

Service Action Plan 2011-2012

Service Name	Adult Social Care & Housing
Lead Portfolio Holder	Councillor Vic Pritchard
Staffing Establishment	
Year	2011-2012

Key Objectives of Service :

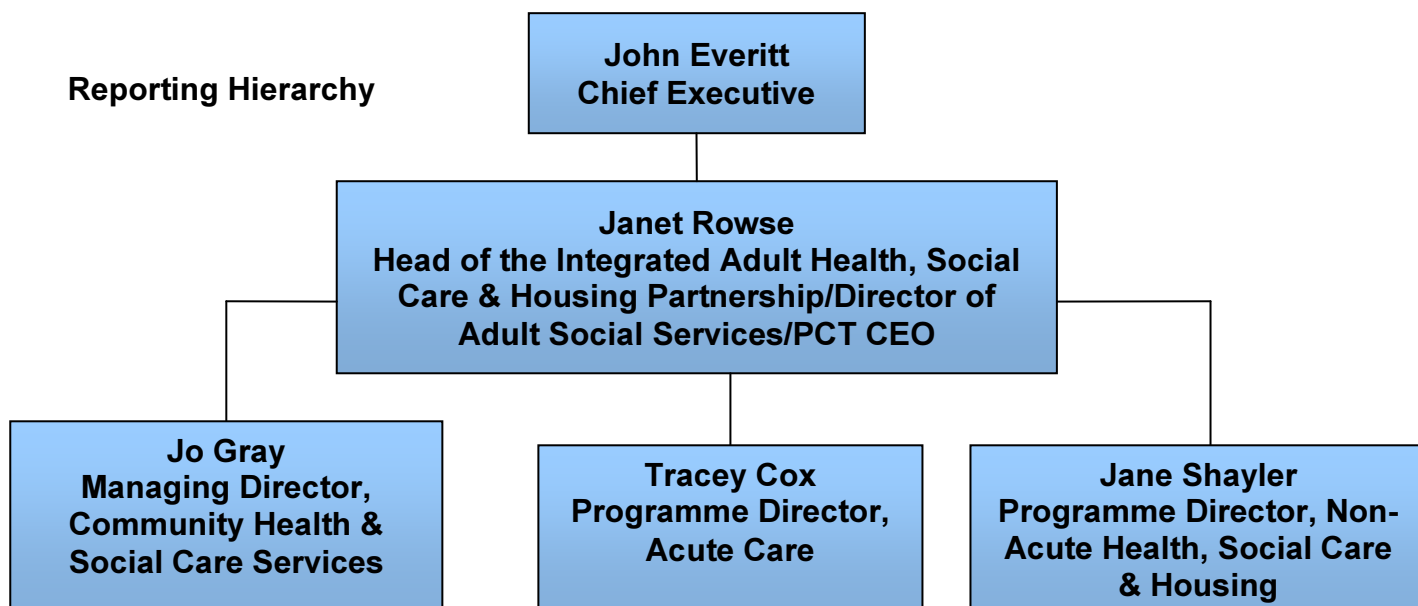
The Health & Wellbeing Partnership has nine long-term strategic goals:

- 1. Improving Health and Keeping Well**
- 2. Developing independence and choice**
- 3. Improving access to services**
- 4. Improving quality and safety**
- 5. Improving effectiveness and value for money**
- 6. Being better informed**
- 7. Reducing inequalities and social exclusion**
- 8. Improving services to vulnerable people**
- 9. Effective organisations**

Our programme for transforming community health & social care focuses particularly on working towards these goals in nine service areas:

- 1. Staying Healthy**
- 2. Maternity & Newborn Care**
- 3. Children & Young People**
- 4. Long Term Conditions**
- 5. Acute (urgent) care**
- 6. Planned care**
- 7. Mental Health**
- 8. Learning Disabilities**
- 9. End of Life Care**

Reporting Hierarchy



SERVICE ACTION PLAN FINANCIAL ITEMS:

Summary from Medium Term Service & Resource Plan			
MTS&RP Items	2011/12 £'000	2012/13 £'000	2013/14 £'000
Base Budget	52,783	51,573	50,624
Service Proposed Reductions to Balance Budgets*	(3,228)	(2,802)	(1,413)
Service Proposed Growth	2,018	1,853	1,569
Proposed Budget	51,573	50,624	50,780
Sources: Corporate Net Cash Limit	51,573	50,624	50,780
Deficit / (Surplus)	0	0	0

Please also see the Service Action Plan Financial Summary in Annex A.

