ADULT SOCIAL CARE

DRAFT BUDGET STRATEGY

2011/12 – 2013/14

CONTENTS

1. Adult Social Care Service Redesign and Budget Reduction

1.1 In addressing the consequences of the Comprehensive Spending Review and the Local Government Grant Settlement for 2011-12, Adult Social Care have developed a three year service transformation programme to drive out the requisite level of expenditure reduction. This report focuses on the first year of the programme itemising the shifts in service provision and the consequential budget reductions. Although savings have been modelled for years 2 and 3 (see Appendix 1) these must be viewed as indicative and will be kept under constant review.

1.2 The Council is a relatively low spending authority on ASC compared with other authorities in its audit family. Nevertheless Adult Social Care (ASC) in Leicester has not developed and modernised as fast as the services in many other councils. What this means in practice is that what funding there is available is providing out moded services of only adequate quality as it has not been able to disinvest and reinvest in modern, choice based quality services. There has been, and remains, an over reliance on residential care and in-house care, where costs are expensive. Our in house services, particularly residential care, do not provide acceptable, modern environments for group living and require significant levels of capital funding which simply is not available. For example, none of our residential homes have en suite facilities and male and female residents have to share toilet and bathroom facilities. Many councils have taken opportunities over the years to outsource services and make significant savings. As a result, people in Leicester requiring social care support lack the ability to exercise choice and control and to live a life that meets their aspirations. Enhanced partnership working for ASC, Housing and NHS is critical to the delivery of this programme. The service redesign is dependent upon the realignment of assets to achieve the results we are seeking. Each part of the programme represents an interdependent, considered and timed move towards a modernised and empowering system of social care. Overall the programme is designed to improve quality, value for money and performance. Carrying it out successfully will raise the aspirations of our service users and contribute to improving their health and well being and life chances.

1.3 The ASC budget strategy needs to recognise and address the issues identified in the Annual Performance Assessment for 2009/10. In particular, it needs to ensure improvements are made to the health and wellbeing of adults and older people. The strategy builds in a significant increase in enablement / reablement services (intermediate care), as a core part of the customer journey. This will increase the numbers of people benefiting from these services and a strategy is being developed with health services. The budget strategy reflects this shift in resources to intermediate care and away from residential services.

End of life care is also being jointly developed; for adult social care this will be taken forward via commissioning specifications, joint rapid response teams and integrated assessment and care management at locality level. This is also the case with the commissioning of any future residential services, which will focus on those with complex and specialist needs, and on transitional care. The health of users in such services will be integral to the specification of such services and monitored through increasingly joint health and social care contractual arrangements.
The Health and Wellbeing Board will oversee improvements to health inequalities and ensure strategic alignment of health and social care priorities.

1.3 This report represents the first stage of a three stage programme and sets out the position that will be reached, in the redesign of ASC services, by the end of the financial year 2011-12. The second stage is to develop an implementation plan incorporating an equality impact assessment and HR implications. The final stage of the planning work is to develop clear managerial assignments for the delivery of the modernisation of services and processes, within a clear performance framework.

1.4 ASC services have to be capable of responding to growing need over the next fifteen years and allowance needs to be made for this before savings targets are set. By 2025 the demographic pressure on the ASC budget will require an additional £14m over the 2010-11 budget provision.

1.5 The approach, which has been used for the redesign of ASC provision builds on the 'Putting People First' transformation programme and accelerates the modernisation of services in Leicester and assumes the progressive roll out of personal budgets. For each customer group a detailed analysis and redevelopment plan has been formulated based on: reducing reliance upon support packages, the cost of support packages, and the price paid for services and driving out efficiencies in assessment, commissioning and other transversal services.

1.6 This will be achieved and delivered through:

- maximising the use of universal services and promoting social inclusion and community cohesion;
- developing local community based alternative services to support and sustain people in their own homes;
- ensuring that enablement and reablement services are generically available to promote well being and capacity;
- utilising assistive technology at all stages of the care pathway;
- reducing the use of residential care in favour of assisted housing;
- developing a transparent and equitable charging policy which is easily understood and removes the current discrimination;
- realigning assessment and care management with general practice and community health services;

- ensuring clearer coordination between corporate strategic commissioning and ASC specialist commissioning (jointly with NHS);
- redefining the role of local voluntary organisations and focus the council investment on priority outcomes; and
- reducing use of transport in favour of people becoming more self reliant.

