Draft Recommendations & Action plan
Public Value Review of Older People's Services 2010

Key to Abbreviations CCA - National Health Service and Community Care Act 1990

Theme	Rationale for Recommendations	Legal Framework	Specific Work streams	Outcome	Responsible Officer	Identified Saving / Income/ Mitigation (Full	MTFP Target	Anticipated Outturn	MTFP Target 2010/11	MTFP Target 2011/12	MTFP Target 2012/13	MTFP Target 2013/14	Completion of Work stream	Implementation Cost	Resource Needed	Risk/ Issues
Prevention	Older Peoples Service currently has over **75** individual grants. Each of the grants have individualised agreements, these vary in size, specification, quality and rationale. The PVR has set out to review all current grants and contract agreements with third sector to provide a consistant approach and format to each funding allocation. Current agreements lack detail to demonstrate how they achieve our strategic aims. Need to undertake a significant updating to reflect new outcomes based commissioning principles, quality assurance and performance monitoring.	**CCA Eligible needs and preventative duties**	Voluntary Sector Grants & Contracts: increase efficiency and effectiveness of current grant allocation process.		Jean Boddy/Norah Lewis		None set	N/A					**2011/12**	**Nil**		Disinvestments and reinvestment - Managing the message to groups whose contracts may need to be ceased :Older people wish to have a cohort of traditional services remaining in the community: Compliance with compact and contract agreements will have an impact on speed of savings
			1)design service level agreements on all grants and contract agreements that align objectives to strategic aims, promote personalisation, and SDS.	Strategic Shift and Performance	Jean Boddy	negligible based on current Personalisation	None set									
			2) set objectives for sector to reduce costs infrastructure and back office function by develop consortium approach and reduce overhead cost.	Efficiency and Financial	Jean Boddy	145,000	None set							**N/A**	None additional	
			3) Cease grants that subsidise the delivery of non specialist services. and where alternative competitive services are available in the market. or services where we have no clear statutory requirement.	Financial	Jean Boddy	45,000+	None set									
Prevention	All research and pilots into Telecare show that both health and social care can expect to make financial savings as a result of Telecare. Telecare technology also offers positive outcomes for individuals, f enabling people to live independently at home, offering practical help and peace of mind to family carers. Telecare supports choice and control for users and carers. The potential of Telecare is currently under-utilised, partly because Adult Social Care staff have not yet fully embraced the concept, in terms of Assistive Technology being a positive option for people, and partly because of the general public not being aware of the benefits. The Telecare Strategy is addressing the gap in practitioner knowledge and competence. The PVR group is recommending specific workstreams to promote take up.	**CCA - Eligible needs /preventative duties**	Promote /Marketing of the uptake of Telecare by Older People		Andrea Cannon		Yes		600,000	700,000	600,000					
			1) To equip the the Right to Control User Hubs with models, testers of Telecare equipment and provide retail and assessment options for ease of take up of Telecare equipment 2) Identify 3 short term bed sites where Telecare equipment "taster sessions" can be promote uptake of equipment. include Redwood Assessment Unit, 1 l house home, and 1 Anchor home evaluate after 3 months to determine on going cost/ benefit	Financial and Strategic	Andrea Cannon	*No additional savings- will improve opportunity to sustain efficiecy gains*	Yes						Mar-11	TBC	Initial funding to be secured from Telecare grants to provide baseline stock and set up in each home. Invest to save model - roll out subject to evidenced monitoring and outcomes	Ability of Borough Councils to meet increased demand versus the impact of private sector interest in developing models.
