
4. The MTRS and budget do take account of the **supplementary money through the Improved Better Care Fund**. For ECC, this is £24.7m in 2017-18, £16.8m in 2018-19 and £8.3m in 2019-20.

# BUDGET CHOICES

**This Business Plan is supported by the Budget Choices work that is being developed in parallel with it and is also being considered by CMB and PLT, which is informed by the development of our Medium Term Resourcing Strategy.**

Adult Social Care is taking a thematic approach to savings delivery over the next business planning cycle to better generate efficiencies, savings and income from the Adults service. This is being developed through our work on the Medium Term Resourcing Strategy. Key themes include:

- Front door management to more effectively manage demand and reduce expenditure, including enhancing our digital IAG capacity;
- Innovation to take a new approach to how we manage service delivery, workforce issues and the future of our Adults with Disabilities function, including accelerating the use of digital capacity for a step change in performance and a review of options for the future of our Adults with Disabilities service;
- Effective practice review, with a particular focus on adults with learning disabilities, to ensure we're meeting need in a financially sustainable way;
- Price and market development, to ensure we get the best prices for the services we procure, whilst minimising costs for providers;
- Decommissioning services to drive better value from our in house service delivery vehicle and reduce spend on costly non-statutory services, including a review of options for Housing Related Support;
- A range of other initiatives, including looking at how we can increase social care income.

Detailed proposals are being developed through our MTRS development work, which is being completed in parallel with the Business Plan

## MEASURING SUCCESS

Ref	Measure	Targets			
		Year 1	Year 2	Year 3	Year 4
M1.1	<b>Economic Growth:</b> Increase the rate of adults with disabilities who are economically active	8%	10%	13%	16%
M1.2	<b>Economic Growth:</b> Reduction in carers saying they can't access employment	Shown by annual carers survey by 2021 (Reduction in carers who say they are not in paid employment because of their caring responsibilities)			
M2.1	<b>Best Start and Age Well:</b> Percentage of people self-caring after reablement	71%	72%	73%	75%
M2.2	<b>Best Start and Age Well:</b> Number of residential care starts per 100,000 of population	356	337	318	300
M2.3	<b>Best Start and Age Well:</b> Number of social care attributed delayed transfers of care (per day per population)	2.6	2.6	2.6	2.6
M2.4	<b>Best Start and Age Well:</b> CQC assessed providers rated 'good' or 'outstanding'	84%	88%	94%	100%
M2.5	<b>Best Start and Age Well:</b> Increase the proportion of carers who find it easy to find information about support	59%	64%	75%	80%
M2.6	<b>Best Start and Age Well:</b> The percentage of enquiries resulting in a reduction of risk to the service user	80%	85%	90%	95%
M3.1	<b>Great Places:</b> Numbers of new houses and accommodation solutions for vulnerable adults	To increase the number of independent living units by 2021			
M4.1	<b>Transform:</b> Reduce vacancy rates in adult social care	A decrease in the percentage of unfilled positions, year on year			