1.7 For each customer group there will therefore be a specified series of disinvestments and reinvestments in services to achieve a more up to date and leaner service. This will begin in 2011-12 but the full effect will not be realised in year. The cumulative effect of the transformational changes grows year on year and the full effect is delivered in 2014-15. The summary of the changes for each service grouping is set out in the table below. A more detailed breakdown is attached as Appendix 1

	2010/11			2011/12		
	Year End Client Numbers	Average net cost £ per week	Annual Net Cost £'000s	Year End Client Numbers	Average net cost £ per week	Annual Net Cost £'000s
Long Term Residential Care	1425	358	26,549.0	1083	418	23,571.3
Short Term Residential Care	136	257	1,820.7	136	250	1,765.2
Supported Living	230	625	7,478.8	280	477	6,945.1
Extra Care	42	143	312.2	90	191	893.9
Adult Placements	3	225	35.1	3	225	35.1
Assisted Accommodation				213	74	821.4
Intermediate care						263.4
Home Care	2476	103	13,241.0	1387	100	7,238.5
Day Care	1951	79	8,044.8	1276	115	7,646.3
Direct Payments, Care Packages	493	191	4,884.9	1379	92	6,620.6
Meals etc	853	18	813.9	105	18	642.4
Carers/Voluntary/Community Services				363	15	289.1
Enabling/Reablement			104.5			3,597.3
Assistive Technology						112.6
TOTALS	**7609**		**63,284.8**	**6315**		**60,442.3**

1.8 The service is over reliant on residential care for all customer groups. During 2011-12 the numbers of people placed in residential care will be reduced by 342 people. In order to achieve the required further savings a decision will be needed about the future of in-house provision. Within the rest of the residential care sector for younger adults there are planned reductions in favour of lower cost community based alternatives.

1.9 These reductions are compensated for by developments in service areas utilising ordinary housing, although the lead time for some of these places to come on stream is longer than one year. However, there are around 100 additional places for customers in Extra Care Housing and Supported Living. To this figure should be added over 200 places in other assisted

accommodation. Driving down costs in these services, in line with the budget reduction, are key to the approach and this is being done through the use of the Care Funding Calculator tool and price renegotiation with providers.

1.10 Across these service areas there is a shift from residential care to various forms of more cost efficient assisted housing. Within the assisted housing areas cost changes are being pursued to maximise efficiencies.

1.11 In addition to its customers in accommodation ASC supports much larger numbers of people in the community. Many of these people do not meet the FACS criteria and are not eligible for services. Their needs could be better met in community settings and in mainstream services. During the programme and starting in 2011-12 it is planned to reduce home care services and reduce the numbers of users by around 1200. Traditional day care services will also be reduced by almost 700, offering more inclusive and sociable opportunities for people rather than warehousing them in unsuitable buildings which are separated from the community and community living opportunities.

1.12 Instead of contracted or in-house service provision service users will be allocated a personal budget following the assessment process. With this budget individuals can directly, through an agency/broker or through the council buy the services to meet their needs and help to achieve their desired outcomes and aspirations. There are already a large number of people receiving direct payments and this number will grow year on year with an additional 600 people accessing personal budgets in 2011-12.

1.13 There are currently around 850 people receiving mobile meals at a cost of £814k. The cost per meal is approximately £5.20 and the current charge is £2.95. This represents a significant subsidy for each service user and does not represent good value for money given the rigidity of the service and the lack of customer choice. It is planned to reduce and then close the service during next year yielding savings of £172k by 31st March 2012 and then £714k in the following year. It is planned to consult on decommissioning the service to give improved choice for people as well as yielding savings. There are many different options in this regard all of which should be explored.

1.14 As the availability of ASC direct provision is reduced there will be a continuing need to review the investment in community based voluntary organisations. During 2011-12 there is planned to be additional investment of £289k in the expectation that the sector will serve an additional 363 people. This will largely be in the way of preventative services to support people to remain independent for longer, hence not requiring larger packages of care.

1.15 Reablement and enablement services are at a very early stage of development but the research from other parts of the country shows that these services have a critical role to play in helping people to regain and

retain their coping capacities. A rapid expansion of these services next year for both older adults and younger adults will reduce demand for more expensive care packages and delay admission to high cost care placements. It is planned to expand the service from just over 100 people to 440 by the end of next year and continue to grow the service further in future years.

