

# MEDIUM TERM SERVICE & RESOURCE PLAN – SERVICE IMPACT STATEMENT – ASHLEY AYRE - ADULTS

## Growth and Saving Items

### 1. PROPOSED REDUCTIONS TO BALANCE BUDGETS

#### (A) Change Programme Savings

2013-14 Saving £000	2014-15 Saving £000	2015-16 Saving £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
	293	296	H	None	None
How saving to be achieved		Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)	
Decrease in Sirona contractual values as agreed.		Already accommodated in service planning			
2013-14 Saving £000	2014-15 Saving £000	2015-16 Saving £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
39	39	0	M	2.6 fte	None
How saving to be achieved		Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)	
Savings identified from the customer services workstream which looks at redesigning the customer pathway making better use of IT systems and implementing streamlined processes (including family information)		Yet to be determined. Service will transfer work to the customer service equivalent to this reduction			
2013-14 Saving £000	2014-15 Saving £000	2015-16 Saving £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
15			M	0.75 fte	None
How saving to be achieved		Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)	
P2P Efficiency savings		Restructure of administration in relation to Invoice payment and purchase orders			
54	332	296	Sub Total – Change Programme Savings		

(B) Other Cashable Efficiency Savings

2013-14 Saving £000	2014-15 Saving £000	2015-16 Saving £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
50			M	1.0 FTE	None
How saving to be achieved		Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)	
Savings in commissioning substance misuse services to be achieved primarily through reduced commissioning staff capacity with a small saving to be achieved by reducing spend on residential treatment by “holding” people in community treatment services, which are now achieving significantly improved outcomes following pathway redesign.		<p>Limited service impact as there is less need to fund out of area residential treatment as a consequence of improvements to the care pathway and effectiveness of community treatment. The treatment system is dependent on national performance related funding. Further reductions in service from council or NHS locally will put performance and therefore treatment system investment at risk.</p> <p>Lack of effective substance misuse services can adversely impact on the community, including escalation of drug and alcohol related crime and anti-social behaviour.</p> <p>Loss of commissioning capacity will increase workload pressures.</p>			

2013-14 Saving £000	2014-15 Saving £000	2015-16 Saving £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
	575	575	M	TBC (Primarily Sirona)	None
How saving to be achieved		Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)	
In partnership with Sirona Care & Health further efficiency savings from the contract with ‘Sirona’ Care & Health. This would be in addition to the £9.0m savings already built into the five year contract between Sirona, the Council and the Primary Care Trust. A recently published Audit Commission report “ <i>Reducing the cost of assessments and reviews</i> ” based on 2010/11 benchmarking information, which pre-dates the establishment of Sirona, suggests that efficiencies from social care processes could be achieved in the medium term. Target is based on bringing B&NES costs closer to the national benchmark. Delivery of the saving would need to be supported by: i) improved access to signposting, provision of advice and information (including to self-funders); ii) policy and process redesign, including increases in self-assessment; and iii) pathway redesign, culture change and skill-mix review.		Any service impacts would need to be assessed in light of the detailed savings plans, to be developed and agreed during 2013/14. The Audit Commission report suggests that savings can be made without adversely impacting on quality.  If implemented in the right way, this change could impact positively on service users as a) some service users would self-assess or be signposted to services with no requirement for an assessment; and b) people who ‘self-fund’ their care services would be able to access advice (particularly financial advice) and, also a ‘brokerage’ service that would enable them to choose the provider of their service in light of up to date, accurate information on value for money, quality etc.		Change will require short-term investment in change management and investment in targeted advice and information, including to self-funders.	
50	575	575	Sub Total – Other Cashable Efficiency Savings		

(C) Additional Income

2013-14 Saving £000	2014-15 Saving £000	2015-16 Saving £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
20	0	0	L	None	None
<b>How saving to be achieved</b>		<b>Impact to Service Delivery</b>		<b>Additional Information (Inc. PDSP Feedback)</b>	
Additional income from administration of Homesearch.		None. Additional income from Curo and other Registered Providers to fund advertising of social rented properties via the Homesearch Scheme.			
2013-14 Saving £000	2014-15 Saving £000	2015-16 Saving £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
60	60		M		None
<b>How saving to be achieved</b>		<b>Impact to Service Delivery</b>		<b>Additional Information (Inc. PDSP Feedback)</b>	
The Fairer Contributions policy, which is based on national guidance and determines individuals' personal contribution to the costs of their community based personal care services. The policy requires that individuals are left with basic minimum income thresholds, which are nationally prescribed. Further protection is provided by a nationally prescribed 25% "buffer", which in B&NES is set above the required minimum at 30%. A very small amount of additional income could be generated by reducing this buffer back down to the statutory 25%.		Impact on the income of service users subject to the Fairer Contributions Policy, though these service users would continue to receive the income protection prescribed through national guidance.  Some impact on commissioning and finance capacity to implement change.			