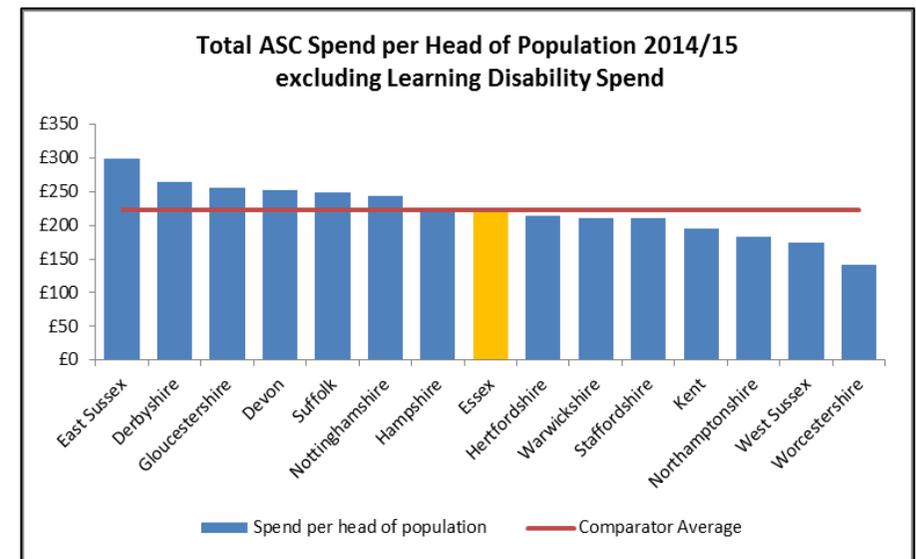
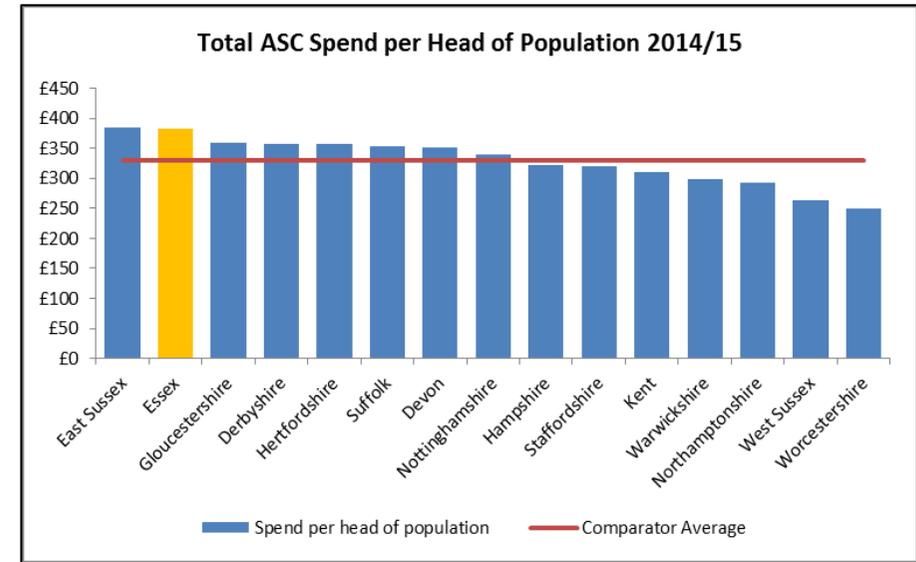
M4.2	<b>Transform:</b> Income growth target	To increase the level of Income from Adult Social Care in line with savings loaded into the MTRS
M4.3	<b>Transform:</b> Workforce productivity is increased as a result of digital investment and more people can self-care	An increased rate of annual reviews completed an increase in the timeliness of assessments

# Appendix 1: BENCHMARKING – QUALITY AND COST

- In 2014-15 ECC was the **second highest net spender for adult social care** within our comparator group. This is largely accounted for by the high per-head spend on services for adults with learning difficulties.
- This **reflects our spend on adults with learning disability services**. Our combined spend on older people, people experiencing mental health difficulties, and working age adults with physical and sensory impairments is less than the average spends for similar authorities.
- Essex supports **more adults with LD** than other areas (the second highest of our comparator group), and a significantly **higher number of older adults with LD**. We received the highest transfer of funding from the NHS when long-stay hospitals were closed. This funding is in baseline budgets and will tend to distort comparisons.
- **Essex compares well on key performance indicators**. We are in the top quartile for both national outcomes for LD – people living in settled **accommodation** and people in **employment**. Essex spends a lower proportion of its budget on residential and nursing care for adults with LD compared to similar authorities and a higher proportion on supporting people in their own homes. Essex also spends a greater proportion of its LD budget on direct payments.

