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Date: Monday, 16 January 2012

Overview and Scrutiny  
Town Hall  
Castle Circus  
Torquay  
TQ1 3DR

Dear Member

**OVERVIEW AND SCRUTINY BOARD - TUESDAY, 17 JANUARY 2012**

I am now able to enclose, for consideration at the Tuesday, 17 January 2012 meeting of the Overview and Scrutiny Board, the following reports that were unavailable when the agenda was printed.

<b>Agenda No</b>	<b>Item</b>	<b>Page</b>
<b>5.</b>	<b>Adult Social Care</b>	
	• Combined Impact Assessment Part 1 - Care Home Reductions	(27 – 34)
	• Combined Impact Assessment Part 1 - Adherence to Policies	(35 – 38)
	• Combined Impact Assessment Part 1 - Contract Mgmt and back Office Efficiencies	(39 – 46)
	• Combined Impact Assessment Part 1 - Dom Care	(47 – 52)
	• Combined Impact Assessment Part 1 - LD Clients	(53 – 64)

Yours sincerely

Jo Beer  
Clerk

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## Budget Proposals 2012/13: Major Decision: Combined Impact Assessment: Initial Review (Part 1)

<b>Business Unit</b>	<b>Adult Social Care Services</b>	<b>Proposal:</b>	<b>Reduction in care home placements (Residential and Nursing Homes)</b>
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The council and its partners are facing a significant challenge in the savings it needs to make over the next couple of years. This Impact Assessment Initial Review has been developed as a tool to enable business units to:

- Fully consider the impact of proposed changes on the community
- Be the basis for engagement with those potentially affected
- Ensure clarity on the extent of saving that can be made during 2011/12 commencing for 1 April
- Justify the Council's decision making process if challenged

This initial review will allow Councillors and members of the public to understand proposed changes so that they are best placed to provide their feedback.

Following this initial review and any consultation / engagement activity you have undertaken you must complete a Part 2 Review which is the second part to this Combined Impact Assessment. Together the whole impact assessment will evidence that you have fully considered the impact of your proposed changes and carried out appropriate consultation on those changes with the key stakeholders.

<b>Name:</b>	<b>Trudy Corsellis</b>	<b>Position:</b>	<b>AD – Planning &amp; Performance</b>
<b>Business Unit:</b>	<b>Operations Directorate - TCT</b>	<b>Department:</b>	<b>Business Planning &amp; Performance</b>
<b>Date</b>	<b>2<sup>nd</sup> September '11</b>		

Summary from Overall Proposal (Updated as required)

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 if earlier or later state date	Risks / impact of proposals	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
Reduction in number of clients placed in care homes: <ul style="list-style-type: none"> <li>Residential</li> <li>Nursing</li> <li>Death of preserved rights clients</li> </ul>		300 30 200		On-going from 2010/11	Impact upon care home market with many homes already holding vacancies. Traditionally care homes placement numbers have fallen by approx.40 p/a during the last 4 – 5 years. (Preserved rights clients are those who have a right to continue living in a care home although they would not meet today's Fair Access to Care criteria. The right dates back, and is a consequence of, the 2003 Care in the Community Act.		✓	
<b>Savings/Costs</b>	0	530						

<b>Overall Saving 2011/12</b>	Above figure incorporates £150k from 11/12
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## Stage 1: Impact Assessment

No	Question	Details
1.	Additional details of proposed change – If required	This is a continuation of the Care Trust's work to enable more people to remain in their own homes by providing an expanded range of alternatives to residential placements. This includes increasing the availability of personal budgets to provide clients with greater control over how and where they receive their care, and developing a network of community and home-based care which is able to better meet clients' needs.
2.	Who will this affect?	<ul style="list-style-type: none"> <li>● Older clients requiring long-term packages of care</li> <li>● Residential and nursing homes</li> </ul>
3.	How will it affect them?	<ul style="list-style-type: none"> <li>● Enables more older clients to remain in their own homes with appropriate care packages developed around their needs</li> <li>● For providers, reduced numbers of funded clients means reduced income from this revenue stream. Some care home providers may be required to diversify to remain profitable. Potentially, there may be the possibility of additional short-term placements as new models of care are created which reduce the length of stay in local hospitals.</li> </ul>
4.	Which vulnerable groups, if any, will be specifically affected?	Older population (65+) with accommodation and with care needs which can be appropriately met within own home through domiciliary support.
5.	Will the proposed change make people vulnerable who might not be considered as such now?	No. Those who require more intensive, round the clock care will continue to receive this within a residential care setting, where this is the most appropriate for their needs.
6.	What, if any, alternative provision available to those affected?	Alternative provision to residential care already exists within Torbay, and is assisted by the work of the intermediate care and domiciliary care teams. Ultimately clients will always be given choice – to remain in their own home with care or move into a care home.

No	Question	Details
7.	How many people do you think will be affected?	Approx. 40 – 50 p/a
8.	Knock on impact to any other agency / voluntary sector group?	As already outlined, reduced reliance upon residential care beds may reduce income for existing providers. The Care Trust is working with providers to support them in diversifying their provision to meet developing needs and aspirations of clients and ensure their continued viability.
9.	Any implementation / set up costs?	N/A – please note though, as numbers decrease, vacancy levels are likely to increase unless home closures ensue. Higher vacancy levels may create further pressure on the Care Trust to increase weekly prices which are currently amongst the lowest in the country. Any price increase agreed has not been factored in to on-going budget requirements and will, as such, create further cost pressures.