1.16 Intermediate care has not been formally developed although some in-house residential homes have provided some placements. Again this service model interrupts the flow of people into high cost residential care placements. It is anticipated that an investment of £263k next year serving 110 people will be built over the programme to a total investment of £1,473k.

1.17 The potential for assistive technology to replace expensive services throughout the care pathway needs to be exploited. As well as purchasing equipment through personal budgets some individuals and services will be given access to assistive technology devices and provision has been made for additional 295 people in 2011-12.

1.18 The other reduction areas in the strategy and the allocation to 2011-12 are set out below.

	£000's
Voluntary Sector Contracts	(200)
Transport	(200)
Increased Income	(500)
Continuing Health Care	(100)
Total	**(1,000)**

1.19 The focus of change and reduction during 2011-12 will be as follows:

- Voluntary Sector provision is going to be critical in the delivery of a modern service. Although a reduction of £1.9m is planned over 3 years; nearly £1.5m is to be reinvested in the sector in new targeted services. Overall during 2011-12 there is additional investment of £289k. Savings will be identified of £200k on contracts which are not business critical
- The budget provision for transport will be reduced by a third with a target of £1.0m reduction over three years, as many customers on individual budgets will receive direct payments rather than council arranged services, which will include a provision for transport. It is also the case that some service users are in receipt of a mobility allowance. Public transport use will be expanded through travel training.
- Given the proposed changes to the charging arrangements that are to be put in place as part of this programme, it is anticipated that the council will receive around £1,115k in additional contributions from customers by the end of the three years. During year 1 additional income of £500k has been assumed. All service users go

through a financial assessment and make a contribution based on their ability to pay. Many service users will not have to meet the additional charges as they are already at their maximum contribution. Over time all services will be charged according to their cost. This will mean a charge for services such as day care where no charge is currently made and an increase in the charge for subsidised services such as home care. The move towards personal budgets (based on an assessment of need combined with a resource allocation system) will only be equitable if charges are levied on the basis of their costs. If services are 'free' or subsidised then the purchasers of those services are advantaged over those who purchase unsubsidised services. This becomes particularly perverse where a subsidy is provided to services purchased by those who are assessed as being able to pay as it works to the detriment of those who are assessed as not being able to pay.

- Over the three years it is expected that through coordinated work with the NHS that the Continuing health care budget will take on additional demand from customers and relieve the ASC budget of around £500k. During 2011-12 it is anticipated that at least £100k will be financed through CHC rather than the council budget.

1.20 Taken together these changes represent the most comprehensive agenda for change in Adult Social Care, which has been proposed in Leicester.

2. Risk Assessment

2.1 Adult Social Care is undertaking a major transformation programme (Putting People First) while at the same time needing to find substantial savings. The general direction of travel is clear but the extent and nature of the change required over the next three years greatly increases the inherent risk. Clearly the risk increases over time and there will be a need to continually review and re-assess the financial position.

2.2 Some of the changes are politically sensitive. This significantly increases risk levels; particularly around the speed of delivery. Examples include:

- Reductions in the numbers receiving care packages and reductions in the size of care packages for most people receiving them.
- Significant outsourcing
- Closure of residential care homes and day centres

2.3 If the implementation of proposals is delayed then not only will there be a delay in achieving savings but there will be a significant deterioration in the financial position because of double running costs where residential homes and day centres are kept open but are under occupied.

2.4 Inevitably, there are many significant risks. These include:

- Reductions in grant funding have not yet been fully worked through so the impact is not yet known
- Significant savings are predicated on reducing the numbers of people receiving care packages through diversion to universal and lower cost community services
- Savings are predicated on being able to reduce current provider costs in the voluntary and private sectors
- Savings have been calculated on moving some people from residential care to lower cost forms of supported living.

2.5 In addition to the above the social care divisions are likely to carry forward a substantial inherent overspend of around £2m from the current year.

2.6 Overall Adult Social Care is probably the council's greatest risk area from a financial perspective. It has implemented a series of workstreams to help ensure progress is made towards making the required savings and thereby reduce the level of risk.

2.7 However, the significant risk of not making such changes are not only that people requiring care in the city are disadvantaged by an un modernised system but also that the Council will encounter the most severe financial difficulties as a result of not making changes to ASC. As one of the biggest spending parts of the system, the inherent risk in not changing is equal to and probably greater than the risk of change.