Service Priorities – High level action plan

The overall service strategy for Adult Health, Social Care & Housing, under the umbrella of the Health & Wellbeing Partnership, is to sustain greater numbers of people in community settings by:

- Improving information, advice, guidance and advocacy so that people know about all the options available to them and are able to make informed choices;
- Supporting and promoting access to universally available services, including leisure, culture and learning opportunities;
- Supporting the development of sustainable, connected communities;
- Promoting early identification and diagnosis of conditions like dementia to enable early intervention, including support to carers;
- Encouraging approaches that delay or prevent an escalation of individual needs, including: supporting people into employment or other forms of meaningful occupation; a range of supported and extra-care housing; community equipment, assistive technology and adaptations that enable people to remain in their own home; and support to carers;
- Developing services that evidence tells us encourage a shift to the lowest appropriate level of intervention/support, including services focused on re-ablement, rehabilitation and recovery;
- Improving access to mainstream services whilst also ensuring that people who really need to access specialist services are able to do so; and
- Ensuring that an individual or family in crisis is able to get help quickly.

We anticipate that as we achieve a sustainable shift to a greater community focus there will be a slowing or even reversal of the flow of people to acute hospitals, secondary and specialist services, and nursing and residential care. This will be evidenced by a corresponding shift of resources, including a reduction in the number of residential and nursing care placements we are purchasing.

We are committed to this strategy because people have told us that it is what they want and because it is supported by evidence of what works and learning from best-practice. We know that we must deliver this strategy in an efficient and cost-effective way because we are facing considerable challenges over the next 5-years.

Headline Summary of Commitments for 2010/11

Key Corporate Deliverables	Top SERVICE commitments	Key impact(s) of achieving commitments
1. Sustainable Community Strategy Delivery Plan	Mitigate the impact of the loss of the Regional Housing Pot Grant which has been withdrawn with effect from April 2011. The grant has been used to provide essential repairs and improvements to the homes of low-income, elderly & otherwise vulnerable residents to enable them to live independently and in relative comfort.	Whilst every effort will be made to mitigate the impact, it is the case that there will be reduced level of service with fewer residents will be able to access financial assistance to help with essential repairs, home security measures, energy efficiency improvements, community care alarms and minor fire precaution improvements.
2. Change Programme	Vanguard-facilitated lean systems thinking review of the social care system.	<ul style="list-style-type: none"> • Improved service-user experience • Streamlined, efficient processes, cutting out wasteful activity and duplication • Reduced costs
3. Medium-Term Financial Plan	Reduction in spend on residential and nursing care placement costs – all service user groups	<ul style="list-style-type: none"> • Consistency and equity in level of service in relation to need across all client groups • Consistency in fee levels between providers • Fee levels and overall spend in line with benchmark
	Reduction in spend on residential and nursing care placements for adults with learning difficulties through re-commissioning and extension of community based options	<ul style="list-style-type: none"> • There will be an increase in the number of people living in settled accommodation and reduction in number of people living in registered care • People will be supported to use personal budgets to purchase a wider range of short break and day services. • There will be an overall reduction in the total number of hours of support that are purchased

Key Corporate Deliverables	Top SERVICE commitments	Key impact(s) of achieving commitments
Medium Term Financial Plan Continued	Improved access to mainstream services/reduction in specialist services for adults with learning difficulties	<ul style="list-style-type: none"> • The existing (mainstream) joint community teams within the provider arm and the procedures they use will be applied to a number of adults with learning disabilities. • The care management responsibilities for adults with learning difficulties will be accepted by the joint community teams • A greater number of adults with LD will receive services from adult social care and the joint community teams rather than from a specialist LD service
	Reduction in number of residential/nursing care placements for older people by sustaining older people in their own homes through the development of early intervention and preventative services	<ul style="list-style-type: none"> • Reduction in number of older people admitted to residential or nursing care • Increased proportion of older people sustaining their independence • Possible reduction in DToC (Delayed Transfer of Care)
	Reduction in number of residential/nursing care placements for older people through the development of new extra care housing	<ul style="list-style-type: none"> • Increase in community-based housing options for older people • Reduction in number of older people admitted to residential and nursing care • More older people supported to live independently
	Reduction in number of residential/nursing care placements for people with mental health needs by improving the care pathway	<ul style="list-style-type: none"> • Service users will be able to access intensive support over 6-8 week period to prevent admission to hospital and to stabilise an early discharge from hospital. • People will remain in their own homes with support packages that are tailored to their needs (personalised services). • Increased numbers of people enabled to be part of peer led and community based, recovery orientated activities and support. • Improved care pathway with greater focus on working towards independence

