

Leicester
City Council

WARDS AFFECTED
All

FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:
OSMB

15th February 2011

Adult Social Care Transformation Programme

Report of the Strategic Director Adults and Communities

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1. Purpose of Report

- 1.1. To advise OSMB of the required programme of transformation in Adult Social Care (ASC) and its resulting budget implications for 2011/12 and beyond

2. Recommendations

- 2.1. That OSMB note the national requirement for the transformation of ASC
- 2.2. That OSMB note the budget implications for 2011/12
- 2.3. That PVFM receive quarterly updates on the progress of the transformation programme and its improved outcomes for people in Leicester

3. Summary

- 3.1. The transformation of ASC is designed to bring about fundamental change. It aims to facilitate a real shift of power from the state to people and communities. It aims to give people the freedom to choose the services that are right for them from a vibrant plural market. Central government is challenging councils to provide personal budgets, preferably as direct payments, to everyone eligible within the next two years.
- 3.2. The Council is a relatively low spending authority on ASC compared with other authorities in its audit family. 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 outmoded services of only adequate quality as it has not been able to disinvest and reinvest in modern, choice based quality services. This investment cycle is the key to securing better outcomes both now and in the future.
- 3.3. Consequently, if services in Leicester are not modernised, an additional £14 million of public funds will be required by 2025 just to stand still.
- 3.4. Our vision starts with securing the best outcomes for people. People, not service providers or systems, should hold the choice and control about their care. Personal budgets and direct payments are a powerful way to give people control. Care is a uniquely personal service. It supports people at their most vulnerable, and often covers the most intimate and private aspects of their lives. With choice and control, people's dignity and freedom is protected and their quality of life is enhanced. Our vision is to make sure everyone can get the personalised support they deserve.
- 3.5. Prevention is the first step of the transformation and the key to success. People tell us that they want to maintain independence and good health throughout their lives. National evidence and local experience shows that a considerable proportion of care needs can be avoided or significantly reduced if we intervene earlier. It is always far better to prevent or postpone dependency than deal with the consequences.
- 3.6. Securing good outcomes for disabled people also means bringing employment and housing services together to improve their well-being and meet emerging needs. 'Supporting People' provides housing related support to help individuals to live independently in their own home and avoid more costly interventions. These preventative services improve outcomes for individuals and return savings to other areas, such as housing, health, social care and the criminal justice system.

3.7. The last government, and the social care sector, recognised that radical action would be required if the impact of demography was to be managed. The population is getting older – by 2022 20% of people in England will be over 65. By 2027 there will be a 60% increase in the number of over 85. Offering customer and carers a personal budget with which they can plan and purchase their own services is expected to ensure that service costs can be better controlled, while at the same time offering increased choice and control to people. the Council is a trailblazer for Right to Control which pilots this approach.

4. Report

- 4.1. Adult Social Care has developed a three year service transformation programme to bring services in line with Department of Health requirements and local aspirations. This report focuses on the first year of the programme itemising the shifts in service provision and the consequential budget implications. The implementation plan can be found at appendix 1.
- 4.2. 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 types of council 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.
- 4.3. 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.
- 4.4. Users of services have a right to be consulted about proposals which affect them. Where there is a proposal to close homes both the Local Government and Public Involvement in Health Act 2007, Part 7 Section 138, and Human Rights Act 1998 must be considered. The budget proposals are clear in that they put forward a consultation on outline proposals and not a decision about services at this point. Details of the equality impact assessment for people currently receiving services are at appendix 2.
- 4.5. Intermediate care, 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, both building based and community based, 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. These services are being developed in partnership with the NHS and offer opportunities for management cost reduction. 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. The detail of this approach is at appendix 3.

- 4.6. Across these service areas there is a shift from residential care to various forms of more cost efficient assisted housing and extra care housing in particular. Within the assisted housing areas cost changes are being pursued to maximise efficiencies. Details of the plan for extra care development are detailed at appendix 4.