3. Initial Equality Impact Assessment (EIA) Stage 1

3.1 The transformation of Adult Social Care has been a government priority since 2007 and is set out in the Putting People First Concordat. The key elements of this aimed to promote a reformed adult social care system in England. A system able to respond to the demographic challenges presented by an ageing society and the rising expectations of those who depend on social care for their quality of life and capacity to have full and purposeful lives.

3.2 Leicester City Adult Social Care (ASC) will always strive to

- Ensure the safety and well being of vulnerable people in the city
- Involve people in making decisions that affect social care
- Promote choice and control for people and carers, who use services
- Distribute resources fairly according to peoples needs
- Re –shape the care market to meet needs of customers and carers

3.3 The budget reduction strategy has been developed as part of a wider adult social care vision and strategy which will deliver a modernised and empowered system of social care that meets the aspirations of the Putting People First concordat.

3.4 The EIA overview and first stage EIA template identifies the key budget reduction elements together with the first stage analysis in relation to race, gender and disability. A comprehensive and detailed EIA is been undertaken on the potential impact for each specific client group.

3.5 The purpose of this Stage 1 assessment is to highlight which protected groups are affected by the proposals, identify any emerging themes, and set the context for further evidence gathering and consultation. This evidence will be used to compile a detailed equality impact assessment on each element of the budget reduction and how this would affect specific groups

3.6 Budget Reduction Elements

The budget reduction items are focused on a number of key areas aligned to the overall ASC strategy which is compliant with

- the Comprehensive Spending Review/Local Government Grant Settlement for 2011/12
- facilitates the redesign of ASC and takes and an overview summary is provided below.
- takes into account the increases in the demand for social care support due to demographic changes.

3.7 <u>The budget reduction strategy focuses on a number of themes:</u>

3.7.1 Increased Choice, Control and Support

A number of proposals are focused on a shift from traditional models of care such as residential care, day care and home care to the provision of personal budgets and the use of self directed support and community based alternatives. The council recognises that a proportion of people with high needs will be at risk of needing admission to residential care but if alternatives were available would choose more flexible support services or to remain in their own home. Self directed support is person centred and the option of using a personal budget will increase choice, control and social inclusion. ASC seeks to enable people to remain in their own homes for longer, with improved quality of life and better outcomes and increase flexibility as current models of residential care and day care offer limited culturally appropriate services. This shift will impact on directly provided and external providers, requiring re design and closure of some specific services.

3.7.2 Expansion in Prevention and Early Intervention

Increasing access to universal community based services in neighbourhoods will promote social inclusion for those not eligible for adult social care services. The planned expansions in reablement, intermediate care, use of assistative technology are all part of a wider

prevention and early intervention strategy reducing the number of people who require high cost care packages and enabling people to stay in their own homes for as long as possible. A range of alternatives to traditional services will increase choice and control and enable specific groups and individuals to have their needs met more flexibly eg local culturally specific care personal care.

3.7.3 Fairer Charging

Leicester City Council provides and arranges adult social care services for many people. Unlike health services, adult social care services are not free. They are services that are often charged for, except where people can not afford to pay. With income from charges being a key source of funding, decisions have to take into account the projected levels of demand for social care. A combination of factors means that it is appropriate to undertake a review of the current policy. These factors include a continuing review to ensure that the policy remains consistent with new and emerging guidance and also develop an opportunity to increase income to the council and avoid potential reductions in services.

The council is committed to Putting People First 2007. This means that the council will have to demonstrate that its charging policy is demonstrably fair between different customer groups and also that the overall objectives of social care ie to promote the independence , well being and social inclusion of users are not undermined by poorly designed charging policies. There could be a potential negative impact on some groups, according to their wealth however all charges will be in line with national guidance. Income is an essential component of funding for social care and secondly they have an impact on the choice people make about their care. Revenue enables additional services to be offered and protects existing services as a result of budget reductions

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3.7.4 Commissioning

The commissioning focus will be centred on delivering reducing the unit costs of current commissioned and contracted services, focusing investment on preventative services for people eligible for ASC support and implement joint commissioning strategies with the NHS. Increasing the take up of self directed support will have in the short term an impact on current grant funding arrangements with small voluntary sector organisations, as users themselves will decide how they spend the money to support their needs. To mitigate against this ASC will continue to work with all providers to plan for full implementation of transformation and develop alternative business and service models that are financially sustainable.

