

Bradford Metropolitan District Council

Health and Wellbeing DMT 2019/20 Budget Planning Presentation

20 February 2019



Purpose

- Provide corporate team with assurance that the service has a plan to deliver the savings trajectories agreed within the Medium Term Financial Plan with a focus on 2019/20
- To demonstrate the key components of the plan and the delivery approach
- To discuss the overall corporate financial position and to agree H&WB role in supporting closing the current gap

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S1: Introduction & context

H&WB Department have confidence in delivering the demand and cost trajectories that will enable us to meet our financial commitments over a 3 year period, with a focus on 2019/20. This is because:

- ✓ **Evidence:** evidence based trajectories forming the basis of our £14.4m savings plan and evidence of impact from the Fast Forward phase confidence in delivery for 2 key areas
- ✓ **Performance framework:** enabling us to regularly review performance against plans, providing interpretation and action throughout all levels of the organisation and supporting timely and evidence based decision making;
- ✓ **Prioritisation:** clear vision, objectives and process for continually prioritising where we focus our resources (people and finance); external support commissioned to help drive change
- ✓ **Ownership:** service engaged in developing and delivering the plan, working alongside finance; AD's ownership of transformation workstreams
- ✓ **Clarity over the baseline:** working to establish a clear baseline financial position for 2019/20 including a plan for critical capacity funded from H&WB resources (e.g. LD reviews capacity)

S1: Introduction and context – financial context

- Adult Social Care savings delivered through reducing, preventing and/or delaying demand – reducing the volumes of people and/or packages of support in commissioned long term care – savings to be captured directly from commissioned services budgets tracked to demand trajectories
- Other savings from efficiencies, changes in commissioning contracts and general operational grip will continue to be monitored, providing opportunities for invest to save initiatives and/or the overall H&WB / corporate bottom line;
- Savings trajectories of:
 - £14.4m to be delivered through demand changes within Older Peoples and Learning Disability cohorts (see table below)
 - £10.2m from savings within Public Health budgets
- For OP and LD, if volumes are reduced in line with trajectories by 2021/22, there is likely to be additional benefits of circa £4m in 2022/23 as a full year effect of these reductions is realised.
- The baseline financial position for 2019/20 is being finalised with Finance and will be discussed at DMT on 6th March in advance of budget setting

	2019/20 target £m	2020/21 target £m	2021/22 target £m	Total target £m
OP / PD / MH	(0.8)	(2.1)	(2.1)	(5.0)
LD	(0.8)	(2.4)	(6.3)	(9.4)
Public Health	(3.1)	(7.1)	(-)	(10.2)
Total	(4.7)	(11.8)	(8.4)	(24.7)

S2: Demand and cost trajectories and plan: Older People's, Physical Disabilities and Mental Health

Over the next 3 years older people have a savings target of £5m

This is currently split as follows:

Year 1 2019/20:	£0.8m
Year 2 2020/21:	£2.1m
Year 3 2021/22:	£2.1m

Savings by cohort

	2019/20 target / £m	2020/21 target / £m	2021/22 target / £m	Total / £m	% change
Nursing	-	-	-	-	-
Residential	(0.7)	(1.6)	(1.5)	(3.8)	(30%)
Home care	(0.8)	(0.7)	(0.6)	(2.1)	(18%)
Extra care	0.7	0.2	-	0.9	34%
Total	(0.8)	(2.1)	(2.1)	(5.0)	(14%)

S2: Delivery plans | Older People's and Physical Disabilities

The following assumptions have been worked up with heads of service and a savings trajectory scenario modelled which delivers the £5m over 3 years. Once agreed, trajectories will be monitored monthly to access progress and identify variation and mitigating actions.