2013-14 Saving £000	2014-15 Saving £000	2015-16 Saving £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
1,000	-1,000		L		
How saving to be achieved		Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)	
Utilise s256 12/13 carry forward to delay recurring impact (one off). In line with Department of Health Guidance, it has been agreed by the Council and Primary Care Trust (to become the Clinical Commissioning Group (CCG) in April 2013) that a proportion of s256 funding can be utilised to offset demand-led pressures in adult social care purchasing budgets (including funding of Personal Budgets).					
2013-14 Saving £000	2014-15 Saving £000	2015-16 Saving £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
500			L		
How saving to be achieved		Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)	
Utilise s256 funding to meet pressures on adult social care purchasing budgets arising from demographic growth – particularly in placements, packages and Personal Budgets for older people and people with mental health needs, including dementia.					
1,580	-940	0	Sub Total – Additional Income		

(D) Reduced Service Levels

2013-14 Saving £000	2014-15 Saving £000	2015-16 Saving £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
0	51	0	H	1.5 FTE	None
How saving to be achieved		Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)	
<p>£25k saving from ceasing the voluntary Accreditation Scheme for private rented accommodation.</p> <p>£26k saving from a reduction in staffing capacity in Housing Services.</p>		<p>We are changing our approach to ensuring quality standards in HMOs – this is currently being consulted on.</p> <p>The Accreditation Scheme provides landlords &amp; tenants with reassurance that a property meets minimum standards. Proposed additional HMO licensing areas cover a significant proportion of the accreditation properties. – as a result, the voluntary scheme will be stopped. Reduction in staffing capacity is likely to result in increased waiting times for some housing services.</p>			

2013-14 Saving £000	2014-15 Saving £000	2015-16 Saving £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
0	375	455	H	None	None
How saving to be achieved		Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)	
<p>A planned reduction of spend on purchasing the provision of personal care and support for older people, including those with dementia, adults with mental health needs, adults with learning difficulties and disabled adults, including those with sensory impairment.</p> <p>Primarily achieved by reducing admissions to residential care, particularly for older people, including those with dementia, by improving access to preventative and early intervention and also, by ensuring that signposting, access to universal services and advice to all, including self-funders, is effective. This saving aligns with investment plans to develop preventative services.</p>		<p>Some service users and their families/carers view admission to residential or nursing care as the “safe” (low-risk) option. Our staff will work to ensure that any concerns about community-based alternatives are addressed effectively. In order to reduce such concerns and mitigate any risks, it would be critical to ensure strong, effective preventative and early intervention services, pathway redesign, and improved signposting and access (including to self- funders) to financial advice.</p> <p>Further investment of Section 256 funding as well as a strategic shift in the investment of a proportion of Supporting People &amp; Communities Funding would be appropriate in supporting the further development of this approach, which is in line with current national and local health and social care strategies.</p> <p>Proposal will increase pressures on Commissioning Team and will require culture change programme for practitioners.</p>		<p>Proposals made in light of high- level review by IPC, which suggests that savings could be achieved by further reductions in admissions to residential care.</p> <p>IPC review makes it clear that these savings can only be realised if part of a strategic shift, including pathway redesign improved access to preventative services and culture change – see also comment against savings in relation to assessment &amp; care management.</p>	
0	426	455	Sub Total – Reduced Service Levels		

(E) Discontinued Services

2013-14 Saving £000	2014-15 Saving £000	2015-16 Saving £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
152	786	0	M	None	None
<b>How saving to be achieved</b>		<b>Impact to Service Delivery</b>		<b>Additional Information (Inc. PDSP Feedback)</b>	
<p>Over the coming years, the Council will focus the money it has available on care for the most vulnerable adults to support their independence.</p> <p>As a result of this focus, there will be a reduction in the level of services which are not directly discharging defined statutory duties under Community Care legislation. Detailed proposals for 2014/15 will be worked up during 2013/14 and the estimated savings by “sector” set out below should, therefore, be treated with caution.</p> <p>Detailed proposals to be worked up during 2013/14 will enable consideration of:</p> <ul style="list-style-type: none"> <li>a) alignment with the Council’s priorities;</li> <li>b) service performance, utilisation and value for money;</li> <li>c) engagement with providers, including views on how they might help deliver savings by for example working together more effectively to avoid duplication;</li> <li>d) the overall picture including how targeted investment is made to mitigate the impact of delivering the savings and,</li> </ul>		<p>Proposals represent a shift in the focus of Supporting People &amp; Communities funding away from lower level support and towards delivery of more mainstream adult social care objectives.</p> <p>There will be an impact on the people who currently use these specific services, such as older people, people who need support to enter or re-enter the workplace, people who need support to avoid/prevent homelessness, people who are socially excluded because of multiple/complex vulnerabilities such as mental ill health, disability, poverty, poor educational achievement &amp; poor housing.</p> <p>There will be an impact on a range of services which community organisations, as well as independent sector organisations, provide on our behalf.</p> <p>However, as we continue to target our services towards more vulnerable people, there will still be an important part for the independent/ community sector to play in</p>			