3.8 Stage 1 EIA

The template attached details the stage 1 equality impact assessment, on these specific budget proposals. The implementation of the Putting People First agenda has been subject to continuous EIA overseen by the ASC Transformation Board and these proposals are aligned with this work.

Section 4 Budget Equality Impact Assessment Adult Social Care

	Race equality			Gender equality		Disability equality	
	Will the proposal result in negative impacts likely to be experienced by one/some racial groups and not by other racial groups? Racial groups to consider include White as well as Black Minority Ethnic groups. If yes, which group(s) will be affected and how will they be affected?	**If there is a negative impact, what can be done to reduce or remove the negative impact?**	**If the proposal impacts on a particular area of the city, are there any race equality implications because of the racial composition of the particular area?**	**Will the proposal result in negative impacts likely to be experienced more by one gender and not the other gender? If yes, who will be affected and how will they be affected?**	**If there is a negative impact, what can be done to reduce or remove the negative impact?**	**Will the proposal result in negative impacts likely to be experienced by disabled people (for any impairment across the range of impairments experienced by disabled people)? If yes, who will be affected and how will they be affected?**	**If there is a negative impact, what can be done to reduce or remove the negative impact?**
Reduce usage of residential care for all client groups and increase the use of alternative forms of supported accommodation e.g Extra Care, Intermediate Care, Supported Living *N.B this refers to new clients and those in existing residential care who request choice of alternative accommodation and support*	No – positive impact offering greater choice and control	N/A	N/A	No – positive impact offering greater choice and control	N/A	No – positive impact offering greater choice and control	N/A
Reduction in unit costs of external home care, residential care and	No – contractual obligation to provide same level of service	N/A	N/A	N/A	N/A	No	N/A

supported living provider contracts							
Increased use of universal services for those not FACS eligible	No – greater social inclusion	N/A	N/A	No	N/A	No – greater social inclusion	N/A
Reduce use of home care and day care services through the use of personal budgets	No – positive impact of self directed support	N/A	N/A	No – positive impact of self directed support	N/A	No – positive impact of self directed support	N/A
Phased reduction of in house provider services including residential care and day services	Yes – some impact where home offers specialist service for older people from BME populations who have dementia	Retraining of existing staff group to work in expanded reablement Commissioning from voluntary and independent sector specialist providers	Further detailed analysis to be undertaken and consultation process will provide feedback for consideration	Yes - Predominantly female workforce and significant local employer in some areas of the city so may have a disproportionate impact in surrounding community	Retraining of staff to support expansion in reablement and Intermediate care services	Disabled people in existing day services may feel that a change process itself has a negative impact.	Ensure current service users are involved in the change process through coproduction processes
Phased reduction in mobile meals service and shift to personal budget provision • In house • Contracted	It is planned to consult on decommissioning the service to give improved choice for people as well as yielding savings. There are many different options in this regard all of which should be explored.	N/A	N/A	It is planned to consult on decommissioning the service to give improved choice for people as well as yielding savings. There are many different options in this regard all of which should be explored.	N/A	It is planned to consult on decommissioning the service to give improved choice for people as well as yielding savings. There are many different options in this regard all of which should be explored.	N/A
Additional investment in community based voluntary organisations	No – Positive impact as resources redirected/targeted into voluntary sector to meet specific needs	N/A	N/A	No	N/A	No	N/A
Expansion of	No – Positive impact	N/A	N/A	No	N/A	No	N/A