Cohort	Change (over 3 years)	Assumption – over the next 3 years:	How will this be achieved?	Workstream
Nursing care	Minimal change	<p>No change. Expect people to receive nursing care later as they will stay in residential and homecare for longer and length of stay to be shorter</p> <p>Those nursing placements that remain will have a higher complexity of support. Net impact results in no change in cost.</p>	<ul style="list-style-type: none"> Consistent application of the three tier approach, supported by Community Led Social Work Improved use of assistive technology Strengthen approach and capacity of Tier 2 reablement and intermediate care services in conjunction with health Improved commissioning of homecare market to generate sufficient capacity, stabilise the market 	<ul style="list-style-type: none"> Health & Care Interface Ensuring the right early help is in place Driving the right conditions for change
Residential care	-35% 246 people	<p>New residential care packages will reduce. These packages will remain the following alternative provisions:</p> <ul style="list-style-type: none"> 40% extra care housing, 60% Homecare – 15 hours 		

S2: Delivery plans | Older People's and Physical Disabilities

Cohort	% change (over 3 years)	Assumption – over the next 3 years:	How will this be achieved?	Workstream
Home support	-20% (hours) includes 69 people moving to extra care 209,000 hours	<ul style="list-style-type: none"> New Homecare packages will reduce. Existing Homecare packages will be reviewed and hours will reduce (some will also increase) In 2019/20 69 high cost home care packages will move to extra care - this is a new extra care facility which will be available. 	<ul style="list-style-type: none"> Consistent application of the three tier approach, supported by Community Led Social Work Improved use of assistive technology Strengthen approach and capacity of Tier 2 reablement and intermediate care services in conjunction with health Improved commissioning of homecare market to generate sufficient capacity, stabilise the market Carer support will be prioritised Enhanced signposting at front door (Access / Hospital) 	<ul style="list-style-type: none"> Health & Care Interface Ensuring the right early help is in place Driving the right conditions for change
Extra Care	+34% 69 people	<ul style="list-style-type: none"> Assume that all extra care is full A new Extra Care facility will be available from 2019/20 with 69 new extra care beds - 100% allocated for high cost home care. Assumed that these will be homecare packages with 17 hours per week Assume that new extra care facility is full in 6 months Some cases will stay in standard Home Care to give capacity for new cases from residential. These packages have been modelled as having 15 hours of homecare. 	<ul style="list-style-type: none"> Consistent application of the three tier approach, supported by Community Led Social Work Improved use of assistive technology Commissioning Extra Care placements to match demand 	

S2: Demand and cost trajectories and plan: Mental Health

Whilst there are no formal savings trajectories to deliver in Mental Health, the trajectory of demand and cost is increasing as a result of challenges in demand for support in crisis and the costs associated of stepping people down from regionally health funded forensic placements and returning them back to Bradford District. As such addressing these challenges is a priority. The priorities for 2019/20 are therefore:

- Systematic reviewing with health colleagues which includes eligibility for S117 aftercare
- A consistent application of the three tier approach within the integrated mental health teams , including focusing on recovery by offering evidence based psycho/social therapy to people and their carers.
- Enabling people with mental illness to access community led support in their communities, remain in employment, have access to peer support and employment opportunities if they have been unable to work due to their illness.

S2: Priorities for Q1 / Q2 - 2019/20: OP/PD/MH

	Why chosen?	Desired impact	Service leads
Home care	<ul style="list-style-type: none"> Increasing volumes Cash releasing Market issues; Home support locality contract implementation in 2019/20 Key enabler to flow incl. releasing capacity in BEST 	<ul style="list-style-type: none"> Cash releasing in 2019/20 Reduce increasing flow of demand including enablement Increase independence Improve market capacity / quality Increase use of alternatives 	Lyn Sowray – AD Lead supported by: <ul style="list-style-type: none"> Pat Cole - BEST Najum - Locality / Area Teams Commissioning
Health & Care Interface	<ul style="list-style-type: none"> Understand and reduce demand flow from health Improve independence 	<ul style="list-style-type: none"> Analysis of influenceable demand for key cohorts across interface Engagement of health Plan to address 	Lyn Sowray Health stakeholders – CCG, BTHT, Airedale Trust
Access	<ul style="list-style-type: none"> Momentum generated Reduce front-door impacts on reduced demand throughout 	<ul style="list-style-type: none"> Increased diversion from front door Increased use of alternatives 	Lyn Sowray – AD Lead: <ul style="list-style-type: none"> Alec Porter – Access Corporate website team

As we support each of these three service areas we would: -



Working with commissioning and Bradford Early Help leads to roll out alternative support packages, including Assistive Technology, to step down or divert clients from long term care where supporting their independence differently allows