### Stage 2: Engagement

No	Question	Details
10.	Who do you need to consult / engage with?	The Care Trust does not believe consultation is necessary as this is a continuation of business. Clients for whom residential care is the most appropriate solution to meet their needs will continue to receive residential care.
11.	Are there any specific groups / agencies that will need to be consulted?	We are continuing to work directly with the residential care home sector to develop the most effective network of older people's care for Torbay
12.	Initial proposals for consultation / engagement?	Public budget consultation has taken place. Public meetings were held as well as questionnaires sent to a "viewpoint" panel and also to members of the public. <b>Public Meetings:</b>

No	Question	Details																																																															
	<p><b><u>Would you support a proposal to help people to live in their own homes and reduce the number of care home placements? (£530k)</u></b></p> <table border="1" data-bbox="256 409 560 1585"> <thead> <tr> <th rowspan="2">Venue</th> <th colspan="2">Yes</th> <th colspan="2">No</th> </tr> <tr> <th>Count</th> <th>%</th> <th>Count</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Westlands</td> <td>10</td> <td>91%</td> <td>1</td> <td>9%</td> </tr> <tr> <td>T.C.C</td> <td>11</td> <td>58%</td> <td>8</td> <td>42%</td> </tr> <tr> <td>Paignton</td> <td>16</td> <td>76%</td> <td>5</td> <td>24%</td> </tr> <tr> <td>Brixham</td> <td>35</td> <td>73%</td> <td>13</td> <td>27%</td> </tr> <tr> <td>Dunboyne</td> <td>6</td> <td>86%</td> <td>1</td> <td>14%</td> </tr> <tr> <td><b>Total</b></td> <td><b>78</b></td> <td><b>74%</b></td> <td><b>28</b></td> <td><b>26%</b></td> </tr> </tbody> </table> <p><b>Public Questionnaire:</b></p> <p><b>Help people to live in their own homes reducing the number of care home placements needed. (Potential saving: £530,000)</b></p> <table border="1" data-bbox="743 808 876 1585"> <thead> <tr> <th></th> <th>Questionnaires</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>29</td> <td>11%</td> </tr> <tr> <td>Yes</td> <td>247</td> <td>89%</td> </tr> <tr> <td>Grand Total</td> <td>276</td> <td></td> </tr> </tbody> </table> <p><b>Reduce reliance on care home placements for mental health clients under 65 and provide more home based services. (Potential saving: £200,000)</b></p> <table border="1" data-bbox="1043 808 1220 1585"> <thead> <tr> <th></th> <th>Questionnaires</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>12</td> <td>50%</td> </tr> <tr> <td>Yes</td> <td>12</td> <td>50%</td> </tr> <tr> <td>Grand Total</td> <td>24</td> <td></td> </tr> </tbody> </table>	Venue	Yes		No		Count	%	Count	%	Westlands	10	91%	1	9%	T.C.C	11	58%	8	42%	Paignton	16	76%	5	24%	Brixham	35	73%	13	27%	Dunboyne	6	86%	1	14%	<b>Total</b>	<b>78</b>	<b>74%</b>	<b>28</b>	<b>26%</b>		Questionnaires	%	No	29	11%	Yes	247	89%	Grand Total	276			Questionnaires	%	No	12	50%	Yes	12	50%	Grand Total	24		<p>11 19 21 48 7 106</p>
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<b>13.</b>	Consultation already started?	Work already underway with providers																																																															

No	Question	Details
14.	Resources available	<i>Work led by Care Trust Commissioning staff</i>



**Stage 3 Agreed Next Steps**

No	Action	Next Step	Decision
15.	Proceed with consultation / engagement?	<p>Outline support required from Business Services.</p> <p><i>Should the 20% threshold set out in the Choice, Cost &amp; Risk Policy reduce as suggested, it is feasible our ability to enable clients to remain in their own homes decreases. This is because the cost of doing so becomes prohibitive as it exceeds the cost of a care home placement. (To remain at home at present, clients are allowed the cost of the care home placement plus up to a further 20% on top.)</i></p>	
16.	Modify proposals for change.	Not relevant since this shift in working practice has been on-going for the last 4 years.	
17.	Not to proceed with proposed changes?	??	

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## Budget Proposals 2012/13: Major Decision: Combined Impact Assessment: Initial Review (Part 1)

<b>Business Unit</b>	<b>Adult Social Care Services</b>	<b>Proposal:</b>	<b>Policy Adherence</b>
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The council and its partners are facing a significant challenge in the savings it needs to make over the next couple of years. This Impact Assessment Initial Review has been developed as a tool to enable business units to:

- Fully consider the impact of proposed changes on the community
- Be the basis for engagement with those potentially affected
- Ensure clarity on the extent of saving that can be made during 2011/12 commencing for 1 April
- Justify the Council's decision making process if challenged

This initial review will allow Councillors and members of the public to understand proposed changes so that they are best placed to provide their feedback.

Following this initial review and any consultation / engagement activity you have undertaken you must complete a Part 2 Review which is the second part to this Combined Impact Assessment. Together the whole impact assessment will evidence that you have fully considered the impact of your proposed changes and carried out appropriate consultation on those changes with the key stakeholders.

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<b>Name:</b>	<b>Trudy Corsellis</b>	<b>Position:</b>	<b>AD – Planning &amp; Performance</b>
<b>Business Unit:</b>	<b>Operations Directorate - TCT</b>	<b>Department:</b>	<b>Business Planning &amp; Performance</b>
<b>Date</b>	<b>2<sup>nd</sup> September '11</b>		

Summary from Overall Proposal (Updated as required)

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 if earlier or later state date	Risks / impact of proposals	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
Adherence to: <ul style="list-style-type: none"> <li>Choice, Cost &amp; Risk Policy</li> <li>Resource Allocation System (RAS)</li> <li>Fairer Charging and Contribution Policies</li> </ul> Reduce Choice, Cost and Risk Threshold to 10% or lower		100	Consultation process costs for reducing the Choice, Cost and Risk threshold	11/11	<ul style="list-style-type: none"> <li>Likely to reduce packages of care available to new clients</li> <li>Many current clients will experience a reduction in care packages offered when they are reviewed</li> <li>May require more admissions to care homes as costs are prohibitive for clients to remain in their own homes</li> <li>Some clients will be required to contribute more to the price of their care, in accordance with national guidance</li> <li>Transition arrangements required where current costs have been in place for a number of years?</li> </ul>	✓	✓	✓
<b>Savings/Costs</b>	0	250						✓

