

# ASC – Potential CIP Schemes 2016/17 – Draft 2

(23<sup>rd</sup> December 2015)

Scheme Number	Area	Scheme	Savings £'000s	Notes
ASC 1	In House LD	Bay tree (Reprovision of Respite Care)	250	Could be one off costs in 2016/17 if staff cannot be redeployed
ASC 2	Independent Sector	Reduction in Care Home Placements (Standard under £606 per week)	175	2% reduction of base budget. Note previous two financial years has been a 4% year on year reduction but client numbers at their lowest point and further savings difficult to achieve.
ASC 3	Independent Sector	Removal of Community Care Trust block and replace with spot purchase	100	This is specific to Mental Health Under 65 (Mental Illness) client group and assumes a saving of circa 33% could be achieved.
ASC 4	Independent Sector	Reduction in High Cost Packages of Care (Over £606 per week) and Non-Residential Packages of Care (£70 to £606)	750	See Enabler Schemes Listed below and £750K is a 4.5% saving on current October 2015 levels.
	<b>Total</b>		<b>1,275</b>	

## Enabler Schemes for ASC 4 (Note that in isolation all the schemes below ultimately cut across the same client base)

- **Double Handed Care** - Reduce cost of double handed care through effective moving & handling assessment. Initial pilot of ten clients to be undertaken in early 2016.
- **Supported Living** - Reviewing the supporting living contracts to separate the cost of care and accommodation costs
- **SPACE** - will entirely focus upon supporting planning and independence for LD clients in Supported Living and making savings on those packages by working with providers and matching service users in shared arrangements or moving people with consent into new settings that enhance their independence. A new contract with SPACE for 16/17 has been agreed and the service will also develop working with other clients using the support planning model, such as Mental Under 65 and younger physically disability and head injury clients.
- **Enhanced brokerage** for high cost packages - More expertise in brokerage can reduce unit cost and manage the market across a range of providers
- **Telecare / Telehealth** (would require pump priming that has not been available in recent years)
- **Responsive management** of domiciliary care