In response to increasing pressures on the LD budget ECC launched the increasing independence programme in 2014-15, including an increased investment in social workers, as a result:

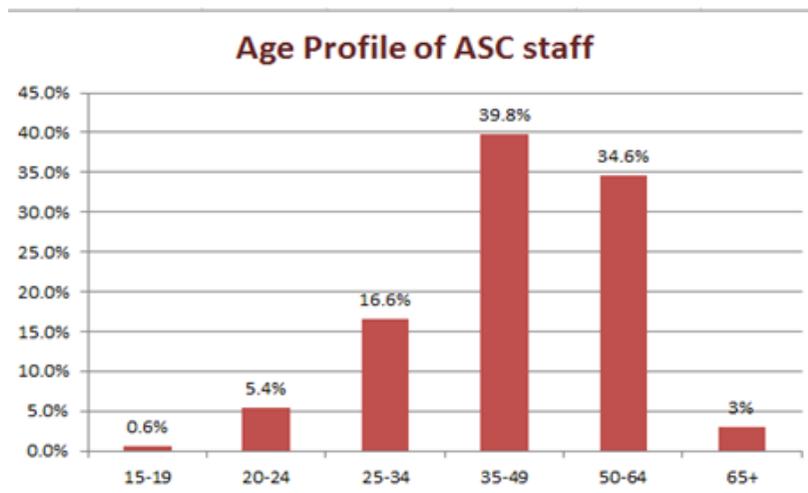
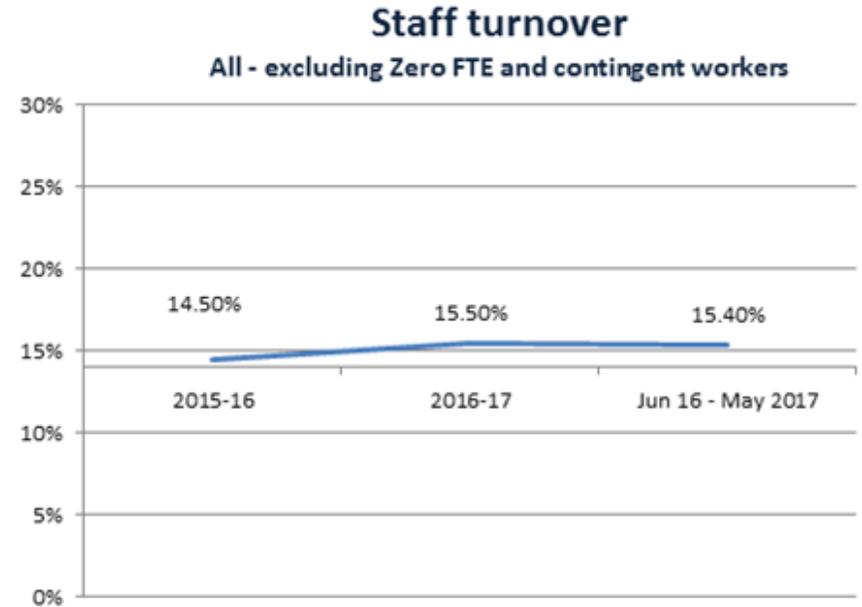
- The number of people with LD in residential or nursing care fell by over 10% in 2015-16;
- This contributed to an overall decrease in expenditure on services for people with LD of 3.1% (equivalent to £5.7 million) in 2015-16.