Key Corporate Deliverables	Top SERVICE commitments	Key impact(s) of achieving commitments
Medium Term Financial Plan Continued	Learning Difficulties service – reconfiguration of management and day services	<ul style="list-style-type: none"> • Day services to develop closer links with the Employment Inclusion service with a focus on supporting people to move onto employment. • Fewer people with learning difficulties will access day services, but there will be stronger individual pathways and support plans. • Day services will limit access to adults of working age with older adults supported to access with alternative options using their personal budgets. • Services will be configured on a locality basis with stronger links to the joint community teams
	Community resource Centres – increased productivity/ expanding the service offer	<ul style="list-style-type: none"> • People living in the vicinity of a CRC will be able to access support from CRC staff to continue to live in their own homes • The CRCs will have increased capacity to provide dementia care
	Reduction in commissioning of services from third/ voluntary sector organisations – seeking efficiencies/reduction in duplication and prioritisation of funding for services that are consistent with strategy	<ul style="list-style-type: none"> • Plans are already well progressed to achieve the target for 2011/12. • Delivery of the savings target will be achieved mainly through efficiencies without impact on service provision
	Community Learning – funding reduced to grant level	<ul style="list-style-type: none"> • Reduction in funding will impact specifically on the Community Development Workers, reducing the capacity of the Council for this area of work
	Employment and Training – funding reduced to closer to grant level	<ul style="list-style-type: none"> • Fewer job coaching hours available, less resource for specific projects
4. Equalities	Ensure allocation of resources at an individual level is equitable and consistent between service user groups – particularly in relation to the range of services funded through a Personal Budget	<ul style="list-style-type: none"> • Living within our means • Equitable distribution of available resources

Workforce Planning

During these times of public sector reduction and service redesign it is very important that we can develop a workforce of the correct size and with the correct skills to provide the service our citizens require.

The Community Health & Social Care Workforce Plan is attached as Appendix 1

Key Commitments for the year ahead to:

1. Deliver the second year of the Sustainable Community Strategy 3 year delivery plan (2009-2012)

Key Commitment	Mitigate the impact of the loss of the Regional Housing Pot Grant which has been withdrawn with effect from April 2011. The capital grant is usually around £575,000 p.a. However, following a successful additional bid we received £689,000 for 2010/11. The grant has been used to provide essential repairs and improvements to the homes of low-income, elderly & otherwise vulnerable residents to enable them to live independently and in relative comfort.
Impact (What will be different as a result)	Whilst every effort will be made to mitigate the impact, it is the case that there will be reduced level of service with fewer residents will be able to access financial assistance to help with essential repairs, home security measures, energy efficiency improvements, community care alarms and minor fire precaution improvements. In addition, it will no longer be possible to use a proportion of this to “top up” the mandatory Disabled Facilities Grant pot.
As measured by	In 2009/10 Housing Services assisted over 500 households through the above measures. Whilst it is currently unclear how many households we will be able to assist in the future it will be significantly less and also to a lower level of assistance.
Specific Targets developed	<ul style="list-style-type: none"> Reducing 2011/12 “Housing Renewal” Policy expenditure from the non-bid level of £575,000 p.a. to an estimated £60,000 - £70,000 p.a. Provide in-house recurring financial income/savings of £45,000 p.a.

Significant milestones to be achieved over the next year to determine progress

	What	By When	Who
1	Adopting full cost recovery for issuing mandatory HMO licenses. This is expected to generate an additional £25,000 p.a. averaged over 5 years.	1 April 2011	
2	Revenue savings through a further reduction in capacity partially mitigated through moving to a more strategic and commissioning model for service provision. Expected to release an additional £20,000 p.a.	1 April 2011	
3	Reviewing Housing Renewal Policy in light of reduced funding and emerging national evidence on independent living strategies.	1 April 2011 (Interim position)	

	What	By When	Who
4	Utilising the Wessex Loan pot that has been established to fund loans to residents to fund all financial elements for the loans scheme, that is, up front capital cost, interest subsidy and Wessex loan administration fess. This will effectively end the self supporting nature of this scheme and as such can only be used in the short-medium term, possibly 1-2 years.	1 April 2011	
5	Identify further funding options to close the funding gap between the new reduced Housing Renewal Policy (item 3) and the additional funding identified in items 1 & 2.	1 April 2011	

2. Change Programme

- Work stream specific activity
- Directorate level change programme
- Diagnostic business cases

Key Commitment	Vanguard-facilitated lean systems thinking review of the social care system.
Impact (What will be different as a result)	<ul style="list-style-type: none"> • Improved service-user experience • Streamlined, efficient processes, cutting out wasteful activity and duplication • Reduced costs
As measured by	<ul style="list-style-type: none"> • Reduction in process-related activity, including length and number of assessment forms • Service user feedback
Specific Targets developed	<ul style="list-style-type: none"> • Achievement of target saving of £600,000 in the period April 2011-March 2013