5. Individual Budgets

- 5.1.1 Where personalisation has taken root, it works and is popular with users and carers. A report from the Office of Fair Trading showed that direct payments made people happier with the service they receive. This is also the local experience as the case study below illustrates.

James and Samantha met and married whilst living in a residential care home for people with physical disabilities. When the home closed they moved into independent accommodation and had services arranged for them by Social Services. Unhappy with the lack of control that they had over their services James started to research Direct Payments and eventually he and Samantha got a DP, pooled their budgets and ended up employing 4 Personal Assistants (PA's). The PA's were recruited from the local community and this gave James and Samantha a new network of friends. James and Samantha both have fluctuating health needs and they have planned their support to make sure that when they need additional support they have the finances to pay for it. Both James and Samantha have full and active social lives. James delivers training for staff working in the Council and volunteers his time supporting other people with disabilities; they both enjoy going to the theatre and trips to London.

- 5.1.2 The time is now right to make personal budgets the norm for everyone who receives ongoing care and support – ideally as a direct cash payment, to give maximum flexibility and choice.
- 5.1.3 In order to bring the benefits of personalisation to all there are five groups of people who may need more support or appropriate help to manage a direct payment:
- Older people should be supported with information on quality of providers readily available and the 'hassle costs' of choice reduced as far as possible. For example, by ensuring they receive appropriate support and assurance through the process. Strengthening the voice, choice and control of older people with high support needs takes time and effort to achieve. A range of person-centred approaches exists to help plan and deliver better outcomes for people who need support, which can have benefits for older people, staff and families, and also contribute to ending age discrimination as outlined in the Equality Act 2010
 - People with learning disabilities, autism, disabled people and those with complex needs require person-centred planning to maximise choice and control, and appropriate help in cases where a direct payment is not chosen;
 - Despite evidence that use of personal budgets resulted in a significantly higher quality of life for people with mental health conditions take-up has so far been low;
 - People in residential care should have the same entitlement as anyone else to exercise choice and control over their care and how they live; and
 - People who lack the mental capacity to make some decisions should also be offered the same opportunities for choice and control as anyone else. The core principle of the

Mental Capacity Act – that best interests and participation in decisions should be enabled wherever possible – must guide the approach. Councils should work with the person and those close to them to find out their preferences and manage risk sensibly. This may involve placing control of a personal budget in the hands of another suitable person.

6. Implications for in house services

6.1. Residential care

6.1.1 We currently have 8 elderly persons homes and 1 intermediate care home that is not included within the proposals.

Name of the Home	Address	Ward
Abbey House	Stokes Drive Leicester LE3 9BR	New Parks Cllrs J Blackmore, Corral and Hall
Arbor House	High Street Evington LE5 6FH	Evington Cllrs Bajaj and Johnson
Brookside Court (Intermediate Care)	Cademan Close Knighton LE 2 3WT	Knighton Cllrs Bayford, Grant and Hunt
Cooper House	Pasley Road Eyres Monsell LE2 9BT	Eyres Monsell Cllrs Cleaver and Palmer
Elizabeth House	Perth Avenue New Parks LE3 6QR	New Parks Cllrs J Blackmore, Corral and Hall
Herrick Lodge	28 Orchardson Avenue LE4 6DP	Latimer Cllrs Patel and Sood
Nuffield House	Barclay Street West End LE3 0JE	Western Park Cllrs R Blackmore and Coley
Preston Lodge	20 Kingfisher Avenue Humberstone Road LE3 6QR	Charnwood Cllrs Newcombe and Osman
Thurn Court	Thurncourt Road Thurnby Lodge LE5 2NG	Thurncourt Cllrs Allen and Scuplak