S3: Demand and cost trajectories and plan: Learning Disabilities

Over the next 3 years Learning Disabilities have a savings target of £9.4m

This is currently split as follows:

Year 1 2019/20:	£0.8m
Year 2 2020/21:	£2.4m
Year 3 2021/22:	£6.3m

Savings by cohort

	2019/20 target / £m	2020/21 target / £m	2021/22 target / £m	Total / £m	% change
Nursing	-	-	-	-	-
Residential	(0.4)	(0.9)	(2.5)	(3.8)	(33%)
Supported Living	(0.4)	(1.3)	(2.6)	(4.3)	(24%)
Home care			(0.6)	(0.6)	(18%)
Day care	(0.1)	(0.9)	(2.0)	(3.0)	(33%)
Community alternatives	0.1	0.5	1.5	2.2	33%
Total	(0.8)	(2.4)	(6.3)	(9.4)	(18%)

S3. Delivery plans | Learning disabilities

Cohort	% change (over 3 years)	Assumption - over the next 3 years:	How will this be achieved?	Workstream
Nursing care	0%	<ul style="list-style-type: none"> No change (there are only 26 people receiving nursing care) 		
Residential care	-45%	<p>Residential care packages will reduce. These packages will step down to the following alternative provisions:</p> <ul style="list-style-type: none"> Supported living packages at £858 per week average package size 	<ul style="list-style-type: none"> Consistent application of the three tier approach, supported by Community Led Social Work Development of robust approach to managing transitions from Children's services Programme of reviews, embedding three tier model and use of assistive technology 	<ul style="list-style-type: none"> Ensuring the right early help is in place Driving the right conditions for change Maximising peoples independence
Supported living	-32% average weekly reduction in package size	<ul style="list-style-type: none"> Supported living average package cost will reduce from £1256 pw to £854 pw To maintain the supported living population at its current level some cases will step down to community alternatives (through direct payments – assumed as £550 pw, 2x current average cost) 	<ul style="list-style-type: none"> Consistent application of the three tier approach, supported by Community Led Social Work Development of robust approach to managing transitions from Children's services Investment in LD front door Developing an accessible market of community support Programme of reviews, embedding three tier model and use of assistive technology 	

S3: Delivery plans | Learning disabilities

Cohort	% change (over 3 years)	Assumption - over the next 3 years:	How will this be achieved?	Workstream
Home care	-15%	<ul style="list-style-type: none"> New Homecare packages will reduce. Existing Homecare packages will be reviewed and hours will reduce (some will also increase) 	<ul style="list-style-type: none"> Consistent application of the three tier approach, supported by Community Led Social Work Development of robust approach to managing transitions from Children's services Investment in LD front door 	<ul style="list-style-type: none"> Ensuring the right early help is in place Driving the right conditions for change Maximising peoples independence
Flexible Community Alternatives (through Direct payments & ISFs)	+50%* (population from 451 to 670 but decrease in average weekly cost)	<ul style="list-style-type: none"> Commissioning of flexible community alternatives using DP's and ISFs will increase as packages step down from supported living, home care and used as an alternative to day care Packages stepped down from supported living assume £550 pw Packages from day care assume £100 pw 	<ul style="list-style-type: none"> Consistent application of the three tier approach, supported by Community Led Social Work Developing an accessible market of community alternatives Re-commissioning of LD Day Services 	
Day care	- 50%	<ul style="list-style-type: none"> Day care will be reduced some people will move to community support, volunteering or employment some people will receive a direct payment Assume 30% of day care packages will move to a direct payment of £100 pw 	<ul style="list-style-type: none"> Consistent application of the three tier approach, supported by Community Led Social Work Developing an accessible market of community support Programme of reviews, embedding three tier model and use of assistive technology 	