Significant milestones to be achieved over the next year to determine progress

	What	By When	Who
1	Increase capacity and use of re-ablement service	March 2011	Stella Doble
2	Increase skills, capability and capacity at point of referral to address service user needs	March 2011	Stella Doble
3	Review of workforce skills and capacity and reduction in staff in line with reconfigured service	December 2011	Stella Doble

3. Mid Term Financial Plan – actions required in services to achieve targets (year 1 actions for year 2 budget)

Key Commitment	Reduction in spend on residential and nursing care placement costs – all service user groups		
Impact (What will be different as a result)	<ul style="list-style-type: none"> Consistency and equity in level of service in relation to need across all client groups Consistency in fee levels between providers Fee levels and overall spend in line with benchmark 		
As measured by	<ul style="list-style-type: none"> Comparison of fee structures between providers and, particularly overhead and profit margin as proportion of overall fee Benchmark spend 		
Specific Targets developed	<ul style="list-style-type: none"> Achievement of target saving of £415,000 in the period April 2011-March 2012 		
Significant milestones to be achieved over the next year to determine progress			
	What	By When	Who
1	Implementation of single funding panel for all client groups	April 2011	Sarah Shatwell
2	Negotiation of efficiency and/or productivity targets with each provider	March 2011	Associate Directors
3	Training for all staff arranging individual placements	March 2011	Natalie Reilly

Key Commitment	Reduction in spend on residential and nursing care placements for adults with learning difficulties through re-commissioning and extension of community based options		
Impact (What will be different as a result)	<ul style="list-style-type: none"> There will be an increase in the number of people living in settled accommodation and reduction in number of people living in registered care People will be supported to use personal budgets to purchase a wider range of short break and day services. There will be an overall reduction in the total number of hours of support that are purchased 		

As measured by	<ul style="list-style-type: none"> Number of adults in registered care and nursing home placements
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	<ul style="list-style-type: none"> • Increase in number of adults in settled accommodation • Number of people using personal budgets • Total number of hours of support purchased in registered care/nursing care
Specific Targets developed	<ul style="list-style-type: none"> • 10% increase in adults in settled accommodation against 09/10 baseline • 10% of short breaks to be purchased using DP personal budget • 10% of day services to be purchased using DP personal budget • 5 people in high cost placements to move to their own homes • 30% increase in contact time for people with complex needs from 09/10 baseline

Significant milestones to be achieved over the next year to determine progress

	What	By When	Who
1	Complete reprovion of Maple Grove to supported living	May 2011	Mike MacCallam
2	Complete deregistration of River Street (Dimensions) to supported living	May 2011	Mike MacCallam
3	Complete deregistration of The Avenue (Keynsham Mencap) to supported living	Oct 2011	Mike MacCallam
4	Implementation of revised service specification for short break service at Tanners Walk (Dimensions)	May 2011	Mike MacCallam

Key Commitment	Improved access to mainstream services/reduction in specialist services for adults with learning difficulties
Impact (What will be different as a result)	<ul style="list-style-type: none"> • The existing (mainstream) joint community teams within the provider arm and the procedures they use will be applied to a number of adults with learning disabilities. • The care management responsibilities for adults with learning difficulties will be accepted by the joint community teams • A greater number of adults with LD will receive services from adult social care and the joint community teams rather than from a specialist LD service

As measured by	<ul style="list-style-type: none"> • Number of people referred and assessed through single point of access
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	<ul style="list-style-type: none"> Number of people referred and accepted by specialist community learning difficulties service
Specific Targets developed	<ul style="list-style-type: none"> 100% of adults with LD to be referred through the single point of access by June 2011 10% of adults with LD newly assessed as eligible for services to be supported by joint community team rather than CLDT by March 2012

Significant milestones to be achieved over the next year to determine progress

	What	By When	Who
1	Implement revised specification for joint community teams and the learning difficulties service	June 2011	Mike MacCallam
2	All referrals for learning disabilities services to go through access team	From April 2011	Jenny Theed

Key Commitment	Reduction in number of residential/nursing care placements for older people by sustaining older people in their own homes through the development of early intervention and preventative services
Impact (What will be different as a result)	<ul style="list-style-type: none"> Reduction in number of older people admitted to residential or nursing care Increased proportion of older people sustaining their independence Possible reduction in DToC (Delayed Transfer of Care)
As measured by	C73 shows the rate per 10,000 of people age 65+ permanently admitted to residential or nursing care (Current average numbers per month is around 25 (CH&SC & AWP))
Specific Targets developed	Achievement of target saving of £150,000 from the purchasing budget in the period April 2011-March 2013