- 6.1.2 Elizabeth House and Herrick Lodge have been identified as possibilities for year 1 closure.
Detail of this analysis is in appendix 5.
- 6.1.3 Herrick Lodge currently has only 13 (of a potential 40) occupied beds.
Elizabeth House has 21 of 37 beds occupied.
- 6.1.4 Both are in a poorer physical state than the other units.
Both are situated in areas that offer redevelopment potential, e.g. for supported housing or through the PFI scheme.
- 6.1.5 Two homes are proposed to change their use, to focus on short term provision. It is suggested that this be Preston Lodge and Abbey House, providing easily accessed units on both sides of the city, and retaining assets with more limited value for other purposes.
- 6.1.6 Preston Lodge currently has reduced client numbers as part of the building was utilised as a mental health respite unit until recently. It has 29 residents. It is well located next to the Merlyn Vaz centre, promoting joint work with health and social care professionals and ASC are developing short term services at Preston currently.
- 6.1.7 Abbey House is currently running at near full occupancy (33 beds). Part of the grounds have been used to develop a supported living scheme for people with learning disabilities.
- 6.1.8 The rationale for home selection for change / closure is as follows.
- Elizabeth House (Closure) – New Parks
- Poor condition
 - Low occupancy
 - High refurbishment costs
 - Limited community / health links
- Herrick Lodge (Closure) - Latimer
- Poor condition
 - Low occupancy
 - Linked to PFI site options
 - Identified as suitable (if not PFI) for supported housing redevelopment on site
- Preston Lodge (Retain and change) - Charnwood
- Lower permanent resident numbers
 - Utilisation as short term / interim in progress
 - Good geographic location for BME populations
 - Lower value site (reduced potential for receipt)
- Abbey House (Retain and change) – New Parks
- Provides preferred City West location to complement city east at Preston Lodge
 - Limited close community facilities so suitable supported housing redevelopment
 - Lower refurbishment costs for continued use
- 6.1.9 The phased closure of two further homes is proposed commence, with two in year 2 and the remaining 2 in year 3. This would be from Arbor House, Cooper House, Nuffield

House and Thurn Court. The order of closure could reflect both the developing asset work and the consultation feedback.

6.1.10 Service users requiring residential care will still be able to access it in local areas as there is sufficient provision in the independent sector. This provision is well spread across the city so people will be able, where there is a need to be moved, to stay in their chosen area. There are some service users who will be able to transfer to supported living if they so choose and this will be facilitated if that is what they request.

6.2 Day Care

6.2.1 The council provides learning disability day services, older people's mental health day services and a physical disability day service. There is a small adult mental health service that already provides an enabling function which will continue to be developed.

6.2.2 Learning Disability Services

6.2.3 Services provided are the Community Opportunities Services, which supports groups of individuals to meet in a variety of community venues, Layton Road 'Access All Areas' (Challenging Behaviour) and Hastings Road 'Profound and Multiple Learning Disabilities'.

6.2.4 The community opportunities service does not offer customer choice, is expensive in comparison to other provision and makes no contribution to the transformation of ASC. It is proposed that this is transformed in a phased approach, as individuals are reassessed and take up personal budgets in order to access community alternatives. This would commence in 2011/12, continuing over 2012 /1 3.

6.2.5 An in-house business case is scoping the potential to develop an enablement service for people with learning disabilities that would support people to engage with community options and move to supported living. This would reshape capacity from traditional day services to support the enablement agenda.

6.2.6 Hastings Road offers a service to people with profound and multiple learning disabilities. It is proposed that a specification is developed for this to be re-provided as a 24/7 resource hub in partnership with health.

6.2.7 Users from Access All Areas would be reassessed to identify alternative options within community based services or from a remodelled resource hub for those with the most complex needs.

6.3 Older Persons Mental Health (OPMH)

6.3.1 There are three units currently providing a traditional day services located at Visamo, Nia and Martin House. Nia and Martin House are in the process of a merger.

6.3.2 OPMH services should phase their closure over 2 years, to allow for alternative community and voluntary support to develop. Individuals would be supported to access other community options. The needs of any individuals with complex needs that require specialist support will be considered through the redevelopment of in house provision via the Dementia Centres approach.

