

Appendix A – Revenue and Capital Proposals

This appendix sets out by Lead Member Portfolio the following information:

Budget Pressures – This table sets out details by Lead Member Portfolio of the budget pressures that have been identified and evidenced for 2023/24 and therefore additional budget will be made available

Budget Growth – Unlike budget pressures that are set out in Appendix A that must be funded to enable a balanced budget to be set, budget growth is additional service above what is currently provided. The current proposed areas of growth for 2023/24 are set out below.

Budget Reductions – The table below sets out by Lead Member portfolio all of the proposed budget reductions for 2023/24. This report launches them for consultation and the feedback will be taken into account when Leadership Team recommend the final budget to Council on 1 March 2023

EQIA – A preliminary EQIA has been completed for all savings proposals. When the impact has been assessed as negative a full EQIA will be carried out.

A Adult Social Care and Public Health

B Communities

C Economy, Employment, and Innovation

D Planning, Place and Environment

E Finance and Customer Delivery

F Children and Family Services

G Community Safety, Culture and Leisure

H Housing and Social Investment

I The Leader

J Cross Cutting/ Council Wide

A - Cllr Sarah Addenbrooke– Adult Social Care and Public Health

Budget Pressures

£'000	Description
Adult Social Care and Public Health	
470	Demographic Growth – Although the number of adults requiring care is not significantly increasing people are living for longer and with a greater complexity of care. The numbers requiring mental health support services is increasing and there are an increasing number of young people transitioning from Children’s to Adults services. An estimate of these increased costs for 2023/24 is £470,000
180	Adult Day Centre Transport contract – increase in the price as a result of market volatility and economic conditions
650	

Budget Reductions

Current Budget £'000	Proposed Reduction/ Increased Income £'000	Description	EQIA
Adult Social Care and Public Health			
2,499	144	<p><u>Contracts and Commissioning - Realignment of Voluntary Sector contracts to ensure value for money.</u></p> <p>Over the last four years significant savings have been made through changes to contracts, including those with the voluntary sector. There are further opportunities that will become available for 2023/24, including:</p> <ul style="list-style-type: none"> • Contracts for Information, Advice and Guidance • Some elements of Advocacy provision • Carers Network Services 	Positive
7,594	148	<p><u>Placements and Packages - Homecare Transformation</u></p> <p>It is proposed to implement homecare transformation through a mix of recommissioning for core contracts based on geographical patches, and piloting digital platforms that will increase personalisation and efficiency.</p> <p><u>Recommissioning</u></p> <ul style="list-style-type: none"> • Retain the geographical patch model with two lead providers working per patch • Remove 100% referrals commitment per provider 	Positive

		<ul style="list-style-type: none"> • Block contract based on floor and ceiling option of low floor and medium ceiling • Shift over contract lifetime to direct payments and digital systems • Move to outcome-based delivery offering efficiencies and improved outcomes <p><u>New features and pilots</u></p> <ul style="list-style-type: none"> • Working with volunteers to take-on lower level, non-complex packages that do not involve personal care, including escorting people to appointments, basic IT support, light domestic cleaning, and preparing some meals. • Appointing a care coordination agency, with a digital platform, connecting self-employed care workers to service users. The digital platform enables service users to interact with local care workers, select the home care and support that best meets their needs, book visits at the times which suit them, pay for care visits, build their own circles of support to monitor care, and create their own care hubs. • A matching platform for personal assistants will provide service users with a digital solution for finding personal assistants in their area. The provider already has over 100 personal assistants registered and ready to work in the Bi- Borough. The payment method will be via the Social Care Marketplace platform. This pilot is expected to be delivered at zero cost to the Bi- Borough. 	
700	70	<p><u>Placements and Packages - Reduce spot residential placement purchases for physical support clients, enhanced brokerage and void efficiency.</u></p> <p>The Brokerage function is being reviewed and restructured in 2022/23. One anticipated outcome is the creation of specialist brokerage roles for individuals with expertise in a particular care category (e.g physical disability, mental health, etc.).</p> <p>These post holders will have a detailed knowledge of the local and surrounding market, and be well-versed in using cost analysis tools, dynamic purchasing systems, and negotiation on rates in order to realise better weekly rates for spot purchased placements than are currently achieved.</p>	Positive
4,449	75	<p><u>Learning Disability Placements and Packages</u></p> <p>Residential care is more expensive than other types of accommodation-based support, and care provided out-of-borough is usually more expensive than local provision. Kensington and Chelsea currently uses 53 units across 42 different residential care homes that are out of the borough. There are three clear opportunities here to improve outcomes for our residents and to deliver savings:</p> <ul style="list-style-type: none"> • Reduce the number of residential placements made out-of-borough 	Positive