Home-Based Care	1) inefficient back-office processes 2) some level of dissatisfaction of service users in relation to time spent by care staff on visits		**Electronic Monitoring of Homecare services:** conduct further research on the costs and benefits of the different options for electronic monitoring of homecare and develop an invest-to-save business case.	1) QA: transparency of actual care delivered 2) financial	Caroline Farrar/ Jean Boddy/ Kathy Saunders	Potential reduction staffing resource - £230,220 in first year of implementation	None set						Next financial year	'- £70-100,000 one-off implication. cost - running cost £150,000-180,000 per year	Project Manager (already appointed)	1) Business case for electronic monitoring of home care not agreed/resources not provided 2) Providers not taking up to the system
Prevention	Current day care is purchased through block contracts and grants: There is currently no evidenced rational for the financial allocation per area for day care. In some areas existing services are severely under utilised. Need to ensure that with increased demongraphy and mapping we maximise impact to meet strategic direction.	CCA - to meet eligible needs	1) Using a Community Budget approach meet with each Borough and Community Teams to map existing physical, financial, and community resource in each area. 2) Align allocation of budget accross Surrey proportionate to demographic, resource and identified need. 3) Realign budgets to meet the requirements of the dementia strategy as a priority need 4) Work with community resources to build on co-design and consultation to maximise social capital in each area and develop the market to meet the social inclusion needs of older people further.	Financial, Strategic Shift, Consistency	Jean Boddy/ Donal Hegarty	300,000 – 500,000	None set						Mapping to be completed end November 2010	No additional resource identified at this stage	Partnership officers/ other Surrey departement to support mapping of profile of community resources	Subject to Anchor and Care UK. Some contracts will reap minimum return as contract only relates to staffing cost rather than releasing resources that can be re-commissioned. There may need to be cessation of funding of some services to develop services in under resourced areas co- speed of change may be contingent upon existing contracts and Compact compliance.
Access and Reablement	At operational level this is a confused area. The PVR team have undertaking an audit of other Local authorities and our lawful duties to charge. At operational level there is a lack of clarity as to when assessment ceases and reablement as a service starts, and whether we charge for that service, and blurring of roles and responsibilities rehabilitation which is a health responsibility. History of integrated service development has led to inconsistency practice and outcomes across Surrey.	**CCA. Eligible needs**	1) Implement a clear eligibility criteria and assessment tool for entry into community and bed based reablement services. 2) Review outcomes of all PCT funding for integrated schemes. 3) Confirm target for numbers of people who will go through reablement in future. 4) Confirm target and volumes of people who will go through reablemen 5) Implement a baseline reablement staffing resource (Links to Working Together Differently)	Clear financial model and outcomes. Clear targeting of resources. Consistency	Caroline Jones/ Claire White/ Jean Boddy	100,000	Yes - part of Strategic Shift targets						Mar-11	Nil	Nil	Risk assessments to be completed any disinvestment from PCT. Model is contingent upon Working Together Differently efficiencies, disinvestment and reinvestment in current joint arrangements to secure a baseline social care model
Access and Reablement	There is a lack of performance management in bed use, and initial findings demonstrate that charging policy is not being applied consistently efficiencies of use. There is potential to reduce numbers of beds needed for respite/ assessment.		**Residential & Nursing Homes:** There is a business process written to access short-term beds. Review income collection systems specifically around short-term beds. / Respite care charges applied consistently.	Clarity of financial costs of model. Consistency across Surrey.			None set									

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Self Assessment/ RAS	Models of RAS has been built of current market costs for services traditionally purchased for Older People, model is by design therefore not fully compliant with EIA, and not built on a model of personalisation- unclear at this stage whether RAS would reduce for someone in transition to an OP budget.	**Fairer Charging/**	1) RAS model should undergo an Equality Impact Assessment. 2) Acknowledge that other LA's have struggled with a generic RAS allocation, Calibration of RAS has been modelled to minimise risk and stabilisation of model, however it is recommended by external challenge that the calibration model is reviewed following full implementation of SDS. 3) The MTFP needs model financial impact of SDS on the OP budget based on roll out.	Equality and Consistency	John Woods	**N/A**	None set						This financial year	To be scoped by finance		There is a potential risks that fully "generic" RAS will have significant financial impact - Need to review RAS in line with new pension age and right to work beyond pension age legislation