# Appendix 2: WORKFORCE DATA

## Staff turnover, sickness rates and performance

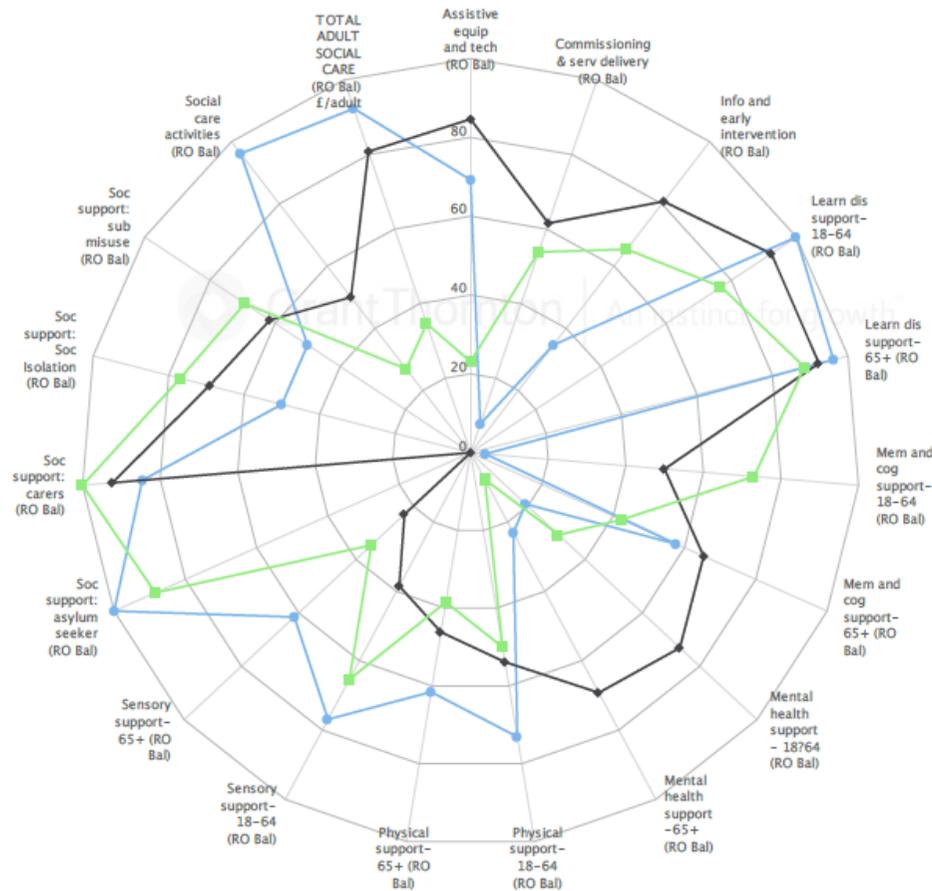
- There was a small increase in overall turnover from 2015-16 and 2016-17.
- The rate of voluntary turnover (resignations only) was 11.1% in 2015-16, 12.3% in 2016-17, and 12.6% between June 2016 and May 2017.
- Nearly two thirds of staff (62.9%) are full-time, with 20.1% part-time and 17% classed as 'contingency workers'.
- Sickness absence (excluding Zero FTE and contingent workers) fell from 3.8% in 2015-16 to 3.3% in 2016-17, and 2.7% between June 2016 and May 2017.
- Over three quarters of ASC staff (76.7%) were judged to have 'fully met' their performance objectives in 2016-17, with a further 14.5% exceeding targets and 5.1% performing exceptionally. Only 1.4% failed to meet their performance ratings, with a further 2.3% developing.



## Age profile and banding

- 37.6% of ASC staff are over 50 years old, compared to 22.6% who are younger than 35.
- Nearly two thirds of staff are at Bands 3 & 4 (64.4%), around 30% at Bands 1-3 and 22% at Bands 5 and 6. Currently there are 45 staff at Band 7 and above.

# Appendix 3: CIPFA BENCHMARKING – UNIT COSTS (ACTUAL)



- Essex
- 1 Hertfordshire
- 2 Kent

## Key messages

Areas of comparatively high unit spend in Essex are:

- Total adult social care
- Social Care Activities
- Learning Difficulties support
- Social support for carers
- Social support for asylum seekers.