Overall Saving 2011/12 £150k which is already incorporated into the above figure

## Stage 1: Impact Assessment

No	Question	Details
1.	Additional details of proposed change – If required	Recognition that the above policies are already agreed and in place.  Agreement to what new threshold the Choice, Cost and Risk policy threshold should be set at. 10% and zero has been discussed informally. The £100k identified above assumes a 10% threshold is agreed. Further work is required to determine the impact and financial savings stemming from a 0% threshold.
2.	Who will this affect?	Theoretically all clients though impact likely to be minimal for many.
3.	How will it affect them?	Potential for reduction in packages of care
4.	Which vulnerable groups, if any, will be specifically affected?	Potentially clients with high cost packages of care living at home.
5.	Will the proposed change make people vulnerable who might not be considered as such now?	We will need to work with clients to understand how we can reduce the costs of their care but still achieve the outcomes which are most important to them.
6.	What, if any, alternative provision available to those affected?	We will seek to develop new services and work with Council colleagues to understand how voluntary organisations and communities can provide additional support to meet client's needs.
7.	How many people do you think will be affected?	Those affected are unlikely to be addition to the clients affected by other cost reduction schemes.
8.	Knock on impact to any other agency / voluntary sector group?	Greater reliance on voluntary sector organisations will help reduce costs and help minimise service reductions.
9.	Any implementation / set up costs?	May need to contemplate transition arrangements which manage the impact of service reductions for clients across 12 – 24 months. Doing so has cost implications.

## Stage 2: Engagement

No	Question	Details
10.	Who do you need to	Providers, clients, families and the public in general so they too understand the size of the challenges

No	Question	Details												
	consult / engage with?	ahead.												
11.	Are there any specific groups / agencies that will need to be consulted?													
12.	Initial proposals for consultation / engagement?	<p>Awareness raising on:</p> <ul style="list-style-type: none"> <li>• Size of challenge and managing expectations</li> <li>• Support planning and outcome focused care, i.e. the 3 most important things to achieve for the client</li> <li>• How to maximise the involvement and effectiveness of community organisations and voluntary groups</li> </ul>												
13.	Consultation already started?	<p>Public budget consultation has taken place. Public meetings were held as well as questionnaires sent to a "viewpoint" panel and also to members of the public.</p> <p>Please see results from the questionnaires below:</p> <p><b>Ensure that people who are cared for in their own home are assessed fairly against the Choice, Care and Risk Policy. (Potential saving: £360,000)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Questionnaires</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>55</td> <td>22%</td> </tr> <tr> <td>Yes</td> <td>200</td> <td>78%</td> </tr> <tr> <td>Grand Total</td> <td>255</td> <td></td> </tr> </tbody> </table>		Questionnaires	%	No	55	22%	Yes	200	78%	Grand Total	255	
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14.	Resources available	Assistance sought with the involvement of community groups and voluntary sector organisations.												

### Stage 3 Agreed Next Steps

No	Action	Next Step	Decision
15.	Proceed with consultation / engagement?		
16.	Modify proposals for change.		
17.	Not to proceed with proposed changes?		

## Budget Proposals 2012/13: Major Decision: Combined Impact Assessment: Initial Review (Part 1)

<b>Business Unit</b>	<b>Adult Social Care Services</b>	<b>Proposal:</b>	<b>Back Office Efficiencies, Stricter Contract Management, and, Ops Frontline Staff &amp; In-House Units</b>
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<b>Business Unit:</b>	<b>Operations Directorate - TCT</b>	<b>Department:</b>	<b>Business Planning &amp; Performance</b>
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Summary from Overall Proposal (Updated as required)

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	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
<ul style="list-style-type: none"> <li>• Generate back office efficiencies -</li> <li>• Implement stricter contract management through: <ul style="list-style-type: none"> <li>▪ Greater use of St Kilda's</li> <li>▪ Management of on-hold packages of care</li> <li>▪ Rigidity of applying contract terms and conditions</li> </ul> </li> <li>• Frontline staff &amp; in-house units 4% CRES</li> <li>• Closure on in-house LD unit</li> </ul>		500	Potential redundancy costs if staff cannot be redeployed elsewhere	01/12  10/11	<ul style="list-style-type: none"> <li>• Potential risks</li> <li>• Impact on community</li> <li>• Knock on impact to other agencies/partners/departments</li> </ul> <p>Back office efficiencies</p> <ul style="list-style-type: none"> <li>• Fewer staff in post to manage change process</li> <li>• Potential to impact on the quality and assurance processes in place</li> <li>• Lack of knowledge and experience in remaining staff</li> <li>• Greater collaborative working and reduced duplication of activity with SP team and DCC may mitigate the impact of staff reductions</li> </ul> <p>Stricter contract management:</p> <ul style="list-style-type: none"> <li>• Less “choice” for clients as St Kilda's becomes the default option for respite and crisis care</li> <li>• Additional fragility in the care home market as care is directed towards St Kilda's</li> </ul>	✓		
		368				✓		
		200						



Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 if earlier or later state date	Risks / impact of proposals	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
					<ul style="list-style-type: none"> <li>Potential risks</li> <li>Impact on community</li> <li>Knock on impact to other agencies/partners/departments</li> </ul> <ul style="list-style-type: none"> <li>Clients may find themselves charged for care they either fail to cancel or cancel at very short notice</li> <li>Pressure on frontline staff to actively manage packages of care for those clients requiring respite care or admitted to hospital</li> <li>Client faces lack of continuity of carer following admission to hospital (or respite care) as care packages will be "closed" if length of stay exceeds 7 days (or 14 days if agreement sought with Zone Manager). New package of care will be instituted on discharge.</li> <li>Potential for relationships to deteriorate with private providers as T&amp;Cs enforced. If goodwill lost, instituting changes requiring their support</li> </ul>			

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 if earlier or later state date	Risks / impact of proposals	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
					<ul style="list-style-type: none"> <li>Potential risks</li> <li>Impact on community</li> <li>Knock on impact to other agencies/partners/departments</li> </ul> <p>becomes far more difficult and could fail. Requires careful balance and on-going dialogue.</p> <p>4% efficiency savings</p> <ul style="list-style-type: none"> <li>Traditionally each department has been expected to achieve a 4% target – each year this becomes increasingly hard but has, to date, not required formal redundancies.</li> </ul> <p>Closure of in-house LD unit</p> <ul style="list-style-type: none"> <li>Impact on service reduction in LD have been discussed in greater detail in the LD saving schemes document.</li> </ul>	✓		✓
<b>Savings/Costs</b>	0	1,218						
<b>Overall Saving 2011/12</b>	£275k which is already incorporated into the above figure.							

	(Please note a significant proportion of savings identified above arise from the Operational Staff and In-House Services budget which is currently outside of the commissioned spend risk share arrangement, e.g. back office efficiencies, 4% efficiency savings and closure of an in-house LD unit.)
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**Stage 1: Impact Assessment**

No	Question	Details
1.	Additional details of proposed change – If required	Consultation for these areas will be covered by the schemes identified elsewhere.
2.	Who will this affect?	All client groups – though hopefully not large numbers.
3.	How will it affect them?	Greater use of St Kilda's and closure of an in-house LD unit which will necessitate the transfer of clients to alternative venues which represents a change in current practice. Clients asked to pay for care cancelled at short notice is also a change in practice.  Plans to achieve the 12/13 4% CRES target have yet to be discussed and so the impact is, at present, unknown.
4.	Which vulnerable groups, if any, will be specifically affected?	LD and older people
5.	Will the proposed change make people vulnerable who might not be considered as such now?	Potentially
6.	What, if any, alternative provision available to those affected?	
7.	How many people do you think will be affected?	Probability is the clients affected by these proposals are already being affected by the other schemes, <ul style="list-style-type: none"> <li>• Reduce expenditure on domiciliary care and day service clients</li> <li>• Reduction in care home placements</li> <li>• Reduce expenditure on clients with a learning disability</li> <li>• Policy adherence</li> </ul>

No	Question	Details
8.	Knock on impact to any other agency / voluntary sector group?	Potentially voluntary organisations who are not meeting expected outcomes may see a reduction in their funding. Greater collaboration and reduced duplication between partner agencies is also expected.
9.	Any implementation / set up costs?	

### Stage 2: Engagement

No	Question	Details
10.	Who do you need to consult / engage with?	Providers, clients, families and the public in general so they too understand the size of the challenges ahead.
11.	Are there any specific groups / agencies that will need to be consulted?	Voluntary organisations to ensure they provide value for money and are maximising the independence of clients wherever possible.
12.	Initial proposals for consultation / engagement?	<p>Awareness raising on:</p> <ul style="list-style-type: none"> <li>• Size of challenge and managing expectations</li> <li>• Proposed schemes to meet the 4% CRES target in 12/13</li> <li>• How to maximise the involvement and effectiveness of community organisations and voluntary groups</li> </ul> <p>Public budget consultation has taken place. Public meetings were held as well as questionnaires sent to a “viewpoint” panel and also to members of the public.</p>

No	Question	Details																																																																							
	<p><b>Adult Social Care (Including Supporting People) - Public Meetings Data</b></p> <p><u>How would you spend the budget in this area?</u></p>	<table border="1"> <thead> <tr> <th rowspan="2">Venue</th> <th colspan="2">Stay the same</th> <th colspan="2">5%</th> <th colspan="2">10%</th> <th colspan="2">15%</th> </tr> <tr> <th>Count</th> <th>%</th> <th>Count</th> <th>%</th> <th>Count</th> <th>%</th> <th>Count</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Westlands</td> <td>5</td> <td>45%</td> <td>5</td> <td>45%</td> <td>1</td> <td>9%</td> <td></td> <td>0%</td> </tr> <tr> <td>T.C.C</td> <td>10</td> <td>56%</td> <td>6</td> <td>33%</td> <td>1</td> <td>6%</td> <td>1</td> <td>6%</td> </tr> <tr> <td>Paignton</td> <td>15</td> <td>71%</td> <td>3</td> <td>14%</td> <td>2</td> <td>10%</td> <td>1</td> <td>5%</td> </tr> <tr> <td>Brixham</td> <td>20</td> <td>41%</td> <td>21</td> <td>43%</td> <td>5</td> <td>10%</td> <td>3</td> <td>6%</td> </tr> <tr> <td>Dunboyrne</td> <td>4</td> <td>57%</td> <td>1</td> <td>14%</td> <td>0</td> <td>0%</td> <td>2</td> <td>29%</td> </tr> <tr> <td><b>Total</b></td> <td><b>54</b></td> <td><b>51%</b></td> <td><b>36</b></td> <td><b>34%</b></td> <td><b>9</b></td> <td><b>8%</b></td> <td><b>7</b></td> <td><b>7%</b></td> </tr> </tbody> </table>	Venue	Stay the same		5%		10%		15%		Count	%	Count	%	Count	%	Count	%	Westlands	5	45%	5	45%	1	9%		0%	T.C.C	10	56%	6	33%	1	6%	1	6%	Paignton	15	71%	3	14%	2	10%	1	5%	Brixham	20	41%	21	43%	5	10%	3	6%	Dunboyrne	4	57%	1	14%	0	0%	2	29%	<b>Total</b>	<b>54</b>	<b>51%</b>	<b>36</b>	<b>34%</b>	<b>9</b>	<b>8%</b>	<b>7</b>	<b>7%</b>
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	<p><b>Petitions:</b></p> <p>A petition containing approximately 800 signatures has been received from SPOT. The petition addressed to the Mayor requests that the decision to cut £45,000 a week from adult social care is reversed</p>																																																																								
13.	Consultation already started?	No																																																																							

No	Question	Details
14.	Resources available	Assistance sought with the involvement of community groups and voluntary sector organisations.