Self Assessment/ RAS/DP	- Inefficient back-office processes - Inefficient cash flow management (quarterly pre-payment of DP) - some dissatisfaction of existing DP users with the amount of admin work related to the system (also perceived as a barrier to the uptake of DP)		**Direct Payments (DP):** To set up a pilot to evaluate the option of introducing pre-loaded VISA card as an alternative way of facilitating Direct Payments	Financial - cashable savings & cost avoidance Performance - contributes to NI130	Manager of DP Team/Transformation Team	*To be scoped*	None set						Next financial year	*Pilot:* £5,936, to be offset by savings during the same period	Project Manager (in-house)	- Providers not taking up the system - Users not taking up the system - Successful delivery of the Sourcing Team - Unable to deliver planned savings (efficiencies not realised as not enough DP recipients on the card)
Self Assessment/ RAS	General anxiety fed back through consultation with OP and carer groups. Clear need for support mechanism to be put in place		WORK STREAM STILL IN PROGRESS _ SPECIFIC TARGETS WILL BE SET FOLLOWING Feedback from COALITION AND OP GROUPS Equality impact Assessment to be undertaken related to implementation of new models of SDS, support planning and purchasing services.	Performance	Jean Boddy	To be scoped	None set						Within year	To be scoped		Investment may be needed – there is a capital grant for IT which may be at risk to support options
Residential and Nursing	Current unsuccessful strategy of opportunistic bed reduction with Anchor and Care UK. No current accommodation strategy for the provision of long term residential and nursing beds. No commitment from Anchor or Care UK to relinquish beds on current contracts. Public Finance Initiative – There has been an assumption of a 25 year contract, however this has been confirmed as a 20 year contract. PFI will therefore cease in 2018. Bed capacity is inconsistent across areas. Current levels of bed sales to Anchor are reaching a point where they will compromise the terms of the PFI. We need to keep a core cohort of beds to remain eligible for PFI benefits.	**CCA Eligible needs**	1) As per day care map each borough area to scope extent of demography, need, resource both housing, extra care and residential care. 2) Identify demographic pressure including cohort of people with a learning disability. 3) Analyse need and demand and capital resource available over next ten years 4) Propose a strategy that includes an exit stratey for Anchor/ Care UK and In house homes if appropriate.		Jean Boddy	No additional savings	Yes		1,300,000	1,300,000			Within year			Wider commissioning analysis needed - we need to ensure we link with the JSNA and secure appropriate quota cost effective beds for each area to absorb demography.
Income	**Anchor:** Pursue HMR&C for an urgent review of claim for the Anchor VAT reimbursement as identified by Deloitte in 2008. ·	**HMRC/ VAT**	**Anchor:** Pursue Her Majesties Revenue and Customs for an urgent review of claim for the Anchor VAT reimbursement as identified by Deloitte in 2007/8. ·	Financial	Jeremy Taylor - Procurement	£1,900,000	N/A						Anticipate decision by end of Nov. Decision to	Nil -		Delloittes have supported with advice on process.
Residential and Nursing			Anchor / Care UK / In house residential homes: To analyse need, future demand and map future requirements for residential and nursing home placements.			*To be scoped*	None set									
Residential and Nursing		**CCA - Eligible needs**	To review and reduce the cost associated with Older Peoples (OP) Care Placements costing 15% or above normal fee guidance levels by between 7.5% and 20%	Financial	Pauline Jervis/ Rajesh Shori	400,000	None set						Mar-11	5k	More success if we allocate additional resource to focus on small start and finish task - need experience Manager/ Snr Practitioner.	Providers may not be willing to entertain reductions in cost of packages
Residential and Nursing		**CCA - Eligible Needs**	Efficiencies in length of stay (Methodology applied by Central Surrey Health) have reaped 20% efficiencies in bed use. Identify models through best practice guidelines. Project group to scope – NHS White Paper implications: need to explore through Local Executive Committee's: opportunities for income through practice based commissioning.	Financial, Efficiency and Income	Jean Boddy		None set									

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Charging and Income		**Fairer Charging, CRAG.**	To undertake a formal consultation on Charging Policy with following work streams: - Revisions to the Fairer Charging policy to the maximum rates - New financial assessment process to complete the assessment within 2 weeks - Plan to move to net direct payments by default, - Develop policy for charging for supported living and extra care housing· - Remove the expectation of free re-alignment for all for 6 weeks - Develop a new policy for delivering major adaptations, replacing grants with loans wherever possible - Remove the £20 per week 'surrey allowance' from the respite charging policy and introduce a minimum weekly charge to increase income.	Financial - increase in income	Toni Carney	Additional income to be determined but estimate circa £500k - £1m depending on approach	Yes	?	200,000	100,000			6-week formal consultation Implementation of any changes by April 2011	Consultation costs estimated £20k		