

Bath and North East Somerset Council

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

Minutes of the Meeting held

Tuesday, 9th November, 2010, 2.00 pm

PRESENT:

Councillors: Councillor Adrian Inker (Chair), Councillor Sharon Ball, Councillor Anthony Clarke, Councillor Eleanor Jackson, Councillor Bryan Organ, Councillor Will Sandry, Councillor Stephen Willcox and Councillor Brian Webber (In place of Councillor John Whittock)

Cabinet Member: Councillor Vic Pritchard (Cabinet Member for Adult Social Services and Housing)

Also in attendance: Jo Gray, Janet Rowse (Acting Chief Executive, NHS Banes; Director of Adult Health) and Derek Thorne (Assistant Director - Health Improvement)

21 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

22 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the emergency evacuation procedure.

23 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies for absence were received from Councillors John Whittock and Loraine Brinkhurst. Councillor Brian Webber was substitute for Councillor Whittock.

The Chairman informed the meeting that Councillor Brinkhurst was not at the meeting because of the death of her father. The Panel offered its condolence to Councillor Brinkhurst and her family.

24 DECLARATIONS OF INTEREST UNDER THE LOCAL GOVERNMENT ACT 1972

There were none.

25 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There were none.

26 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

There were none.

27 CABINET MEMBER UPDATE (15 MINUTES)

The Chairman invited Councillor Vic Pritchard (Cabinet Member for Adult Social Services and Housing) to update the Panel on current issues within his portfolio (attached as Appendix 1 to these minutes).

The Panel asked the following questions and made the following points:

Councillor Sandry said that there was a perception that Housing Team had poor correspondence with the Planning Team in terms of the New Homes Bonus scheme and asked for assurance that those two teams do talk to each other.

Councillor Pritchard responded that there was a close liaison between those two departments.

Councillor Sandry asked Councillor Pritchard if he had knowledge of how many individuals were in Julian House now, in particular if there was overflow in number of people staying.

Councillor Pritchard responded that Julian House was not populated to its full capacity.

Councillor Jackson asked if the £400 cap on housing benefit would affect Bath and North East Somerset area and how many people would be affected.

Councillor Pritchard responded that he would not be able to give a specific answer to that question. He added that rents had been assessed on monthly basis.

The Chairman said that he was not sure how changes to new social tenancies including fixed term reviews and increasing social rents to 80% or even 90% of market rents (calculated using housing benefit rates) would work. He asked if there was any conversation with the Somer Housing on that issue.

Councillor Pritchard responded that no announcement had been made so far and he would provide more information, if available, to the Panel at the next meeting.

The Chairman asked that the Care Quality Commission assessment results be sent to the Panel once they become public document.

Councillor Pritchard agreed with this suggestion.

The Chairman thanked Councillor Pritchard for the update.

28 BATH AND NORTH EAST SOMERSET NHS ROUTINE UPDATE (15 MINUTES)

The Chairman invited Janet Rowse to update the Panel on current issues in NHS BANES (attached as Appendix 2 to these minutes).

The Panel asked the following questions and made the following points:

Councillor Organ shared his positive personal experience on Health Checks in his surgery in Keynsham. He also said that he was impressed that the hospital beds freed up as people go home more quickly because of effective community services.

Councillor Sandry asked what form of screening would be commissioned by the Council in future and whether the Council would commission sexual health services.

Janet Rowse replied that the DH guidance was not yet published but that it was expected that most screening programs would be commissioned by the Council. She also said that a number of services currently commissioned by the NHS were expected to be transferred to the Council and one of those services is likely to be sexual health.

Councillor Sandry asked what would be the option recommended by the NHS presented to the Council and Transfer of Community Services.

Janet Rowse replied that the recommendation was consistent with the presentation to the last HCOP Scrutiny Panel and proposed Social Enterprise as the direction of travel.

The Panel congratulated on the Health and Social Care Award for 'Clinic on the move' multi-agency partnership which brought sexual health services into the community, taking services from clinical settings into non-clinical environments.

The Chairman thanked Janet Rowse for the update.

29 BATH AND NORTH EAST SOMERSET LOCAL INVOLVEMENT NETWORK UPDATE (10 MINUTES)

The Chairman invited Diana Hall and Mike Vousden to update the Panel on current issues involving Bath and North East Somerset Local Involvement Network (BANES LINK) as per the report.