**Stage 3 Agreed Next Steps**

No	Action	Next Step	Decision
15.	Proceed with consultation / engagement?		
16.	Modify proposals for change.		
17.	Not to proceed with proposed changes?		

## Budget Proposals 2012/13: Major Decision: Combined Impact Assessment: Initial Review (Part 1)

<b>Business Unit</b>	<b>Adult Social Care Services</b>	<b>Proposal:</b>	<b>Reduce Expenditure on Domiciliary Care and Day Service Clients</b>
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The council and its partners are facing a significant challenge in the savings it needs to make over the next couple of years. This Impact Assessment Initial Review has been developed as a tool to enable business units to:

- Fully consider the impact of proposed changes on the community
- Be the basis for engagement with those potentially affected
- Ensure clarity on the extent of saving that can be made during 2011/12 commencing for 1 April
- Justify the Council's decision making process if challenged

This initial review will allow Councillors and members of the public to understand proposed changes so that they are best placed to provide their feedback.

Following this initial review and any consultation / engagement activity you have undertaken you must complete a Part 2 Review which is the second part to this Combined Impact Assessment. Together the whole impact assessment will evidence that you have fully considered the impact of your proposed changes and carried out appropriate consultation on those changes with the key stakeholders.

<b>Name:</b>	<b>Trudy Corsellis</b>	<b>Position:</b>	<b>AD – Planning &amp; Performance</b>
<b>Business Unit:</b>	<b>Operations Directorate - TCT</b>	<b>Department:</b>	<b>Business Planning &amp; Performance</b>
<b>Date</b>	<b>2<sup>nd</sup> September '11</b>		

Summary from Overall Proposal (Updated as required)

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 if earlier or later state date	Risks / impact of proposals	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
<ul style="list-style-type: none"> <li>Actively review and intensively re-able dom care clients</li> <li>Reduce hourly rates paid to providers</li> <li>Reduce short-term placements for respite care</li> <li>Reduce reliance on traditional day services</li> </ul>		1,000	Main implementation costs contained within in-house staffing levels. However, may require a certain level of pump priming to engage dom care providers and secure different ways of working	01/12  12/11  12/11	<ul style="list-style-type: none"> <li>Potential risks</li> <li>Impact on community</li> <li>Knock on impact to other agencies/partners/departments</li> <li>Substantial service reductions expected which will impact on financial viability of some providers and/or staff employment</li> <li>Cultural shift and change in mind-set of staff and clients needed; must promote independency and reduced reliance on social care services</li> <li>Must work closely with providers to help reduce their cost base so as not to impact on the quality of care as hourly rates for providers decrease</li> <li>Reducing short-term placements will impact on the care home market which is already experiencing high vacancy levels</li> </ul>	Internal		
<b>Savings/Costs</b>	0	1,465						

Overall Saving 2011/12 £865k which is already incorporated into the above figure



**Stage 1: Impact Assessment**

<b>No</b>	<b>Question</b>	<b>Details</b>
<b>1.</b>	Additional details of proposed change – If required	Size of savings required in domiciliary care is likely to amount to approx. 30% of the current budget. The size of the challenge is therefore immense and achievement against the proposed savings is consequently classed as “red” rated.
<b>2.</b>	Who will this affect?	The majority of domiciliary care clients who are classed as having “substantial” (as opposed to “critical”) needs. (Please note: reduced reliance on day services already being experienced and seen as clients are opting for alternative services.)
<b>3.</b>	How will it affect them?	Packages of care are likely to be provided on a temporary basis with a greater focus on intensive re-ablement which should reduce the reliance on long-term packages. The Care Trust will actively promote independence and help clients to seek support from the wider community.  We are also working with dom care providers to identify different ways of supporting care needs that help reduce costs at the same time, e.g. reducing isolation - one carer organising a trip out and looking after multiple clients at the same time.
<b>4.</b>	Which vulnerable groups, if any, will be specifically affected?	Mainly elderly. (LD clients affected are covered in the LD client savings scheme.)
<b>5.</b>	Will the proposed change make people vulnerable who might not be considered as such now?	Yes – reduced level of care provided to current clients. Preventative services unlikely to given to new clients (and existing clients) with lower level needs that do not meet Fair Access to Care substantial/critical criteria.
<b>6.</b>	What, if any, alternative provision available to those affected?	Moving away from traditional care and focussing on each individual’s outcomes should hopefully mitigate the costs of any unnecessary care being provided e.g. how we help them achieve the 3 most important things for them. With more frequent reviews taking place, packages of care will reduce in a timely fashion rather than await the annual review process.
<b>7.</b>	How many people do you think will be affected?	Potentially 80% of domiciliary care clients, i.e. over 1000
<b>8.</b>	Knock on impact to any other agency / voluntary sector group?	Reduction in the number of staff employed by dom care agencies and a very slight reduction in the number of care homes beds used as short-term placements decrease

No	Question	Details
9.	Any implementation / set up costs?	May be required to incentivise dom care providers to work differently