Significant milestones to be achieved over the next year to determine progress

	What	By When	Who
1	New performance target for C73 agreed with CH&SC and AWP	December 2010	Sarah Shatwell
2	Older Peoples' Independent Living Scheme is operational	January 2011	Sarah Shatwell
3	Re-ablement pilot to commence	January 2011	Sarah Shatwell/ Corinne Edwards

Key Commitment	Reduction in number of residential/nursing care placements for older people through the development of new extra care housing		
Impact (What will be different as a result)	<ul style="list-style-type: none"> • Increase in community-based housing options for older people • Reduction in number of older people admitted to residential and nursing care • More older people supported to live independently 		
As measured by	No specific measure for extra care but should reflect in stabilised residential target C73		
Specific Targets developed	Target is 7 new units per year to achieve saving		
Significant milestones to be achieved over the next year to determine progress			
	What	By When	Who
1	Agreement with two sheltered housing providers to allow access to units of accommodation as they become vacant for the delivery of extra care in partnership with Community Health & Social Care	December 2010	Sarah Shatwell
2	Targets to increase availability of extra care housing agreed with providers	January 2011	Sarah Shatwell

Key Commitment	Mental Health – improved care pathways
Impact (What will be different as a result)	<ul style="list-style-type: none"> • Service users will be able to access intensive support over 6-8week period to prevent

	<p>admission to hospital and to stabilise an early discharge from hospital.</p> <ul style="list-style-type: none"> • People will remain in their own homes with support packages that are tailored to their needs (personalised services). • Increased numbers of people enabled to be part of peer led and community based, recovery orientated activities and support. • Improved care pathway with greater focus on working towards independence
As measured by	<ul style="list-style-type: none"> • More people with a serious mental health problem in employment. • More people with a serious mental health problem in settled accommodation • Reduction in costs of supported living provision • Numbers of clients accessing reablement services from Primary/community care and Specialist mental health services. • Achievement of facilitation of discharge targets within AWP through community intervention • Reduced length of stay in adults of working age in-patient unit • Increased number of meaningful day activities that are peer led or initiated with support.
Specific Targets developed	<p>Continue local use of:</p> <p>NI 150 service users with a serious mental illness in employment – 20%</p> <p>N149 services users with a serious mental illness in settled accommodation – 92%</p> <p>Facilitation of discharge - 70% of in-patient admissions</p> <p>Length of stay – reduction by at least one day on 10-11 baseline</p>

Significant milestones to be achieved over the next year to determine progress

	What	By When	Who
1	Establishment of a mental health reablement service with pilot model for delivery as part of the community health and social care services to be operational from April 2011	April 2011	AM/CHSC
2	Alignment of floating support services alongside developing reablement model	April 2010	AM/CHSC
3	Specification and tendering of community facilitation activity for service start	End of Q1	SP&C team
4	Development of integrated pathway with specialist mental health provider	End of Q1	AM/RB/RS

Key Commitment	Learning Difficulties service – reconfiguration of management and day services
Impact (What will be different as a result)	<ul style="list-style-type: none"> • Day services to develop closer links with the Employment Inclusion service with a

	<p>focus on supporting people to move onto employment.</p> <ul style="list-style-type: none"> • Fewer people with learning difficulties will access day services, but there will be stronger individual pathways and support plans. • Day services will limit access to adults of working age with older adults supported to access with alternative options using their personal budgets. • Services will be configured on a locality basis with stronger links to the joint community teams
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As measured by	<ul style="list-style-type: none"> • The number and age of adults using day services. • The number of people moving on from day services into employment • The number of adults referred, assessed, and supported by the joint community teams (as above) rather than by the specialist learning difficulties service.
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Specific Targets developed	<ul style="list-style-type: none"> • 10% increase in number of adults in paid employment against 10/11 baseline • 10% reduction in number of users of day services against 10/11 baseline
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Significant milestones to be achieved over the next year to determine progress

	What	By When	Who
1	Identify cohort of users of day services who are working towards employment	May 2011	BHSCS
2	Produce strategy for supporting people into employment	July 2011	MM and BHSCS
3	Identify users of services who are aged 63 and over and complete person centred plans to identify future options	July 2011	MM and BHSCS

Key Commitment	Community Resource Centres (CRC) – increased productivity/ expanding the service offer
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Impact (What will be different as a result)	<ul style="list-style-type: none"> • People living in the vicinity of a CRC will be able to access support from CRC staff to continue to live in their own homes • The CRCs will have increased capacity to provide dementia care
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As measured by	<ul style="list-style-type: none"> • Increase in the number of people supported on an outreach basis by the CRCs • Increase in the proportion of people with dementia provided with care in the CRCs
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Specific Targets developed	<ul style="list-style-type: none"> • Number of additional outreach clients supported by each CRC • 80% of all CRC residents to be dementia care by March 31st 2012
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Community Resource Centres (CRC) – increased productivity/ expanding the service offer
Significant milestones to be achieved over the next year to determine progress