Note: A revised update from the BANES LINK is available on the Panel's agenda website and also at the minute book in Democratic Services.

The Chairman commented that the future of BANES LINK, to act as a Health Watch, should be resolved with the Health White Paper.

Janet Rowse commented that there were ongoing conversations between the Partnership and LINK about their future status. Janet Rowse also said that she had been asked by the Chief Executive of the Council to consider the future of Health Scrutiny as part of the establishment of the new statutory Partnership Board

Councillor Jackson raised the point about the Ketamine abuse amongst young people and suggested that the Panel should look into this issue. Diana Hall supported that suggestion.

Janet Rowse suggested that the officer from Drug Services could come at the next meeting and brief the Panel on that issue.

The Panel agreed to discuss 'Ketamine abuse amongst young people' at the next meeting.

The Chairman thanked Diana Hall and Mike Vousden for the update.

30 MEDIUM TERM PLAN FOR ADULT SOCIAL CARE AND HOUSING (1 HOUR)

The Chairman invited Janet Rowse to introduce the report.

Janet Rowse gave a presentation (attached as Appendix 3 to these minutes) in which she highlighted the following points:

- Background – Budget Savings Targets
- Adult Social Care and Housing – The Financial Challenge
- Summary Proposals for 2011/12
 - Productivity and Efficiency
 - Service Re-design
 - Changing the offer
- Risks

The Panel asked the following questions and made the following points:

Janet Rowse said that safeguarding would remain a priority for the Council. Jo Gray added that the Lean Review currently taking place is expected to identify opportunities for greater productivity and this is likely to inform plans for future staff numbers. Within the plans 50% of the proposed staff reductions (10 in total) relate to Lean Reviews.

Councillor Sandry asked about Community Meals issue and if there were any criteria for people to get them free.

Janet Rowse replied that the service users had been charged at the same level of £3.90 per meal although the actual cost of the provision of a meal was £5.20. The difference between the annual cost of providing the meals service and income from charging for the service was approximately £125,000. That difference was met from the adult social care budget through a subsidy.

Councillor Sandry asked for more details/information on reduction in commissioning of services from the third/voluntary sector to be available within the Service Action Plan at the next meeting of the Panel. The Panel agreed with this request.

Councillor Sandry asked what amount of budget control had been obtained with the vacancy management. Councillor Sandry said that the Panel was told in past that the vacancy management cost could not be used to cover an increase in social care.

Janet Rowse and Jo Gray replied that this would be monitored.

The Chairman said that the Community Learning Services had been quite positive and powerful service for the community. He felt that those services should be provided by the Policy and Partnerships.

Jo Gray agreed with the Chairman on the role of the Community Learning Services in the community and that the role of the service should be looked across the whole Council. However, difficult decisions would need to be made in these times.

The Chairman asked for more details and information on the Community Learning Services to be available within the Service Action Plan at the next meeting of the Panel. The Panel agreed with this request.

The Chairman also asked for more details and information on Housing Savings to be available within the Service Action Plan at the next meeting of the Panel. The Panel agreed with this request.

It was **RESOLVED** that:

- 1) The Panel noted the report; and
- 2) The Panel identified the following issues requiring further consideration and highlighting as part of the service action plans and budget reports to be considered in January 2011:
 - a. Reduction in commissioning of services from the third/voluntary sector
 - b. Community Learning Services; and
 - c. Housing Savings.

31 UPDATE ON RESIDENTIAL ADMISSIONS (20 MINUTES)

The Chairman informed the meeting that the officer who meant to present this report had not been able to attend the meeting due to ill health. The Panel would have an opportunity to debate this item in the officer's absence and the questions from the Panel would be answered at the next meeting if those questions could not be answered by Janet Rowse or Derek Thorne.

Councillor Sandry asked if the stretch targets were set by the government or locally.

Janet Rowse replied that stretch targets were set locally as part of the Local Area Agreement.

Councillor Clarke expressed his concerns on excessive number of older people dying in Bath and North East Somerset during winter months. He also said that the area was now in the position for being the worst in England for excess winter deaths and that something had to be done to reduce this figure and improve the overall mortality rate for the area.