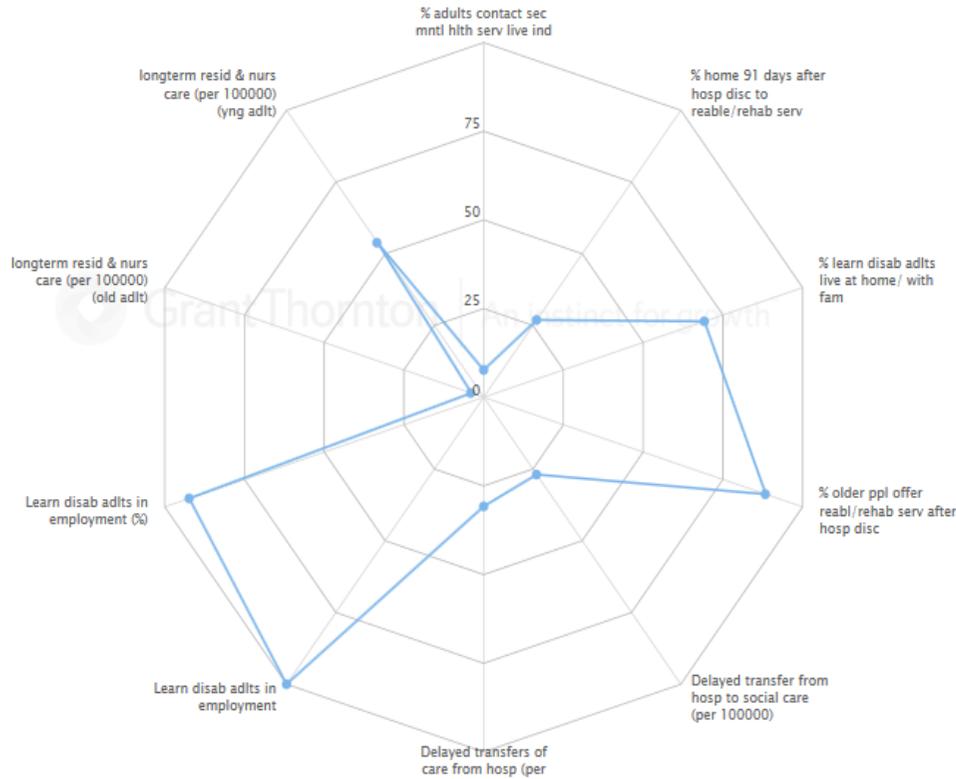
Areas of comparatively low unit spending are:

- Commissioning and service delivery
- Memory and cognitive support 18-64
- Information and early intervention
- Mental health (18-64 and 65 plus).

## Methodology

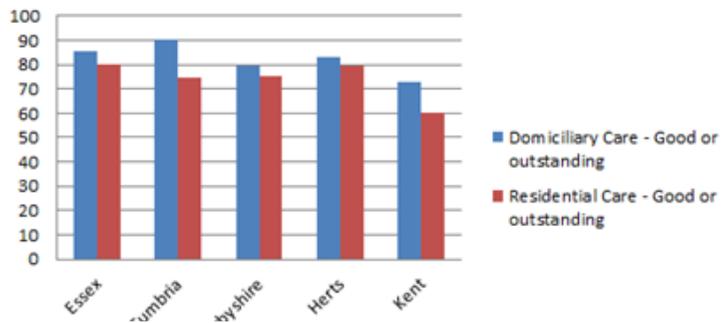
- The Spider Chart is based on CIPFA data from 2015-16.
- It compares actual unit costs for a range of adult social care services with a comparator group.
- It maps unit costs in Essex against those of our two closest neighbours, Herts and Kent.
- Values are converted to percentiles to enable comparisons. The axis is from 0 to 100 and 50 is the group median. For example, if local authority spending on a particular service is 85 this would be very high for the comparator group.

# CIPFA BENCHMARKING – OUTCOMES



- Key messages from CIPFA outcome data:**
- Satisfaction with ACS in Essex is broadly in line with comparator areas, as are CQC ratings, which are particularly good for residential care.
  - Outcomes are comparatively very good for:
    - % Adults with LD in employment;
    - % Adults with LD living at home or with family
    - % of people offered reablement and rehabilitation after hospital
  - Outcomes are not as good for:
    - % at home 91 days after discharge
    - Delayed transfers of care (per 100,000)
    - Long-term residents of residential and nursing care (per 100,000)
    - % of people with mental health problems living independently

**Proportion of providers in LA area rated good or outstanding by CQC**



**Satisfaction with Adult Social Care Services**