reablement and enablement services	supporting people to live as independently and as close to home as possible						
Increase in Intermediate Care services	No Positive impact supporting people to live as independently and as close to home as possible -	N/A	N/A	No	N/A	No	N/A
Increased use of Assistive Technology	No -Positive impact supporting people to live as independently and as close to home as possible	N/A	N/A	No	N/A	No	N/A
Voluntary Sector disinvestment and reinvestment programme	Yes – Smaller specialist voluntary sector groups are dependent on current grant/block contract commissioning model and move to personal budget income and self directed support may make current operating model unsustainable	Development of provider market place and support to re shape business model	Further detailed analysis to be undertaken	Yes - Smaller specialist voluntary sector groups are dependent on current grant/block contract commissioning model and move to personal budget income and self directed support may make current operating model unsustainable	Development of provider market place and support to re shape business model	Yes - Smaller specialist voluntary sector groups are dependent on current grant/block contract commissioning model and move to personal budget income and self directed support may make current operating model unsustainable	Development of provider market place and support to re shape business model
Reduction in use of specialist transport/directly provided transport inc use of taxis and increased use of public transport through expansion of travel training programme	No – positive impact as supports self directed support, more choice and control	N/A	N/A	No – positive impact as supports self directed support, more choice and control	N/A	No – positive impact as supports self directed support, more choice and control	N/A
Revise Adult Social Care Fairer Charging Policy and increase charges	No	N/A	N/A	No	N/A	No	N/A
Ensure Continuing Health Care (CHC)	No	N/A	N/A	No	N/A	No	N/A

assessments and process is correctly applied							
Joint Commissioning Strategy for Dementia with Primary Care	No – Positive Impact as supports self directed support, more choice and control	N/A	N/A	No- Positive Impact as supports self directed support, more choice and control	N/A	No -Positive Impact as supports self directed support, more choice and control	N/A
Joint Commissioning Strategy for Mental Health with Primary Care	No- Positive Impact as supports self directed support, more choice and control	N/A	N/A	No -Positive Impact as supports self directed support, more choice and control	N/A	No -Positive Impact as supports self directed support, more choice and control	N/A
Joint Commissioning Strategy for Learning Disabilities with Primary Care	No – Positive Impact as supports self directed support, more choice and control	N/A	N/A	No -Positive Impact as supports self directed support, more choice and control	N/A	No -Positive Impact as supports self directed support, more choice and control	N/A
Increase take up of Personal Budgets	No - – Positive Impact as supports self directed support, more choice and control	N/A	N/A	No -Positive Impact as supports self directed support, more choice and control	N/A	No -Positive Impact as supports self directed support, more choice and control	N/A
Reduction in management/Operating costs	No	Further detailed analysis to be undertaken	Further detailed analysis to be undertaken	Yes – social care workforce predominantly female	Further detailed analysis to be undertaken	No	N/A

ADULT SOCIAL CARE REDESIGN AND REDUCTION STRATEGY

	As Is 31/03/2010		2011/12 YEAR 1	2012/13 YEAR 2	2013/14 YEAR 3
	Nos	£000's	£000's	£000's	£000's
RESIDENTIAL CARE					
Long term	1,425	26,549	(2,978)	(6,751)	(9,751)
Short Term	136	1,821	(55)	(63)	(81)
Extra Care	42	312	582	577	786
Supported Living	230	7,479	(534)	(666)	(1,297)
Other Assisted Accommodation	0	0	821	2,122	3,141
Residential Savings Total	1,833	36,161	(2,164)	(4,781)	(7,202)
COMMUNITY CARE					
Home Care	2,476	13,241	(6,003)	(9,585)	(12,571)
Day Care	1,951	8,045	(398)	(3,494)	(6,026)
Direct Payments and Care Packages	493	4,885	1,736	4,860	7,353
Adult Placements	3	35	0	0	0
Meals Service	853	814	(172)	(714)	(714)
Carers/Voluntary Sector	0	0	289	912	1358
Reablement/Enabling		105	3,493	3634	3708
Intermediate Care		0	263	856	1473
Assistive Technology		0	113	249	447
Non Residential Savings Total	5,776	27,124	(679)	(3,282)	(4,971)
Total service Changes	**7,609**	**63,285**	**(2,843)**	**(8,063)**	**(12,174)**
Other Savings					
Voluntary Sector Contracts			(200)	(890)	(1,925)
Transport			(200)	(520)	(1,000)
Care Management Staffing			0	(1,077)	(2,693)
Care Management Management Costs			0	(62)	(155)
Increased Income			(500)	(746)	(1,115)
Continuing Health Care			(100)	(100)	(100)
Savings to be Found			0	0	(400)
Total			**(1,000)**	**(3,395)**	**(7,388)**
TOTAL SAVINGS	**7,609**	**63,285**	**(3,843)**	**(11,458)**	**(19,562)**
Demographic Growth Pressure			0	0	1,357
TOTAL NET SAVINGS (after Demographic Growth)			**(3,843)**	**(11,458)**	**(18,205)**