Janet Rowse replied that there was a big debate on this matter and that some deaths could be prevented, but that it was important to note that life expectancy in B&NES is well above average. The issue is the proportion of people who die in winter since this suggests some deaths may be preventable. Given the advice from public health colleagues that there is an association with poorly heated homes, her view was that these deaths were unlikely to be in residential homes although it was noted that this has not been tested.

The Panel agreed to have a report on 'Excessive number of older people dying in Bath and North East Somerset during winter months' for the next meeting.

Janet Rowse also said that although there would be no more Care Quality Commission Annual Performance Assessment, the Council would continue to monitor commissioning of care locally. The Panel welcomed this information.

It was **RESOLVED** to note the findings of the investigation that took place in relation to residential admissions and to receive a report on 'Excessive number of older people dying in Bath and North East Somerset during winter months' at the meeting in January 2011.

32 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE (30 MINUTES)

The Chairman invited Liz Price and Paul Sheffield (Assistant Service Director-CAMHS for Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust) to introduce the report.

Liz Price and Paul Sheffield went through the report. Paul Sheffield also gave an overview of the referral criteria for the child and adolescent mental services that would be screened through the single point of access in Bath and North East Somerset. These include Specialist CAMHS Community Service, Outreach Service for Children and Adolescents (OSCA) and CAMHS Learning Disability Service.

Leaflets explaining the work of CAMHS and OSCA in Bath and North East Somerset together with the referral criteria for Bath and North East Somerset CAMHS community services are available on the minute book in Democratic Services.

Councillor Organ said that it was nice to hear that the referral form was made simple. He asked how many people from Bath and North East Somerset needed patient admission.

Paul Sheffield replied that there were 6 cases from Bath and North East Somerset which needed patient admission and that there were 2 patients at the moment at the inpatient facilities in Swindon.

Councillor Sally Davis (Chair of the Children and Young People Overview and Scrutiny Panel) welcomed the report and information provided by the officers at the meeting. She asked that the further update should be presented to the Children and Young People Panel.

Councillor Sandry asked if it would be possible for the Panel to have a list of tiers and functions of each tier. Liz Price said that she would send this information to the Panel.

Councillor Sandry asked about planned tier 2 service.

Liz Price explained that tier 2 service would co-ordinate the emotional help and wellbeing referrals and to provide capacity to avoid tier 3 referrals.

Janet Rowse commented that the funding for this service was in place and the funding on behalf of the NHS and Council had been agreed to enable this to commence as from April 2011.

Councillor Sandry asked if there was a case that patients were not able to be accommodated in Swindon and instead moved to Oxford.

Paul Sheffield said that it was never the case so far although there was no guarantee that it would never happen in future.

Councillor Jackson said that it was very difficult to get mental health support quickly enough for a child. She asked about the referral process and who was involved in it.

Paul Sheffield replied that the usual practice was to have referrals from GP. He also said that referrals could also come from youth worker. Paul Sheffield commented that the service knew that there were a lot of young people who need help and that no child should wait more than 4 weeks to get help. Anything longer than 4 weeks would be a loss.

Councillor Sandry asked about the transitions of patients from the CAMHS to Avon and Wiltshire Mental Health Partnership (AWP).

Paul Sheffield replied that both services had been working on transition policy.

Councillor Willcox asked if the emergency callout for people who needed an immediate assistance.

Paul Sheffield replied that there were 2 emergency services set – one for the same day assistance and one for assistance within 5 days.

The Chairman asked what engagements schools, GPs and youth workers had with parents/carers of young children. He also asked what would happen if parents/carers would not co-operate.

Paul Sheffield said that there must be understanding that parents/carers would co-operate on this matter because nobody could enforce the treatment.

The Chairman asked what the CAMHS role was in the family support.

Paul Sheffield replied that the CAMHS did provide family support by working with the other agencies who were aware of their role in this.

Councillor Sandry asked about the performance measures and targets and whether those were, or would be, monitored by the Overview and Scrutiny Panel/s.

Liz Price responded that there was quite a long list of targets on this matter. Some information might be available from December and the service would discuss with the relevant O&S Chairs which info would be available to appropriate Panels.

It was **RESOLVED** to note the report.

