

## Social Care Commissioned Services

### Proposed savings

Proposals	12/13 Savings (Includes FYE of 11/12)	Risks/Impact of Proposals
<b>(1) Residential &amp; Nursing Home Placements</b>	<b>430</b>	
Reduction in residential placements 2011/12	50	This is part of the way care is now delivered but increases fragility of care home market which is currently under huge pressure. Need to consider impact of demographics in these figures.
Attrition of Preserved Rights Clients (2012/13)	200	Occurs naturally
Reduction in residential placements (2012/13)	150	The reality of achieving these numbers will be challenging. Also impacts on the fragility of the care home market.
Reduction in nursing placements (2012/13)	30	
<b>(2) Domiciliary Care</b>	<b>1,125</b>	
Renegotiation of contracts and hourly rates for Tier 1 - four main providers (2011/12)	60	Allows Trust to negotiate a better rate which is in line with neighbouring local authorities. Clients may prefer to accept a direct payment should their current provider not achieve AWP status. Looking to work with providers to lower their unit costs so as not to compromise the quality of care. (Excludes LD as those reductions captured elsewhere.)
Any Willing Provider (AWP) process for Tier 2 - lower hourly rates (2011/12)	65	

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Actively review and intensively reable clients - equates to potentially a 10% reduction in client numbers with average size packages of care (i.e. 7.5 hrs) (2011/12)	500	Dom care providers experiencing financial pressures - risk of destabilising the market. (Review of clients through resource allocation system (RAS). Need to take into accounts an individual's carer/family support mechanisms and work with providers to review care packages more frequently to reduce services once outcomes achieved. )
Actively review and intensively reable clients - equates to potentially a 10% reduction in client numbers with average size packages of care (i.e. 7.5 hrs) (2012/13)	500	Over and above 11/12 savings - basically working towards 1/3rd less dom care from strict adherence to FACS/RAS etc.
<b>(3) Other Reductions in Volume/Service Levels</b>	<b>840</b>	
Respite/Short Term Placements - reduce frequency of respite care and/or tighten threshold for when given	75	Likely to be resisted by existing clients/carers/families.
Robust Adherence to Cost, Risk & Choice Policy - policy enables people to remain in their own homes. (Currently allows a 20% 'top up' over and above the cost of a care home placement.)	100	May impact on the number of clients admitted to a care home if this policy is strictly adhered to. Impact more likely to be felt on long standing clients. (Transitional arrangements required for those clients affected the most?) Currently 132 clients fall into this category with the exception of LD clients. Need to liaise with each client on a case by case basis. Must ensure we fulfil our statutory obligations. Need to understand impact of families and carers. (Not all of the 132 will be affected.)

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Fairer Charging Policy	50	Some clients will be required to contribute more. Follows national charging mechanisms.
LD high cost clients (In 2011/12 mainly concentrates on reduction in high cost packages of care, i.e. adherence to RAS and Choice, Cost and Risk Policy which are not incorporated into above figures.)	250	Risk that safeguarding issues may not be picked up as easily. Impact on individual's quality of life. May lead to closure of in-house services and rationalisation of private sector.
Reduced day services for older people	105	Seeking to offer clients alternatives which hopefully reduce their social isolation and increase their independence at the same time. It's therefore about market development and allowing clients to use their personal budget in different ways which better meet their outcomes.
Reduced reliance on day services for older people	50	Through market development find cheaper alternatives which meet outcomes for clients.
Reduce Choice, Cost & Risk Policy threshold to 10% or zero.	100	Greater financial benefits is uplift is zero. Transition arrangements for current clients may be required. Further work required to fully understand extent of savings.
Reduce services to LD clients at risk of offending where contribution not related to social care, due to their high risk behaviour (estimated)	?	Impact on other partner agencies. LD clients more vulnerable to offending thus leaving people in the community at greater risk. Savings dependent upon implementation date.

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LD clients with multiple services	110	Risk that safeguarding issues may not be picked up as easily. Impact on individuals quality of life. May lead to closure of in-house services and/or rationalisation of private sector. (Assumes half of savings would require reinvestment into residential care in order for them to staff daytimes accordingly.)
<b>Social Care Commissioned Savings</b>	<b>2,395</b>	
<b>(4) Operations Staff &amp; In-House Services</b>		
Changes to community alarms	50	Restrict alarms to 3 months paid for by TCT.
Implementation of CES Retail Model	60	Relies on use of prescriptions for issuing equipment rather than staff/PLUSS collecting and delivering.
In-House Services & Staffing Savings @ 4%	368	Year on year 4% savings become increasingly difficult with the potential impact on safety and quality.
Back office efficiencies	500	Fewer staff in post to manage change process. Lack of knowledge in remaining staff.
Close some in-house LD units (Current cost approx. £3m p/a - Estimated savings value only)	200	Suggestion is to close 1 of the 3 day centres.
<b>Operations and In-House Savings</b>	<b>1,178</b>	
	<b>3,573</b>	
<b>Reduction in Original £1.45m Gap</b>	<b>1,450</b>	
Children's Service contribution	-200	As per E Raikes email of 14/11/11

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Inclusion of 2% inflation for care homes	335	In line with Care Home paper to PDG meeting on 22/11/11 nursing and EMI residential homes to receive a higher uplift than residential homes.
Less inflation for res/nursing	-335	CT outlined proposal in meeting with TC on 30/11/11.
Removal of 3% inflation for care homes - ASC Budget being uplifted by 2% see above	-555	Original £1.45m shortfall included 3% inflation to care homes which needs removing in light of above
<b>Revised Gap</b>	<b>695</b>	
<b>Schemes to Meet the Revised £695k Savings Requirement</b>		
Reduce reliance on care homes placements for mental health under 65 clients	200	Similar to increased reliance on home based services being provided for LD and older people
Further reconfiguration of LD services including adherence to the Choice, Cost and Risk Policy	235	Links with above LD schemes around dual services and high cost clients
Reduction in Council Retained Overheads	260	Equates to c£260k and is in line with the 20% reduction in back office efficiencies being sought by TCT
<b>Removed from Plan</b>	<b>695</b>	
<b>Total savings</b>	<b>4,268</b>	