### 2013/14 Budget - Savings Proposal

Service: Adult Social Care

**Proposal Number:** 

### **Description of Proposal**

# Zero-based Adult Social Care packages, with reimbursements reclaimed in all instances

We need to ensure that Adult Social Care packages are correctly apportioned, and that the costs to be provided from the local authority are the only costs paid. Any costs which fall on outside bodies, i.e. NHS, must be fully recovered. The accountability of reclaiming monies owed to the authority should be led by the authority, with a compliance measure established to monitor the reclaim of these costs.

#### Officer comment:

We are extremely rigorous to ensure that we only pay for what we should do. In particular the are always a series of complicated boundary issues for continuing healthcare (CHC) between ourselves and health commissioners.

We already have a target to deliver significant savings from our external purchasing budget over the next two years and this will include a further review to ensure that people with high care needs are getting the relevant health funding they are entitled to.

We have employed a specialist CHC worker to focus on this and ensure CHC checklists are completed, out of borough placements are reviewed and the process for recovering any funding is followed up.

We currently employ 1 specialist practitioner (via reablement funding) whose role is to work on the most complex cases and ensure best practice is followed throughout Adult Social Care in relation to the assessment process and securing funding from the NHS for Continuing Health Care. Securing external funding associated with care packages - principally the NHS - is part of the role for all social workers when undertaking a needs assessment. In the overall scheme of the number of placements, this would only be relevant to a very small percentage of packages, where the client had a complex need which was principally of a health nature. We have been very successful in the past few years in securing funding from the NHS for clients with very high care needs and this will continue, although it is very difficult to give a figure as to what extra income might be delivered.

# **Proposed Saving**

Proposed Saving in 2013/14	Proposed Saving in 2013/14 FTE Staff	Proposed Saving in full year	Proposed Saving in full year FTE Staff -
Already built into MTFS			

	2013/14 £'000s	Full Year £'000s
People		
Property		
Third Party		
Infrastructure/Kit		

### Base Budget 2012/13

	£'000s
Expenditure	
Employees	
Other Direct Running Costs (Premises, Transport and Supplies)	
Third Party Payments	
Transfer Payments	
Capital Financing Costs	
Support Services Costs	
Gross Expenditure	
Income	
Sales, Fees and Charges	
Grant and External Contributions	
Support Services Income	
Gross Income	
Net Expenditure	
Base Budget 2012/13 Full time Equivalent Staff	

# Recent Changes to Base Budget

	£'000s
Growth approved in the 2012/13 Base Budget	
Savings approved in the 2012/13 Base Budget	

Impact of Proposal on public / services	
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Impact of Proposal on performance	See above
Impact of Proposal on staff	N/A
Practical requirements regarding implementation and timetable	See above
Equalities Impact	It is important that people who are entitled to CHC funding are identified because if it funding through the NHS it is a non-means tested service.