33 PANEL FUTURE WORKPLAN

The Panel noted their future workplan with the following additions:

- 'Ketamine abuse amongst young people' – for January 2011
- 'Excessive number of older people dying in Bath and North East Somerset during winter months' – January 2011

The meeting ended at 4.25 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

Cllr Vic Pritchard, Cabinet Member for Adult Social Services & Housing Key Issues Briefing Note

Overview and Scrutiny Panel – 9th November 2010

1. PUBLIC ISSUES

Comprehensive Spending Review

The coalition government have introduced a range of proposed changes and decisions that directly impact upon housing. The Comprehensive Spending Review has further expanded upon these changes. Whilst it is not practical to cover all the detail of the changes here, or more importantly their full impact, some of the key points to note include:

- Significant changes to housing benefit including: raising the age that single people are restricted to a single room rate from 25 years old to 35 years old; calculating the allowance on the 30th percentile market rent rather than mean rents; reducing the allowance by 10% for claimants on jobseekers allowance for more than one year.
- Changes to new social tenancies including fixed term reviews and increasing social rents to 80% or even 90% of market rents (calculated using housing benefit rates)
- Stopping Private Sector Renewal funding, reducing funding for social housing developed by 50% and Supporting People by 11.5%, though protecting funding for the mortgage rescue scheme, homelessness grant and disabled facilities grants.
- Introducing the New Homes Bonus scheme which provides 7 years council tax funding for each new property produced and as recently announced for “properties brought back into use”.
- Changes to the regulatory regime for social housing including the abolition of the Tenant Services Agency & a reduction in the scope and function of the Homes & community Agency.

The impact of these and other changes will now need to be further evaluated and responses determined.

2. PERFORMANCE

Temporary Accommodation for Homeless Households

September's briefing note highlighted that there had been a significant increase in the number of people presenting as homeless who, because of their personal circumstances, require the provision of temporary accommodation. It was reported that the Housing Services team had implemented a number of actions to mitigate against this increase.

The most recent data shows an improvement and a reversal of the previous trend. The numbers of households in temporary accommodation have now dropped from the high of 43 households, recorded on the 24th September, to the current figure of 34 households (5th November). Whilst this is encouraging it should be noted that demand for services remains high and the drop in temporary accommodation usage has primarily been achieved by moving households out of temporary accommodation and into permanent accommodation rather than actually reducing demand.

Care Quality Commission Annual Performance Assessment

Last week the Minister of State for Care Services announced that the Care Quality Commission (CQC) will no longer conduct an annual performance assessment of councils' commissioning of care under the existing framework.

This decision, announced at the National Children and Adult Services Conference, comes as the coalition Government reviews its approach to the regulation and assessment of local public services. This new approach will see a shift towards more sector-led assessment, with councils holding greater responsibility for driving improvement.

The discontinuation of the annual performance assessment will take place with immediate effect. Councils will not be required to collate or submit data against the *Our Health, Our Care, Our Say* outcomes framework for the 2010/11 assessment year.

The results of the 2009/10 CQC assessment will be released at the end of November.

NHS B&NES Key Issues Briefing Note

Overview and Scrutiny Panel – 9th November 2010

1. PUBLIC ISSUES

Transformation Projects

The change agenda currently facing the Partnership resulting from the Health White Paper is substantial. For clarity and to enable effective management the structural change programme has been broken down into four main work streams each with a project management lead and reporting arrangements. The work streams are as follows:

1. Transforming Community Services (TCS)
2. Transforming commissioning
3. Transforming Public Health
4. Implementing the Council's new statutory duties

• Transforming Community Services

Objective

To identify and establish new organisational model/s for integrated B&NES Community Health & Social Care service in light of PCT closure & Department of Health directive to divest community services.

Scope

All front line services currently within B&NES CHSC & the commissioning of such on behalf of B&NES residents [circa £80m commissioning spend & 1,700 staff affected].

Current Status

This project is now well advanced, outline plans have been approved by the SHA, Commissioner Case for Change and Commissioning Intentions have been submitted to the Department of Health, engagement with staff and other stakeholders has taken place and decision making on the appropriate organisational form is timetabled for mid November.

• Transforming Commissioning

Objective

To transfer the current PCT commissioning function to:

NHS Commissioning Board (Specialist, Maternity, Primary Care)

B&NES Council (Public Health, Health Improvement, Sexual Health, Screening)

GP Commissioning Consortia (Hospital & Community health services)

To determine the future of the current integrated health, social care & housing commissioning capability in light of the above and the aspirations of GP Commissioners & Core Council. To put in place integrated or aligned commissioning arrangements that are affordable within given management cost allowance and fit with the Core Council concept / strategic direction.