S3: Priorities for Q1 / Q2 – 2019/20: Learning Disabilities

Priority Area	Why chosen?	Desired impact	Service leads
LD Transitions & new entrants	<ul style="list-style-type: none"> Rising demand and costs Stem flow from Children's Significant cultural change required Understand new entrants demand 	<ul style="list-style-type: none"> Cash releasing greater impact in 2020/21 Reduce average package size Improve independence in preparation for adulthood Increase alternatives 	Rob Mitchell – LD Lead supported by: <ul style="list-style-type: none"> Fazeela Hafajee Sally Townsend LD Area Teams Children's Service Leads Commissioning
LD Reviews	<ul style="list-style-type: none"> LD demand growing Opportunity to reduce package size Cash releasing but slower as challenging cohort Momentum through FF phase Day services contract 	<ul style="list-style-type: none"> Cash releasing greater impact in 2020/21 Reduce package layering Improve people's independence 	Rob Mitchell – LD Lead supported by: <ul style="list-style-type: none"> Fazeela Hafajee LD Area Teams Commissioning – support options

As we support each of these three service areas we would: -



Working with commissioning and Bradford Early Help leads to roll out alternative support packages, including Assistive Technology, to step down or divert clients from long term care where supporting their independence differently allows

S4: Savings plan: Public Health

Over the next 3 years Public Health have a savings target of £10.2m p

This is currently split as follows:

Year 1 2019/20: £3.0m

Year 2 2020/21: £7.1m

Savings by project

	2019/20 target / £m	2020/21 target / £m	2021/22 target / £m	Total / £m
Air Quality Monitoring Programme	-	(0.06)	-	(0.06)
Health checks	-	(0.18)	-	(0.18)
School Nursing & Health Visiting	(1.96)	(1.00)	-	(2.96)
Substance Misuse Service	(0.62)	(2.90)	-	(3.54)
Sexual Health	-	(0.65)	-	(0.65)
Tobacco	-	(0.30)	-	(0.30)
Warm Homes, Healthy People	(0.02)	-	-	(0.02)
Public Health	(0.30)	(0.35)	-	(0.65)
Home from Hospital Service	(0.17)	-	-	(0.17)
Welfare Advice & Customer Service				
Transformation	-	(1.70)	-	(1.7)
Total	(3.07)	(7.14)	-	(10.21)

S4. Delivery plans | Public Health

Ref	Project	2019/20 £'000 impact	2020/21 £'000 impact	How will this be achieved?
6PH1	Air Quality Monitoring Programme	0.0	55.0	<ul style="list-style-type: none"> Reduction in two vacant posts (1 FTE) Cease operation of three air quality monitoring stations in 2020 and continue with servicing agreements with remaining four stations only from April 2020.
6PH2	Health Checks	0.0	175.0	<ul style="list-style-type: none"> Options appraisal of future delivery options, including delivery in conjunction with Bradford Healthy Hearts, deliver in-house under Living Well service, commission external third party to provide health checks or continue with current model, adjusting remuneration to address inequalities.
4PH1	School Nursing and Health Visiting	1,959.0	988.0	<ul style="list-style-type: none"> The 0-19 PH Children's Service was subject to a recent procurement process with a view to a new contract being in place by April 2019/20. Due to delays in the process, the expected start date is 1 Aug 2019.
4PH2	Substance Misuse Service	625.0	2,919.0	<ul style="list-style-type: none"> Continuation of previous years savings, split into five areas. Substance Misuse Recovery Service – budget reductions built into new contract which commenced in Oct 2017. Substance Misuse Dual Diagnosis Service – incremental reduction to zero until contract end in 2020-21. Supervised Medication Programme: delivery of interventions to lead to improved outcomes and reduce number of individuals whose medication is supervised, including use of an alternative source of medication by provider. Inpatient Detoxification (IPD) – following a decrease in the requirement for IPD over several years, plan to cease by 2020/21 with responsibility for any demand taken by the provider. Needle Exchange Programme: continuation of essential equipment at reduced cost. Alternative funds (c£50k) under development to manage risk / impact.

S4. Delivery plans | Public Health cont.

