

APPENDIX 1

Adult Social Care

Director: Caroline Taylor
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Agreed Savings – Outline details	Savings for 2015/16		Implement- ation Cost	Delivery Date	Possible risks / impact of proposals
	Income £	Budget reduction £			
Adult Social Care (via Partnership Agreement with Torbay and Southern Devon Health and Care NHS Trust)					
1. Renegotiation of Contracts:		220,000	Nil	April 2015	The objective of this scheme is to secure best value from a range of existing contracts, without affecting service volumes or outcomes, through negotiation of terms and conditions with suppliers. Negotiations with providers affected are on-going and are proving successful as per original proposal.
2. Review of all existing community care support plans		498,000	Nil	On-going process	This is within existing policy and will ensure equity and parity between service users. The scheme has delivered savings in 2014/15, this will continue in 2015/16 partly as a result of the full year effect of the work undertaken in 2014/15 and partly through further review activity with individual service users. There is reasonable confidence that this will deliver savings at the required level.
3. Care Home Placement Numbers & Rates		360,000	Nil	On-going	There has been a year on year reduction in the number of placements which are necessary to meet assessed needs over the last four years. This trend has developed as alternative forms of care have come on stream. There is confidence this trend will continue and the targets will be achieved. However achievement of the target is reliant on this trend continuing and will be determined by the needs of individual service users and therefore be subject to demographic pressure.

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4. Equitable Application of Non- residential Charging policy	50,000		Nil	April 2015	This is within existing policy and will ensure equity and parity between service users. The scheme started in 2014/15, all relevant service users will have been reviewed by the end of the current financial year, £50,000 will have been delivered in year, this will have a full year effect of £75,000 but as £50,000 of this has been taken as a saving in the current year the impact in 2015/16 will be a saving of £25,000 which will leave a shortfall of £25,000 which will be met through management of in year pressures.
5. Community Alarms (Proposal agreed by Council in Feb 2014)		48,000	Nil	April 2015	This is within existing policy and will ensure equity and parity between service users and has now been subsumed within the review of community care support plans (see 2 above. This is because where alarms continue to be necessary to meet assessed care needs they are funded within the clients personal budget.
6. Learning Disability Development Fund (Proposal agreed by Council in Feb 2014)		17,000	Nil	April 2015	Decision to reduce funding was made by the Council February 2014, consultation completed as part of that decision making processes and this scheme is a continuation of that process.
7. Voluntary Sector Block Contracts (Proposal agreed by Council in Feb 2014)		38,000	Nil	April 2015	Decision to reduce funding was made by the Council February 2014, consultation completed as part of that decision making processes and this scheme is a continuation of that process.

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<p>8. Service Redesign - Learning Disability</p> <p>Review of remaining day care and respite service including transport arrangements.</p>		525,000	Nil	On-going	Commissioning Strategy and delivery plans are being overseen by the Health and Well Being Board and Health Scrutiny Committee. There is a high level of confidence that the target will be delivered; the detail is being worked up through engagement processes which include people with learning disabilities and representative groups. However delivering this target will require a range of challenging redesign work to be completed on a co-production basis with stakeholders and services users.
<p>9. Service Redesign - Respite Care</p> <p>Review existing arrangements for respite care and introduce a single policy to ensure equitable availability of respite care services according to need.</p>		250,000	Nil	TBC	<p>A consultation process is currently underway on a revised policy (now referred to as short breaks). The consultation process will conclude on the 13th February 2015 and reported to the Council.</p> <p>The Short Breaks Policy and EIA are attached as Appendix 9</p>
<p>10. Service Redesign - St Kilda's</p> <p>To review the proposals for the St Kilda's site to ensure the recommended service solutions represents value for money.</p>		320,000	Nil	Ongoing	The outline business case has been approved by the Trust Board and a contractor has been appointed to work up the design and finalise the cost of building the new facility. The contract is due to be agreed in April 2015 and the new service will come on line in October 2016. Negotiations will soon commence with the current provider of the service to agree an exit strategy which will enable savings to be made in 2015/16.

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<p>11. Delivery Model 1 - Assessment Process</p> <p>This will involve changing the way that care needs are assessed and services are co-ordinated, including:</p> <ul style="list-style-type: none"> ▪ Moving to telephone and on-line assessments rather than face to face contacts. ▪ Promoting the self-directed care and personal budgets to enable people to take control of their own circumstances and needs 		668,000	Covered by pooled arrangements with NHS	April 2015 to March 2016	The scheme will impact on how care needs assessments are undertaken but not the level of care provided. Development and pilot work is currently underway, with full implementation scheduled for July 2015. The expectation is that the part year effect savings (July 2015 to March 2016) will meet the 2015/16 target.
<p>12. Delivery Model 2 - Emergency Duty Team</p> <p>Review of the way Out of Hours & Emergency Duty services are provided.</p>		274,000	nil	TBC	A range of options are being evaluated, including other providers or extending joint approach with Children’s Services and the MASH development. This involves negotiations with staff and trade unions, there is assurance that savings will be made but the final figure and full year effect is not guaranteed at this stage.

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<p>13. Delivery Model - Quality Assurance</p> <p>To review the way the Trust works with providers of nursing, residential and domiciliary care services to promote and ensure the quality of services.</p>		127,000	nil	April 2016	A saving of £91,000 has been delivered however this has reduced the size and capacity of the team providing this service to the smallest viable critical mass. Further savings are not possible as this would result in the removal of all internal assurance processes which would compromise safeguarding procedures and result in reliance on CQC processes for all on going quality assurance. There will therefore be a shortfall of £36,000 which will be met through management of in year pressures.
<p>14. Movement of clients from residential homes to Extra Care Housing</p> <p>The objective will be to support people to remain, or return to, living independently in their own accommodation.</p>		500,000	TBC	TBC	This is a high level proposal involving housing providers and is in line with the housing commissioning strategy which was agreed by the Health and Well Being Board. As proposals are developed and there is a level of detail upon which there can be consultation with service users and their families this will be completed. The results of the consultation, along with an Equality Impact Assessment, will then be considered in reaching decisions about the future of these services. There is confidence that part year savings can be achieved but the full year effect remains high risk.

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15. Further Joint working, shared commissioning, new income and efficiencies to be explored with the NHS and others.		1,566,000	TBC	TBC	This area is still under exploration. There are benefits to be realised in development of new income and further risk mitigation, through gain share or other mechanisms but requires more time. The delivery of the ICO understandably continues to be the priority for delivery in our local system. The Better Care Fund did not become a source of new monies and has been refocused by government on prioritising reductions in acute emergency admissions.