### Stage 2: Engagement

No	Question	Details												
10.	Who do you need to consult / engage with?	Dom care providers and the public in general so they too understand the size of the challenges ahead.												
11.	Are there any specific groups / agencies that will need to be consulted?	Dom care providers, GPs, voluntary organisations, clients and their families/carers												
12.	Initial proposals for consultation / engagement?	<p>Awareness raising on:</p> <ul style="list-style-type: none"> <li>• Size of challenge</li> <li>• How intensive re-ablement can assist independence</li> <li>• Support planning and outcome focused care, i.e. the 3 most important things to achieve for the client</li> <li>• Skill mix and differing roles of frontline teams and dom care staff</li> </ul>												
13.	Consultation already started?	<p>Yes - with TCT staff and dom care agencies</p> <p>Public budget consultation has taken place. Public meetings were held as well as questionnaires sent to a "viewpoint" panel and also to members of the public.</p> <p><b>Public questionnaire results:</b></p> <p>Reduce the reliance on day services for older people, by finding cheaper alternatives which meet client needs. (Potential saving: £50,000)</p> <table border="1"> <thead> <tr> <th></th> <th>Questionnaires</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>12</td> <td>50%</td> </tr> <tr> <td>Yes</td> <td>12</td> <td>50%</td> </tr> <tr> <td>Grand Total</td> <td>24</td> <td></td> </tr> </tbody> </table>		Questionnaires	%	No	12	50%	Yes	12	50%	Grand Total	24	
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No	Question	Details																								
		<p>Review client needs more frequently to help clients reduce or remove the need for long term packages of social care. (Potential saving: £500,000)</p> <table border="1" data-bbox="204 846 427 1585"> <thead> <tr> <th></th> <th>Questionnaires</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>2</td> <td>8%</td> </tr> <tr> <td>Yes</td> <td>23</td> <td>92%</td> </tr> <tr> <td>Grand Total</td> <td>25</td> <td></td> </tr> </tbody> </table> <p>Look at how much support carers receive through controlling how short breaks are offered and who receives them. Overall this would mean 10% less breaks. (Potential saving:</p> <table border="1" data-bbox="593 810 730 1585"> <thead> <tr> <th></th> <th>Questionnaires</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>5</td> <td>20%</td> </tr> <tr> <td>Yes</td> <td>20</td> <td>80%</td> </tr> <tr> <td>Grand Total</td> <td>25</td> <td></td> </tr> </tbody> </table>		Questionnaires	%	No	2	8%	Yes	23	92%	Grand Total	25			Questionnaires	%	No	5	20%	Yes	20	80%	Grand Total	25	
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Grand Total	25																									
	Questionnaires	%																								
No	5	20%																								
Yes	20	80%																								
Grand Total	25																									
14.	Resources available	Required to support considerable cultural change and the 4 pilots which have recently been agreed with our 4 main domiciliary care providers.																								

Stage 3 Agreed Next Steps

No	Action	Next Step	Decision
15.	Proceed with consultation / engagement?		
16.	Modify proposals for change.		
17.	Not to proceed with proposed changes?		

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## Budget Proposals 2012/13: Major Decision: Combined Impact Assessment: Initial Review (Part 1)

<b>Business Unit</b>	<b>Adult Social Care Services</b>	<b>Proposal:</b>	<b>Reduce Expenditure on Clients with a Learning Disability</b>
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The council and its partners are facing a significant challenge in the savings it needs to make over the next couple of years. This Impact Assessment Initial Review has been developed as a tool to enable business units to:

- Fully consider the impact of proposed changes on the community
- Be the basis for engagement with those potentially affected
- Ensure clarity on the extent of saving that can be made during 2011/12 commencing for 1 April
- Justify the Council's decision making process if challenged

This initial review will allow Councillors and members of the public to understand proposed changes so that they are best placed to provide their feedback.

Following this initial review and any consultation / engagement activity you have undertaken you must complete a Part 2 Review which is the second part to this Combined Impact Assessment. Together the whole impact assessment will evidence that you have fully considered the impact of your proposed changes and carried out appropriate consultation on those changes with the key stakeholders.

<b>Name:</b>	<b>Trudy Corsellis</b>	<b>Position:</b>	<b>AD – Planning &amp; Performance</b>
<b>Business Unit:</b>	<b>Operations Directorate - TCT</b>	<b>Department:</b>	<b>Business Planning &amp; Performance</b>
<b>Date</b>	<b>2<sup>nd</sup> September '11</b>		

Summary from Overall Proposal (Updated as required)

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 if earlier or later state date	Risks / impact of proposals	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
<ul style="list-style-type: none"> <li>Reduce services for LD clients with multiple services</li> <li>Reduce LD high cost packages of care</li> <li>Reduce packages of care with clients at risk of offending</li> <li>Rationalise in-house services (or reduce use of independent sector usage)</li> <li>Manage use of respite care</li> </ul>	0	110  250	<p>Implementation costs mainly covered by in-house staffing costs. Some additional external facilitation support costs may be incurred as this is a contentious area.</p>	10/11  09/11  04/12  04/12	<ul style="list-style-type: none"> <li>Potential risks</li> <li>Impact on community</li> <li>Knock on impact to other agencies/partners/departments</li> <li>Due to level of contention expected these schemes are being classed as major as they will need careful management and implementation</li> <li>Due to risk involved and potential for cost shunting, no further action is being taken at this point in time for cost savings associated with clients at risk of offending – but TCT is working closely with partner agencies to see if costs can be reduced</li> <li>Services will be withdrawn from clients which will provide equity in service provision with other groups</li> <li>To release funding, the excess capacity generated will necessitate the closure of at least one in-house unit</li> </ul>	Internal	Minor	Major

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 if earlier or later state date	Risks / impact of proposals	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
Savings/Costs	0	360			<ul style="list-style-type: none"> <li>Potential risks</li> <li>Impact on community</li> <li>Knock on impact to other agencies/partners/departments</li> </ul>			

