

• What's gone well?

- The New Operating Model and 'different conversations' have:
 - Significantly reduced the number of people entering the system
 - Met more people's support needs earlier and at reduced / zero costs
 - Reduced the number of community care assessments required

In addition to reducing the current (and future demand) on services, we have been reducing our existing costs as much as possible by:

- Repatriating out of county learning disability clients
- Creating supported housing opportunities to reduce use of residential care
- Reviewing and challenging all CHC funding for clients with health needs
- Reducing block contract respite beds
- Renegotiating a number of support contracts
- Reviewing all high cost care packages
- Continuing with day services transformation
- Reducing our overall establishment (VR)
- Further developing our use of assistive technology and our telecare offer

- What's gone less well?

- Our ability to quantify the impact of some of our changes (ie directly relating reduced demand with reductions to base budget)
- Unpredictable demand – due to the nature of social care there will always be unforeseeable demand – this continues to be a challenge to business planning and budget setting
- Delays in implementation of particular work-streams (resulting in some predicted savings moving into the next financial year)
- QUICS PFI contract
- Review and renegotiate QPA award for care homes
- Medium term housing developments (buy to let)
- Development of a falls and key holder service

- What are the areas we need to concentrate on next year?

- Children's transition - Overarching / LT / ST / Troubled families / Early intervention
- Implementation of the Care Act (mitigation of risks and the development of opportunities)
- Hospital Discharge and collaborative working with Health Partners (most effective use of the Better Care Fund)
- Continuous development of the operating model
- Work with VCSA partners