Scope

Consistent with the scope of the current Commissioning Partnership for Adult Health, Social Care & Housing and Children's health commissioning. Business continuity of circa £280m PCT Commissioning Business & circa £53m Council Adult Social Care & Housing business.

Current status

This is a very complex work stream and is currently in the early stages of development. GPs in B&NES have formed themselves into a transitional body currently led by a group of 9

individuals: 2 practice managers & 7 GPs working across the 28 practices in B&NES. Conversations are underway across the South West in respect of local consortia establishing themselves in shadow form on a pathfinder basis and the best configuration for achieving this.

- **Transforming Public Health**

Objective

To respond to the legislative framework expected in Dec 10, to transfer public health capability and capacity from NHS B&NES to B&NES Council. To ensure that the LA is well placed to meet its new statutory duty re health improvement and to undertake Organisational Development to embed the principles of improving public health & well being across the wider Council & public sector partners business.

Scope

To be determined by the White Paper expected Dec 2010

Current Status

This work programme is in the very early stages and activity is on hold until the white paper on Public Health is published in December.

- **New Statutory Duties for Local Authorities**

Objective

To put in place the infrastructure and organisational development to ensure that B&NES council can effectively meet the new statutory requirements resulting from the Health White Paper / legislation.

Scope

Establishing statutory Partnership Board in line with legislation (due Dec 2010). To ensure ongoing capacity & capability to create JSNA to inform local partnership planning. Establishing capability & capacity to take on population based strategic oversight of health service planning. Establishing overview & scrutiny arrangements within the new Partnership Board. Putting in place arrangements for commissioning local Health Watch.

Current status

This work programme is in the early stages and will develop following the publication of legislation. The programme links to work already taking place on the Intelligence Project and the Strategic Commissioning Project within the Council.

Pharmacy needs assessment

NHS Bath and North East Somerset is required to undertake an assessment of local pharmacy services and make this available to the public. The Pharmaceutical Needs Assessment (PNA) presents a snap shot of community pharmacies and dispensing services in Bath and North East Somerset (B&NES), it is also an assessment of the health and social care needs of the people living within the boundaries of Bath and North East Somerset and how pharmaceutical services are meeting, or could meet these needs. The PNA states commissioning intentions and once finalised will be used to inform decisions regarding applications for new pharmacy premises or services. A draft PNA has been prepared and is now subject to public consultation. The consultation is being made available to stakeholders and the public through NHS B&NES website. Panel members are invited to contribute to the consultation.

Health and Social Care Award for 'Clinic on the move'

Each year the Health and Social Care Awards highlight and celebrate innovation and excellence across health and social care. A team from within the Partnership has been recognised for their achievements at this year's award. 'Clinic on the move' is a multi-agency partnership bringing sexual health services into the community, taking services from clinical settings into non-clinical environments. This is enabling accessible contraception, counselling and support to be delivered to young people in their own environment. Evidence shows that

early access to contraceptive services is the most important factor in reducing teenage conception rates. The success of the project has been put down to the multi-agency collaboration from a wide range of groups including youth clubs, the young people's drugs and alcohol awareness group Project 28, the youth offending team, teenage parenting groups and schools. The team were presented with their award at the regional ceremony held in Yeovil.

2. PERFORMANCE

Stroke Every 2 years stroke services are subject to a Sentinel Audit undertaken by the royal college of physicians which audits against the national clinical guidelines. This has now taken place with the RUH performing well placing them in the upper quartile nationally. The audit covered both inpatient services and community services in both B&NES and Wiltshire. RUH met all 7 criteria for acute stroke management a position reached by only 37% of trusts nationally. Further improvements in areas such as communication, linkages with other professionals and aspects of team working were identified. These findings have been reviewed by the Bath Health Community Stroke Network in and an action plan established in response.