	What	By When	Who
1	Agreement of 2011/12 targets with CH&SCS	January 2011	Sarah Shatwell
2	Provision of any additional training of CRC staff to provide dementia care	March 2011 (& ongoing)	Julie Sharma

Key Commitment	Reduction in commissioning of services from third/ voluntary sector organisations – seeking efficiencies/reduction in duplication and prioritisation of funding for services that are consistent with strategy		
Impact (What will be different as a result)	Plans are already well progressed to achieve the target for 2011/12. Delivery of the savings target will be achieved mainly through efficiencies without impact on service provision		
As measured by	Total spend on Supporting People and Communities funded organisations with quality measures set out in the Quality Assessment Framework		
Specific Targets developed	Achievement of target saving of £200,000 recurrently from Community Funding		
Significant milestones to be achieved over the next year to determine progress			
	What	By When	Who
1	All new contracts in place	March 2011	Sarah Shatwell

Key Commitment	Community Learning – funding reduced to level of grant		
Impact (What will be different as a result)	Reduction in funding will impact specifically on the Community Development Workers, reducing the capacity of the Council for this area of work		
As measured by			
Specific Targets developed	Achievement of target saving of £125,000 in 2011/12		

Community Learning – funding reduced to level of grant			
Significant milestones to be achieved over the next year to determine progress			

	What	By When	Who
1	Informal and individual discussions with affected staff (Community Development Workers)	16/11/2010	Stella Doble
2	Formal notice to affected staff	December 2010	Jenny Staples
3	Explore redeployment options and support to staff through accessing Workout Solutions	March 2011	Stella Doble

Key Commitment	Employment and Training – funding reduced to closer to grant level		
Impact (What will be different as a result)	Fewer job coaching hours available, less resource for specific projects		
As measured by	<ul style="list-style-type: none"> • Number of adults with LD, physical and sensory impairments gaining paid employment • Reduction in users of day services 		
Specific Targets developed	<ul style="list-style-type: none"> • 5 adults with learning difficulties using day services to be supported to gain employment by March 2012. • Employment Inclusion service to support target of 20 people to gain paid employment by March 2012 		
Significant milestones to be achieved over the next year to determine progress			
	What	By When	Who
1	Referral process for eligibility for access to the Employment Inclusion service to be clarified	June 2011	BHSCS
2	Produce strategy for supporting people into employment	July 2011	MM and BHSCS

4. Equalities

Key Commitment	Ensure allocation of resources at an individual level is equitable and consistent between service user groups – particularly in relation to the range of services funded through a Personal Budget		
Impact (What will be different as a result)	<ul style="list-style-type: none"> • Living within our means • Equitable distribution of available resources 		
As measured by	<ul style="list-style-type: none"> • Monitoring of Support Plans • Funding decisions through Single Panel Process 		
Specific Targets developed			
Significant milestones to be achieved over the next year to determine progress			
	What	By When	Who
1	Analysis of activity and spend on Personal Budgets to track trends and understand causes of growth in activity/spend	December 2010	John Buist
2	Ensure clear guidance on and understanding of the range of services that can be funded through a PB and tight management control/assurance at key points in the process, including learning from lean systems review	January 2011	Jane Shayler/ Jo Gray
3	Implementation of Single Panel for funding decisions	April 2011	Sarah Shatwell
4	Review approach and arrangements in light of publication of Social Care legislation by the Law Commission in 2011 (date of publication yet to be confirmed)	April 2011?	Jane Shayler