		<ul style="list-style-type: none"> • Make more use of cost analysis tools such as Care Cubed to negotiate better prices when it is necessary to place residents out-of-borough • Increase the number of placements in local supported accommodation, where appropriate, relative to the number of people placed in residential care. <p>In many instances it is better for residents to be supported in local accommodation rather than be placed in residential care. This is in line with the ambitions of the national Transforming Care Programme and aligns to the related saving programme of “RBKC is Home”.</p>	
2,925	150	<p><u>Mental Health Placements and Packages</u></p> <p>Residential care is more expensive than other types of accommodation-based support, and care provided out-of-borough is usually more expensive than local provision. Kensington and Chelsea currently uses a significant number of units in residential care homes that are out of the borough. There are four clear opportunities here to improve outcomes for our residents and to deliver savings:</p> <ul style="list-style-type: none"> • Reduce the number of residential placements made out-of-borough • Make more use of cost analysis tools such as Care Cubed to negotiate better prices when it is necessary to place residents out-of-borough • Increase the number of placements in local supported accommodation, where appropriate, relative to the number of people placed in residential care. • Redesign the referral pathway to increase access to general needs housing with floating support provided by commissioned carers where appropriate. <p>In many instances it is better for residents to be supported in local accommodation rather than be placed in residential care. This is in line with the ambitions of the national Transforming Care Programme and aligns to the related saving programme of “RBKC is Home”.</p>	Positive
2,026	100	<p><u>Placements and Packages - Remodelling supported living for LD and MH.</u></p> <p>Residential care is more expensive than other types of accommodation-based support, and care provided out-of-borough is usually more expensive than local provision. There are opportunities to improve outcomes for our residents and to deliver savings that include reducing out-of-borough placements, better negotiations with providers of residential care, and making better use of alternative types of supported accommodation. This will be complemented by the introduction of a new framework contract for the provision of supported accommodation that will standardise hourly rates for all providers in borough, enabling the delivery the saving. This new framework is due to come into place during 2023/24.</p>	Positive
	71	<u>Staff Savings</u>	Positive

		<p>Over the last 5 years, ASC has delivered around £1m in staff savings, equating to 7.5% of the total staffing budget. Further savings are planned for 2023/24 through a whole system delivery change within ASC services. For example:</p> <ul style="list-style-type: none"> • Day services • Mental health • Care management processes, such as Discharge to Assess (D2A) 	
2,239	100	<p><u>Day Services - Review of day services provision through Short-term and long-term approaches.</u> The short-term approach is to work with existing providers of day services for older people to identify savings options between 7%-14% from 1 October 2023. The longer-term approach is to more fully review our commissioned day service provision to continue those services which are effective in delivering outcomes and cost efficient.</p>	Neutral
569	300	<p><u>NHS Funding for Reablement</u> The NHS invest in the 'Home First' discharge service (delivered by NHS providers) which reduces the number of hours of reablement required and appropriate referrals. This proposal will seek additional funding from the NHS to fund more on Home First and increase investment in Reablement to reduce the number of people going into long term care across placement and packages.</p>	Positive
1,100	400	<p><u>NHS Funding – Discharge to Assess</u> Discharge to Assess is an NHS legislative framework and has added cost to the system during the pandemic. Additional acuity and activity due to elective recovery is also expected to add pressure to social care budgets. A robust system of funding is required as well as fully agreed affordable pathways that promote good outcomes. This programme of work will establish this and the correct model of care or make recommendations to move back to pre-D2A processes. An adequate funding mechanism would result in income from the NHS to social care. There are a number of interdependencies to this work:</p> <ul style="list-style-type: none"> • Dependent on the outcome of the NWL review of D2A pressures. <p>Robust negotiations are required to ensure D2A care funded</p>	Positive
	300	<p><u>Fair application of NHS CHC criteria across all client groups.</u> - Residents with continuing health care needs that reach a threshold set nationally are entitled to free care to meet their needs through the NHS or partly through a joint funding agreement with social care. The CHC improvement programme aims to improve the evidence gathering, presentation and acceptance of eligibility for service users entitled to CHC. It is proposed to ringfence specialist staff through Invest to save of £100k required to provide the additional evidence and processes and skill transfer required to embed this practice long term.</p>	Positive
	400	<p><u>Continuation of Promoting Independence</u></p>	Positive

		<p>In line with the vision for Adult Social Care, the service will be working with service users as part of their annual review to increase the focus on supporting people to live more independently, to deliver better outcomes and fulfil their aspirations. Each service user has different needs and requires different support, but there will be a focus on three main projects:</p> <ul style="list-style-type: none"> - <u>Direct Payments (DP)</u> DP provides choice and control over the lives of vulnerable people to lead an independent life and is more cost effective to the Council. A programme of development of DP is underway. People will also be empowered to manage their own support and care needs through increased use of DP. - <u>Digital, equipment and acclimation for older people</u> Engaging with service users to provide less intrusive and more modernised ways of providing services. This will involve advanced telecare, modern occupational therapy equipment to support their disability and promote independence instead of home carers providing double-up care. It will also provide for safer and more effective working for carers. This will in turn will increase dignity, safety, empowerment and reduce hospital admission and reduce the long-term dependency on care. - <u>RBKC is Home</u> The Council has young physical and learning disability residents placed in supported living and residential care outside of London and some of the placements are not only expensive, but restrictive in fulfilling their aspirations and away from families and their local communities. This initiative is to bring those people closer to their loved ones and existing communities in RBKC, if that is their choice. This will improve the quality of life and care for the service users and their families. <p>A cost reduction of £400k is expected for 2023/24. Successful delivery of this work will be used to anticipate whether further savings can be achieved by adopting a similar focus on independent living and supporting service users in line with the vision for Adult Social Care.</p>	
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