Health Checks

The national programme of free NHS Health Checks aims to identify people at risk of vascular disease given that it is the biggest cause of death in the UK. Locally the programme is being rolled out in a phased way with seven practices from across the geographical area of Bath and North East Somerset involved in the first phase. All of the practices have identified eligible patients (those aged 50, 55 and 60 who are not on a disease register). The practices write to patients and invite them in for a 20-30 minute appointment with the practice nurse. A range of simple health checks are performed including an instant cholesterol check which enables patients to get their results during the consultation. Practices are already identifying people with high BP and cholesterol and are bringing them back for further investigations. Those patients who have not attended will receive a reminder letter in due course and practices are looking to run evening and Saturday morning clinics to encourage up take. The general feedback is very positive particularly from patients. The aim is to roll the programme out to all practices in 2011/12.

Hospital waiting times and winter planning

In line with Department of Health guidance and in preparation for winter the winter plan for 2010/2011 has been developed jointly with providers in the Bath Health Community. The plan seeks to prepare health and social services across the community for a co-ordinated response to increased service demands over the winter. We are better prepared this year than ever before, specifically the following are in place to help ensure that we provide effective care:

- GPs working at the front door of A&E out of hours
- Hospital beds freed up as people go home more quickly because of effective community services
- Integrated infection control to manage the impact of things such as flu epidemic or outbreaks of seasonal D&V in the community
- Discharge planned early and managed effectively
- Escalation planning in response to critical demand\so that beds can be opened if we need them.

3. OTHER ITEMS

Older people's strategy

The draft older peoples strategy was previously circulated to O&S members for information and to provide opportunity to comment with the expectation that the strategy would be taken to November partnership Board for approval. A recent assessment by a visiting team from the Department for Works and Pensions in collaboration with the Older Peoples Strategic Partnership Group has complimented the draft document and also made some observations on improvements. These are currently being incorporated. The strategy will now be amended and submitted to the partnership board in February. This provides an extended opportunity for O&S members to comment on the document.

GP led health centre

A briefing was circulated to members during October reporting changes to the Out Of Hours GP service being relocated at the RUH emergency department and an alteration to the management of registered patients. These proposals were developed through the urgent care group and incorporated stakeholder engagement. As indicated in the briefing the proposals went to the PCT Board on October 14th for consideration. The Board approved the proposals.

Medium Term Service & Resource Plans (MTS&RP)

Janet Rowse
Strategic Director
Adult Social Services & Housing
(Acting)

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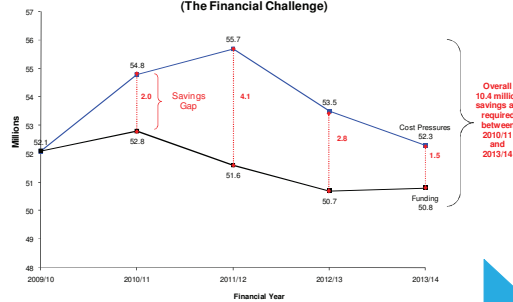
MTS&RP Savings Proposals 2011/12 Adult Social Care & Housing

Background – Budget Savings Targets

	2011/12	2012/13	2013/14
Gross Budget	£85.5m	£84.7m	£84.8m
Net Budget	£51.6m	£50.7m	£50.8m
Savings Requirement (Base)	£4.090m	£2.802m	£1.413m
Savings Requirement (Stretched)	£3.102m	£3.102m	

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Adult Social Care and Housing (The Financial Challenge)



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Summary Proposals 2011/12

Productivity & efficiency

- » Lean review of social care
- » Re-negotiation placements & packages
- » Supporting People contracts re-negotiated
- » Streamline commissioning of 3rd Sector

Service Redesign

- » LD Day Care – supporting employment
- » Community based alternatives to institutional care

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Summary Proposals 2011/12

Changing the offer

- » Full implementation Fairer Contributions (Charging)
- » Provision of care for private clients (income generation)
- » Removal of subsidy from community meals
- » Reduction in employment development schemes for LD & MH clients
- » Reduced capacity in housing & tenancy support (longer waiting times)

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Adult Social Care & Housing MTSRP Savings Proposals 2011/12 - Risks

- » Less prevention / early intervention could result in increased demand for social care services
- » Longer waits for housing & tenancy support increases risk of crisis solutions being required
- » Reduced income to in-house provider relating to removal meal subsidy
- » Increased safeguarding vigilance required as unit cost / placement reduces
- » Skills gap re reducing placement spend combined with reduced management capacity
- » Reliance on Lean review delivering 50% of staffing reduction

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