ANNEX A - SERVICE ACTION PLAN SUMMARY

Service Action Plan Revenue Financial Items: Adult Social Care & Housing

1. Proposed reductions to balance budgets:

Description of Mitigation	11/12 Saving £'000s			12/13 Saving £'000s			13/14 Saving £'000s			Risk H/M/ L	Commentary	Impacts
	R	NR	Total	R	NR	Total	R	NR	Total			
Vanguard process	307		307	293		293				M	This Vanguard-facilitated review of the social care process is underway and although not complete confidence is high that the review will identify efficiencies, including streamlining of processes that will enable savings in staffing costs.	Will result in a reduction in staff, not possible to confirm numbers until review has been completed. There are likely to be redundancies associated with this reduction.
Learning Difficulties Services re-commissioning of placements	200		200	200		200	220		220	M	<ul style="list-style-type: none"> Ongoing programme to extend range of community based housing options; Deregistration of registered care homes and replacement with supported living where appropriate (cost of housing not social care funded) Effective procurement delivering unit-cost savings. 	<p>Shifts some costs to central Government (Housing Benefit)</p> <p>This approach is consistent with Strategy.</p>
Learning Difficulties – specialist services	100		100	100		100	100		100	L	<ul style="list-style-type: none"> Completion of reconfiguration of LD services, which was commenced (with staff consultation on revised structure) in 2010. Improve access to mainstream services, including health services in line with Valuing People Now. 	<p>Savings achieved through reduction in staffing numbers.</p> <p>Approach is consistent with Strategy. Could represent a reduction in service for some people.</p>

Description of Mitigation	11/12 Saving £'000s			12/13 Saving £'000s			13/14 Saving £'000s			Risk H/M/L	Commentary	Impacts
	R	NR	Total	R	NR	Total	R	NR	Total			
Reduction in number of Older People placed in residential/ nursing care	150		150	80		80	80		80	H	Achieved by sustaining people in their own homes through early intervention and improving access to mainstream services, thus reducing the number of people admitted to residential and nursing care.	Consistent with overall OP Strategy. Enhancement of re-ablement services, including extended hours to be tested.
Mental Health Project costs	16		16							L	Saving from removal of increased management resource for the improvement to the accommodation elements to the mental health care pathway	Reduced management capacity to support development of new mental health supported living scheme(s)
Procurement savings	87		87							H	Target is 48k for non-placement commissioning budgets and 39k for delivery budgets	Not yet identified
Review of Disabled Facilities Grants assessment processes and DFG funding arrangements	25		25							L	<ul style="list-style-type: none"> Agreement with Registered Social Landlords to fund greater proportion of DFGs for RSL tenants than is current the case. 	<ul style="list-style-type: none"> Financial impact for RSLs
Service savings on The Limes and Sunnyside	12		12							L	To fund the costs of capital attributable to the scheme	
Mental Health – improved care pathway	170		170	170		170	170		170	H	<ul style="list-style-type: none"> Reconfiguration of mental health community support services on prevention, reablement and access to employment and mainstream housing. Improved care pathway with greater focus on working towards independence 	This approach is consistent with the overall MH Strategy.
Description of	11/12 Saving			12/13 Saving			13/14 Saving			Risk	Commentary	Impacts

Description of Mitigation	11/12 Saving £'000s			12/13 Saving £'000s			13/14 Saving £'000s			Risk H/M/L	Commentary	Impacts
	R	NR	Total	R	NR	Total	R	NR	Total			
Mental Health – Domiciliary care	60		60							H	Improved outcomes/ effectiveness from domiciliary care services through upskilling of workforce to meet needs of people with mental health needs, including older people with dementia.	
Mental Health – Direct payments	25		25							H	Implementation of a single panel process for agreeing resource allocation for all client groups is, in part, aimed at ensuring consistency and equity in the resource allocation for personal budgets. Benchmarking information suggests that current allocations to adults of working age with mental health needs are higher than average.	
Housing Savings	73		73	72		72				M	Reduction in staffing capacity.	Staff savings, may result in increased waiting times for some housing services and reduction in enforcement capacity.
LD reconfiguration	153		153							M	Completion of reconfiguration of LD services, which was commenced (with staff consultation on revised structure) in 2010.	Staff savings
Management costs – CH&SC	20		20							L	Part of staffing saving being delivered by Community Health & Social Care Services through reconfiguration.	Staff savings

Description of Mitigation	11/12 Saving £'000s			12/13 Saving £'000s			13/14 Saving £'000s			Risk H/M/L	Commentary	Impacts
	R	NR	Total	R	NR	Total	R	NR	Total			
Management costs - commissioning	130		130							M	Reduction achieved through restructuring across commissioning health, social care & housing. Deletion of vacant posts and ending of temporary contracts.	Staff savings
Interest on new pooling arrangements				75		75				H	Assumes c £40m new pooling arrangements and an interest rate of 0.75%. (Note: 2010/11 assumed 75k – not yet delivered.)	No service or staffing impacts
Roll-out of Revised Charging Policy	391		391	144		144				M	The revised charging policy has been consulted on and agreed to phased implementation starting September 2010.	It is anticipated that approximately 350 service users will be affected by changes to the charging policy. The revised Policy complies with guidance in <i>Fairer Contributions</i> and seeks to ensure that individual overall financial contributions to services received are fair and reasonable.
MH Service review	50		50	50		50				M		Staff reduction
Description of Mitigation	11/12 Saving £'000s			12/13 Saving £'000s			13/14 Saving £'000s			Risk H/M/L	Commentary	Impacts