Ref	Project	2019/20 £'000 impact	2020/21 £'000 impact	How will this be achieved?
4PH3	Sexual Health	0.0	647.6	<ul style="list-style-type: none"> Planned service redesign to be completed during 2020/21.
4PH4	Tobacco	2.0	304.2	<ul style="list-style-type: none"> Service redesign to meet budget reduction and project plan in development for implementing a stop smoking service targeted to individual and communities at high risk from tobacco related harm .
4PH8	Warm Homes Healthy People	20.0	0.0	<ul style="list-style-type: none"> Service was procured for 17/18 and 18/19; contract ends 31st March 2019 realising 19/20 'savings'. CCG finance and budget lead on 21/1 agreed for CCG investment of £30k to remain in future years to be matched against £20k from Council's Winter Resilience allocation for a budget of £50k. Once 2019-20 commenced and both sets of funding confirmed, a joint CCG and Council procurement programme will be launched to identify a provider.
4PH10	Public Health	310.0	350.0	<ul style="list-style-type: none"> Project Plan agreed and initiated. Restructure discussions have begun after internal process (including CMT, HR, Union). Consultation runs 16/01 to 15/03. Timescales to implement change will be in line with budget decisions, required process and statutory consultations.
6A1	Adults demand management strategy	-	-	<ul style="list-style-type: none"> Refer to executive report 04/12/18 for financial profile. Project initiation stage – plans not yet agreed – expect plans to be complete by Spring 2019.
5PH1	A Home from Hospital Service	170.1	0.0	<ul style="list-style-type: none"> Project Plan already agreed and initiated. Public Health has undertaken a review of the service in 18/19. Options under consideration by partners and redesign requirements identified based on district and partner need. Consideration to be given to delivering through BCF or new monies. 2019/20 start time aligns to CCG/Council reviewing current BCF spend against outcomes. Budget requirements (PH) will be met as planned.
6X1	Welfare advice and Customer Service Transformation		1,700.00	<ul style="list-style-type: none"> Project initiation phase, working with members; providers and departments. FutureGov investigating customer needs and current systems, by 31/03/19 Programme managed by the central programme management team. Savings to be made in 2020/21. If no viable alternatives are found then these will be delivered as defined in the original budget proposals.

S5: Commissioning: Priority activities

Commissioning is a key enabler in supporting H&WB to deliver the demand and cost trajectories over the next 3 years. The key priorities for 2019/20 are as follows:

- **Personalisation, choice and control:** drive a personalised commissioning approach to support people to choose activities that enable them to live their lives more independently e.g. reimagining days for LD; creative approach to choosing community solutions, using ISFs;
- **Early intervention and prevention:** Central role in supporting the maximising independence interventions (home support, LD reviews, LD transitions), in understanding what people want and helping them to access those alternatives to reduce / prevent / delay long term care;
- **Statutory accommodation and support services:** Commissioning of a number of key contracts that expire during 2019/20 but ensuring that the contracts support the Department to deliver the vision and principles we have established including engaging, where appropriate, across the public sector (e.g. health, children's) to make best use of resources and prevent duplication for people;
- **Improve quality of services:** embed a quality assurance approach;
- **Market facilitation and sustainability:** develop a Market Position Statement and a co-ordinated approach to engagement to help stabilise the market and deliver value

S6: Supporting the corporate position: Discussion

H&WB are appreciative of the support provided by corporate team in funding the base budget that provides an opportunity to achieve the demand and cost trajectories.

We also recognise that corporately BMDC has a financial deficit over the 3 year period. Our expectation is that the demand trajectories will still be a challenge to deliver over the 3 year MTFP, however, if there are opportunities to help support the corporate position then we want to help. The following are potential areas to explore:

- **Additional in-year governmental allocations:** should additional funding be allocated relating to H&WB from central government, if the conditions of these allocations were being met and could be evidenced then we would negotiate the use of this funding to help the corporate position e.g. BCF, iBCF, adult social care grants, DfG;
- **Over-achievement of in-year savings trajectories:** should H&WB over achieve its in-year savings targets and underspend against budgets (in totality) then we are happy to negotiate how this could support the corporate bottom line; the demand and cost trajectories increase in years 2 and 3 so any over-achievement in 2019/20 will be a contributor to delivering the trajectories in future years and as such any underspends would be non recurrent
- **Opportunities to utilise cross-council resource:** where we are implementing creative solutions in supporting people to live their lives independently we will look at opportunities to utilise Council resources more efficiently e.g. volunteering, rationalising Council buildings

As a Department we want to confirm a principle that where resources are allocated with conditions, that we are able to clearly evidence that those conditions are being met and that the evidence is auditable before re-allocating. This is a key concern that will frame negotiations around re-allocation of resources.

Are there any other examples where H&WB could support the corporate bottom line?