Overall Saving 2011/12 £250k which is already incorporated into the above figure

### Stage 1: Impact Assessment

No	Question	Details
1.	Additional details of proposed change – If required	Ideally the savings generated for LD clients should be in the region of £1m and so further work is required to understand how the additional funding can be realised. In addition, extra costs arising from changes to Ordinary Residency Rules are being experienced. Care Homes de-registering and moving to a “supported living” status compounds this problem.
2.	Who will this affect?	The majority of LD clients – especially as many have multiple services.
3.	How will it affect them?	Packages of care will reduce in line other client groups. E.g. residential clients will no longer be able to receive day services at a different venue – their care home will be expected to provide the variety of day care required. Calculation of care package costs will be subject to the Resource Allocation System (RAS) and a fee banding structure which focus clearly on personal outcomes. Costs shall also be subject to the Choice, Cost and Risk Policy which could mean a greater number of clients being placed in residential care as costs to care for them within their own homes are deemed prohibitive and exceed the 20% threshold. (Please note this threshold is likely to reduce to 10% or lower in future years and will be subject to OSC consultation. It is deemed a substantial variation.)
4.	Which vulnerable groups, if any, will be specifically affected?	LD clients and their families.

No	Question	Details
5.	Will the proposed change make people vulnerable who might not be considered as such now?	Yes – reduced level of care provided to current clients. Preventative services unlikely to given to new clients (and existing clients) with lower level needs that do not meet Fair Access to Care substantial/critical criteria.
6.	What, if any, alternative provision available to those affected?	Moving away from traditional care and focussing on each individual's outcomes should hopefully mitigate the costs of any unnecessary care being provided e.g. how we help them achieve the 3 most important things for them.
7.	How many people do you think will be affected?	The majority of the 450 LD clients.
8.	Knock on impact to any other agency / voluntary sector group?	Reduction in the number of staff employed by dom care agencies. Closure of at least one in-house day service to rationalise resources and maximise occupancy levels. (Other option is to maintain the number of in-house services and reduce reliance on independent sector. This potentially restricts choice and is not the preferred option.)
9.	Any implementation / set up costs?	May be required to provide external facilitation, i.e. similar to that offered to Occombe residents and their families.

## Stage 2: Engagement

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No	Question	Details
10.	Who do you need to consult / engage with?	Providers, clients, families and the public in general so they too understand the size of the challenges ahead.
11.	Are there any specific groups / agencies that will need to be consulted?	SPOt and Mencap – these two organisations are currently organising events to raise awareness in an attempt to limit service reductions for this client group.
12.	Initial proposals for consultation / engagement?	Awareness raising on: <ul style="list-style-type: none"> <li>• Size of challenge and managing expectations</li> <li>• Support planning and outcome focused care, i.e. the 3 most important things to achieve for the client</li> <li>• Skill mix and differing roles of frontline teams and care staff – especially if in-house service closures expected</li> <li>• Housing requirements for this client group (&amp; physical disability clients) as many younger clients no longer wish to live with their parents, preferring greater independence</li> </ul>



No	Question	Details			
	Public budget consultation has taken place. Public meetings were held as well as questionnaires sent to a "viewpoint" panel and also to members of the public.	Public budget consultation has taken place. Public meetings were held as well as questionnaires sent to a "viewpoint" panel and also to members of the public.			
	<b>Public Meetings:</b>	<b>Public Meetings:</b>			
	<u>Would you support a proposal to review the delivery of learning disability services through new partnership arrangements? (£360k)</u>	<u>Would you support a proposal to review the delivery of learning disability services through new partnership arrangements? (£360k)</u>			
		Yes		No	
		Count	%	Count	%
	Venue	5	50%	5	50%
	Westlands	11	55%	9	45%
	T.C.C	13	76%	4	24%
	Paignton	34	69%	15	31%
	Brixham	2	29%	5	71%
	Dunboyne	65	63%	38	37%
	<b>Total</b>				
					10
					20
					17
					49
					7
					103
	<b>Public Questionnaires:</b>	<b>Public Questionnaires:</b>			
	<b>Deliver learning disability services through new partnerships. (Potential saving: £360,000)</b>	<b>Deliver learning disability services through new partnerships. (Potential saving: £360,000)</b>			
		Questionnaires		%	
	No	39	16%		
	Yes	206	84%		
	Grand Total	245			

No	Question	Details												
		<p>Review support to clients with learning disabilities to make sure that clients do not receive the same care from different services. (Potential saving: £110,000)</p> <table border="1" data-bbox="255 806 391 1579"> <thead> <tr> <th></th> <th>Questionnaires</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>4</td> <td>15%</td> </tr> <tr> <td>Yes</td> <td>23</td> <td>85%</td> </tr> <tr> <td>Grand Total</td> <td>27</td> <td></td> </tr> </tbody> </table>		Questionnaires	%	No	4	15%	Yes	23	85%	Grand Total	27	
	Questionnaires	%												
No	4	15%												
Yes	23	85%												
Grand Total	27													
13.	Consultation already started?	TCT staff are fully aware and the difficulties with closing Occombe has raised the profile of LD clients is general.												
14.	Resources available	Considerable resources required to manage this change process.												

**Stage 3 Agreed Next Steps**

No	Action	Next Step	Decision
15.	Proceed with consultation / engagement?		
16.	Modify proposals for change.		
17.	Not to proceed with proposed changes?		

Further Information:

Submission by: Helen Toker-Lester

Area of Support covered: Learning Disability

Date of Submission: 21<sup>st</sup> December 2011.