	R	NR	Total	R	NR	Total	R	NR	Total			
Increase supply of Extra Care Housing for Older People	100		100	100		100				M	<ul style="list-style-type: none"> Work with housing and care providers to adopt a new model of extra care housing provision, combining sheltered housing with domiciliary care provided by Strategic Partners Need to ensure that this model of care is a real alternative to residential and nursing care as the saving comes from a reduction in the number of registered/ nursing care placements 	This proposal is in line with the overall service strategy for older people.
Reduction in commissioning of services from the third/voluntary sector	200		200	100		100				H	<p>Next phase implementation of a review of all commissioning from voluntary sector with a resultant reduction in contract values and, in some cases decommissioning of services that are not a priority when measured against strategic commissioning intentions</p> <ul style="list-style-type: none"> Reduction in services currently freely available at the point of delivery Likely to impact on providers, who would need to explore alternative sources of income/ funding It is possible that this will result in closure of one or more existing provider(s) Impact on people employed and/or volunteering in affected organisations 	
Description of Mitigation	11/12 Saving £'000s			12/13 Saving £'000s			13/14 Saving £'000s			Risk H/M/L	Commentary	Impacts

	R	NR	Total	R	NR	Total	R	NR	Total			
Community Learning	125		125							L	Spending reduced to the level of specific grant funding.	Staffing reduction. Reduced level of service.
Employment and training schemes	83		83							L	Spending reduced to closer to the level of specific grant funding.	Service reduction will require different, more targeted approaches to supporting people to access employment

2. Proposed growth:

Description of Growth	11/12 Growth £'000s			12/13 Growth £'000s			13/14 Growth £'000s			Risk H/M/L	Commentary	Actions to Mitigate
	R	NR	Total	R	NR	Total	R	NR	Total			
Inflation - pay	179		179	0		0	180		180	H	Assumes : pay inflation of 0% for 11/12 and 12/13 with 1% in 13/14. 2011/12 includes 1% uplift in employers NIC	
Inflation – placements	908		908	948		948	484		484	H	Non-pay inflation assumed of 2.3% across placements budgets	Work with providers to keep inflation on non-pay below RPI/CPI.
Inflation income	-40		-40	-42		-42	-42		-42	H	Increase on income recoveries anticipated in line with increased costs of placements	
Loss of interest on Learning Difficulties Health funds	12		12							H	The Council has agreed the transfer from the PCT of £3.15m in 10/11 in respect of a Vote Transfer on LD services. These funds will no longer come from health and so the LD pool will not receive the interest. Estimate based on 0.75% rate.	There remains further risk that not all the funds given up by health reach the local Council due to the application of the national funding formula.

Description of Growth	11/12 Growth £'000s			12/13 Growth £'000s			13/14 Growth £'000s			Risk H/M/L	Commentary	Actions to Mitigate
	R	NR	Total	R	NR	Total	R	NR	Total			
Social Care Reform Grant – end of funding										L	The end of this grant of £727k has been anticipated for some years and plans have been made accordingly during 2010/11 and so the baseline budget reflects this change.	Since this is a time limited grant to support implementation of social care transformation, plans already take account of end of grant in 2010/11
Supporting People Admin grant ending										L	This was announced in June 2010 and has been covered in 2010/11 on a recurring basis so the baseline budget reflects this change.	SP team reduced in size (vacant post deleted). Efficiency savings from programme to cover balancing amount.
Older People Demographic Growth including dementia	347		347	347		347	347		347	H	Where service users are eligible for social care services the council must fund their care. If this growth item is not included within the budget the budget will overspend	<ul style="list-style-type: none"> • Development of alternatives to residential & nursing care • Investment in preventative and early intervention services • Effective procurement of residential, nursing and domiciliary care services • Roll-out of revised Charging Policy • Refocusing of day services to support independence and access to employment • Support for Carers, including breaks services
Learning Difficulties	600		600	600		600	600		600	H		

Description of Growth	11/12 Growth £'000s			12/13 Growth £'000s			13/14 Growth £'000s			Risk H/M/L	Commentary	Actions to Mitigate
	R	NR	Total	R	NR	Total	R	NR	Total			
Supported Housing for Social care – capital charges	12		12							H	Increase in capital charges associated with the Limes scheme – matched by service funded savings below	
Redundancy Costs										M	Estimated redundancy costs of £380k are based on assumed costs of 10 redundancies at a standard cost. It is currently assumed that these costs will be met from central Council reserves rather than by the Adult Social care and Housing Directorate.	Working estimate only. Every effort will be made to mitigate redundancies through delivery of staff reductions through staff turnover.