<p>indeed, help deliver the savings; and e) work with other partners including the CCG to join up commissioning intentions and take a whole-system view including along care pathways. It is proposed that £500k be reinvested in order to mitigate the impact of proposals and enable the development of targeted services to realise savings from a) assessment/care management; &amp; b) further reductions in admissions to residential care. Estimated savings, by discontinuing or reducing services by “sector”, taking account of the application of £500k reinvestment/ mitigation are as follows:</p> <ul style="list-style-type: none"><li>• Older people support, including ‘sheltered’ housing, estimated saving £449k -</li><li>• Mental Health support, estimated saving £77k</li><li>• Learning Difficulties support £20k</li><li>• Physical &amp; Sensory Impairment support £11k</li><li>• Young People estimated saving £61k</li><li>• Ex-offenders/substance misuse estimated saving £42k</li><li>• Generic (not age/client group specific) estimated saving £160k.</li><li>• Advice &amp; information estimated saving £118k,.</li></ul> <p>Total saving £938k.</p>		<p>respect of delivering some of the £500k reinvestment in targeted advice/information; preventative services; and “pump-priming” third-sector organisations to recruit and support volunteers.</p> <p>Managing the de-commissioning of services represents a significant challenge to commissioning capacity.</p> <p>Officers will continue to examine this area of spend and the various contracts in place to seek to bring forward settings into 2013-14 if possible.</p>	
152	786	0	Sub Total – Discontinued Services
1,836	1,179	1,326	TOTAL SAVINGS

## 2. PROPOSED Growth (Including Inflation)

### (A) General (Including Inflation)

2013-14 Growth £000	2014-15 Growth £000	2015-16 Growth £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
43	43	43	L	None	None
<b>Description of Growth (including driver)</b>		<b>Impact to Service Delivery</b>		<b>Additional Information (Inc. PDSP Feedback)</b>	
1% inflation on salary budgets		None			
2013-14 Growth £000	2014-15 Growth £000	2015-16 Growth £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
941	975	1,009	L	None	None
<b>Description of Growth (including driver)</b>		<b>Impact to Service Delivery</b>		<b>Additional Information (Inc. PDSP Feedback)</b>	
<p>For adult social care purchasing of packages and placements, non-pay inflation provision of 1.75% has been made, which is approximately half current RPI. Very few provider contracts include guaranteed inflationary uplifts and consultation/ negotiation with providers is undertaken on an annual basis. Negotiation of “best price” for an individual care package is also undertaken as appropriate and those making placements have received training in undertaking such negotiations.</p>		<p>Subject to an assessment of need and relevant eligibility criteria, the Council has a statutory obligation to meet an individual’s assessed needs and, therefore, does need to be able to secure services from the market. Ultimately, the effect of not allowing for the impact of inflation on the purchasing budgets will be overspends in those budgets through an upward creep of fee levels above the agreed rate in order to secure placements/ packages.</p> <p>Also, Local Authorities that have not undertaken appropriate consultation with providers before determining annual inflationary uplifts have been subject to formal challenges</p>			

2013-14 Growth £000	2014-15 Growth £000	2015-16 Growth £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
-44	-44	-44	L	None	None
Description of Growth (including driver)		Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)	
Increased income from inflationary increase on service user contributions in line with government increases in benefits.		None		None	
2013-14 Growth £000	2014-15 Growth £000	2015-16 Growth £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
48			L		
Description of Growth (including driver)		Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)	
Increase in 2013/14 based on agreed contractual values.					
988	974	1,008	Sub Total - General		