Who the consultation was with and when consultation happened.	How many people attended?	What feedback was provided?	Where were the results of feedback reported to?	What has been done to mitigate any issues / negative impact?
23 <sup>rd</sup> March 2011 ARC Meeting- Presentations to providers	Approximately 25 providers of mainly residential care.	Providers acknowledged that there will be an impact of cost savings nationally. They were keen that communication is ongoing with them to enable them to plan business activity appropriately.	To the Learning Disability Partnership board initially. And later to Council.	Reviews regarding duplication of services should be concentrated on a home by home basis so that providers know what the likely impact of reassessment will be on their own business. It would be helpful to publish a list of addresses indicating when reviews will take place.
4 <sup>th</sup> July 2011 Finance report to SPOT	Approximately 15 people who are members of SPOT and National Mencap representatives also attended.	SPOT and Mencap are very worried about the impact of savings on people who have a learning disability. They fear isolation of individuals and vulnerabilities regarding the way that people may be in a residential care home 24/7. They are worried	The Learning disability Partnership Board received feedback from SPOT.	Consideration should be given as to the impact of people and their vulnerabilities. A report regarding the impact of savings should go to the safeguarding Board, with a recommendation to implement peer quality reviews of residential care. Informal opportunities for

<p>8<sup>th</sup> September 2011, Presentation and Finance report to LDPB.</p>	<p>28 people attended the Partnership Board on the 8<sup>th</sup> September.</p>	<p>about whether people will miss their friends and who would identify safeguarding issues, especially as CQC do not monitor services as much anymore.</p> <p>A presentation about the budget position. This has been attached to the minutes.</p> <p>After the presentation there was a discussion. Everyone agreed it will be difficult to make savings and make sure people stay safe.</p> <p>Jo Fox from Mencap asked if there could be a presentation about the new RAS at the next meeting. It was agreed that this was a good idea. People requested that the Broader Forum Group be set up.</p>	<p>Reported to the LD programme board.</p>	<p>The Broader Forum Group took place in October and the Terms of reference established for meetings in the New Year. ( see below for more details)</p>	<p>people to keep in touch with friends needs to be established as part of the contract monitoring of care homes.</p>
<p>July-September 2011 Choice exercise with people attending day care.</p>	<p>This involved 132 people with learning disability who attend TCT day care. People attending Torquay &amp; Hollacombe CRCs took part in choice exercise to obtain a clearer picture of the activities they want to do. With the support of the Assistant Service</p>	<p>The information gathered identified those activities most valued by individuals and looked at the outcomes achieved in each case. These were then prioritised and put into a "Service Prospectus" to show what services the day centres</p>	<p>Reported to the LD programme board, the management team of TCT and the Council. Information collated is also shared with the TCT board.</p>	<p>Information on personal preferences was used to shape the supply of activities as part of the day services reorganisation within the Care Trust.</p>	<p>Information on personal preferences was used to shape the supply of activities as part of the day services reorganisation within the Care Trust.</p>

	<p>Managers, each person was presented with the range of activities on offer, &amp; asked to choose what he or she "would like to do", "might like to do", or "did not want to do". People attending Fairwinds did not take part in this particular exercise, as they do not have the capacity to participate in this way. Using knowledge about their likes/dislikes, &amp; information from staff, parents, &amp; carers, a timetable of activities was recently drawn up, &amp; they now enjoy a wide range of activities.</p>	<p>will provide as a total service rather than three very separate sites where there was some duplication.</p>	
<p>3<sup>rd</sup> October Mencap savings event. - Presentation given.</p>	<p>This was a large meeting with over 50 attendees made up of people who have a learning disability, family carers, SPOT and Mencap members.</p>	<p>Presentations were given by SPOT and Mencap to set the national picture. TCT presented on savings and key areas to be covered in the coming year. People were informed about the Broader Forum Group and how to contact representatives. Concerns were mainly about carers losing day care, and the isolation of individuals.</p>	<p>Reported to LDPB in November, Council representative also attended this meeting.</p> <p>The work around avoiding the duplication of services should not impact on carers, the reassessments must take into account carers and their needs and call carers will still be offered a carer assessment.</p>
<p>Meeting with Chief</p>	<p>2 members of local</p>	<p>Local Mencap had</p>	<p>Reported To Council via</p> <p>It was following this</p>

executive of Torbay Care Trust and Local Mencap representatives.	Mencap attended	prepared a list of questions that were returned with a point by point written response. ( Attached)	the LD Programme Board.	meeting that the representatives were invited to be part of the Broader Forum Group.
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**Number of clients where needs are re-assessed.**

Re assessment of individual services takes place as part of our statutory duty when we review people and their needs. All individuals with a learning disability will be reassessed at least once over the next 12 months. During this process we will be ensuring robust adherence to our policy of Cost choice and Risk, ensuring people are eligible for services if they are new referrals, and also making sure that we apply the Resource allocation system or RAS to all cases. In some cases this will mean a reduction of support where needs have reduced or where alternative more costs effective services can be provided.

Numbers of individuals reviewed in the LD team this year to date is 445.

**Future consultation planned – with who and when**

Correspondence to be circulated in the New Year includes:-

Easy read version of key points for consultation (for people who have a learning disability and their carers)

Provider letters

Dates to meet providers as follows....

- 23<sup>rd</sup> January 2012: Residential Care providers.
- 24<sup>th</sup> January 2012: Day Care Providers.
- 25<sup>th</sup> January 2012: Supported Living providers.

Broader Forum Group dates

The first date will be the 13<sup>th</sup> January in the New Year The BFG is a group that will run every month, ( 2<sup>nd</sup> Friday in the month to be reviewed after 4 months ; it will be no more than 15 people and should last 2 hours.)

People to attend are representatives from:

- “Vocal” - 2 people.
- Learning Disability Partnership Board- 2 people.
- Older family carers Mencap.-1 person.
- Health watch- 2 people.
- Commissioning 2 people.
- Council -1person.
- Local Mencap – 2 people.

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