## (B) New Legislation/Government Initiatives

2013-14 Growth £000	2014-15 Growth £000	2015-16 Growth £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
<b>Description of Growth (including driver)</b>		<b>Impact to Service Delivery</b>		<b>Additional Information (Inc. PDSP Feedback)</b>	
<b>0</b>	<b>0</b>	<b>0</b>	<b>Sub Total – New Legislation / Government Initiatives</b>		

## (C) Increase in Service Volumes

2013-14 Growth £000	2014-15 Growth £000	2015-16 Growth £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
131	131	110	L	None	None
<b>Description of Growth (including driver)</b>		<b>Impact to Service Delivery</b>		<b>Additional Information (Inc. PDSP Feedback)</b>	
Demographic Growth in Adults of working age i.e. 16 – 64 years old		<p>Projections of the impact of demographic growth on adult social care purchasing budgets are based on ONS (Office of National Statistics) projections for Bath &amp; North East Somerset, based on the actual B&amp;NES resident population as at April 2010 of 186,927. 2012/13 purchasing budgets are showing the effects of demographic pressures with an increase in both activity levels and the acuity/ complexity of need.</p> <p>Ultimately, the effect of not allowing for the impact of demographic growth on the purchasing budgets will be overspends in those budgets as, subject to the appropriate assessment of eligibility and need, the Council has a statutory responsibility to secure services.</p>		None	

2013-14 Growth £000	2014-15 Growth £000	2015-16 Growth £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
388	388	303	L	None	None
Description of Growth (including driver)		Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)	
Demographic Growth in Older People 65+ years (including dementia)		Projections of the impact of demographic growth on adult social care purchasing budgets are based on ONS (Office of National Statistics) projections for Bath & North East Somerset, based on the actual B&NES resident population as at April 2010 of 186,927. 2012/13 purchasing budgets are showing the effects of demographic pressures with an increase in both activity levels and the acuity/complexity of need, with a direct relationship between the complexity/acuity of need and the cost of the package/placement to meet that need. Ultimately, the effect of not allowing for the impact of demographic growth on the purchasing budgets will be overspends in those budgets as, subject to the appropriate assessment of eligibility and need, the Council has a statutory responsibility to secure services.		None	

2013-14 Growth £000	2014-15 Growth £000	2015-16 Growth £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
600	600	600	L	None	None
Description of Growth (including driver)		Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)	
Learning Disabilities – Transitions from Children services to Adults		Forecast growth based on the known population of young people who will transition from children’s services to adult social care (with a corresponding transfer of costs). The forecast does not fully take account of any “unknown” adults with learning difficulties, not currently in receipt of services who may move to B&NES and/or need services as a result of a breakdown in the provision of care by often elderly carers. However, such cases are relatively small in number and forecasts include some assumptions based on historic trends (ie commissioners anticipate that there will be a small number of such cases each year).		None	
1,119	1,119	1,013	Sub Total – Increases in Service Volumes		

(D) Other

2013-14 Growth £000	2014-15 Growth £000	2015-16 Growth £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
40	0	0	H	1 FTE increase	None
Description of Growth (including driver)		Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)	
Approved Mental Health Practitioner (AMHP) Capacity		To ensure enough capacity to meet the Council's statutory and legal functions and requirements, particularly in respect of Mental Health Act assessments. In the 5-year period 2007-11, the number of Mental Health Act assessments undertaken increased from 205 to 279. There has been no corresponding increase in AMHP capacity during this period and there is now a significant shortfall in capacity, which has resulted in some use of agency staff, which is neither sustainable nor desirable on cost and quality grounds.		None	

2013-14 Growth £000	2014-15 Growth £000	2015-16 Growth £000	Risk to Delivery	Impact on staff	Impact on Assets and Property
1,000	0	0	L	None	None
Description of Growth (including driver)	Impact to Service Delivery		Additional Information (Inc. PDSP Feedback)		
One-off funding required to meet the funding gap in the 2012/13 budget that was temporarily met by slippage from 2011/12 in Section 256 funding.	2012/13 Council Approved Budget included a one-off saving from Section 256 funding (Dept of Health funding designed to address demographic growth pressures in the adult social care and health system and to invest in services designed to prevent hospital admission and facilitate discharge from hospital). The £1m non-recurring underspend arose from a combination of achieving greater than planned efficiency savings from the purchasing of social care packages and placements and, also, the slower than planned implementation of some early intervention, reablement and preventative services compared to the original joint health & social care programme.		None		
<b>1,040</b>	<b>0</b>	<b>0</b>	<b>Sub Total - Other</b>		
<b>3,147</b>	<b>2,093</b>	<b>2,021</b>	<b>TOTAL GROWTH</b>		