6.4 Physical disabilities

6.4.1 LCC will support individuals at Douglas Bader to take up personal budgets and use these to access community based services. This could include working with groups of individuals to make and support user-led arrangements for peer meetings. This would enable the closure of the traditional service at Douglas Bader.

6.5 Mobile meals

6.5.1 There are currently around 853 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. Additional details can be found at appendix 6.

7. Staffing implications

7.1 The potential implications of staff affected by the closure of residential care homes are detailed in table 1.

Table 1

Home	Permanent staffing (inc P/T)	Staffing required
Abbey	38	40
Arbor	33	nil
Cooper	30	nil
Elizabeth	40	nil
Herrick	32	nil
Nuffield	34	nil
Preston	44	44
Thurn	34	nil
TOTAL	285	84

7.2.1 Therefore, the number of posts lost over 3 years is 201; the number of posts retained for change of use is 84. There is however an opportunity to redeploy approximately 60 staff to intermediate care / reablement services.

7.2.2 The number of staff displaced therefore is 141 but this does not factor in natural turnover in this sector of an average of 20% per year and the opportunities that are available to staff as detailed in appendix 7.

7.3 Day Services

7.3.1 The implications for staff affected by the closure of day services is detailed in table 2

Table 2

Unit	Establishment staffing	Staffing required
COT / PMLD / AAA	143	45
OPMH	25	nil
DBC	18	nil
TOTAL	186	45

7.3.2 The number of posts displaced therefore is 141; the number of posts retained is 45.

7.3.3 There is however an opportunity to redeploy approximately 30 staff into reablement work. The number of staff displaced does not factor in natural turnover in this sector of approximately 20% per year and the opportunities that are available to staff as detailed in appendix 7.

8. Financial Implications

8.1 The financial implications for year 1 of the programme are detailed in the proformas attached at appendix 8.

9. Other implications

OTHER IMPLICATIONS	YES/ NO	Paragraph/References Within the Report
Equal Opportunities	Y	
Policy	Y	
Sustainable and Environmental	N	
Crime and Disorder	Y	
Human Rights Act	Y	
Elderly/People on Low Income	Y	
Corporate Parenting	N	
Health Inequalities Impact	Y	

10. Risk Assessment Matrix

Risk	Likelihood L/M/H	Severity Impact L/M/H	Control Actions (if necessary/appropriate)
Reductions in grant funding have not yet been fully worked through so the impact is not yet known	M	L	Phasing of the implementation plan will have to be adjusted if continued changes to grant funding are made.
Significant savings are predicated on reducing the numbers of people receiving care packages through diversion to universal and lower cost community services	M	H	Significant work is taking place with staff to shift thinking to a personalized and reablement focused intervention. Market management strategy and CVS work is designed to deliver prevention
Savings are predicated on being able to reduce current provider costs in the voluntary and private sectors	M	H	Success has already been seen through the use of the care funding calculator and this will continue
Savings have been calculated on moving some people from residential care to lower cost forms of supported living.	M	H	Supported living plan aims to address this and phases the numbers of people requiring service change
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.	H	H	Measures in place include a QA panel, rigorous application of FACS and financial target setting for teams. NHS monies will reimburse for spend incurred during the winter period

- 10.1 Overall, Adult Social Care is probably the council's greatest risk area from a financial perspective. It has implemented a series of work streams to help ensure progress is made towards making the required savings and thereby reduce the level of risk.
- 10.2 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.

11. Background Papers – Local Government Act 1972

- Putting people first: a shared vision and commitment to the transformation of adult social care (DH, Dec 2007)
- A Vision for Adult Social Care; Capable Communities and Active Citizens (DH, Nov 2008)
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care (DH, Nov 2008)
- Choice and Competition in Public Services: A Guide for Policy Makers (Office of Fair Trading/Frontier Economics, 2010).
- The National Evaluation of the Individual Budgets Pilot Programme (Social Policy Research Unit, University of York, 2008).
- Individual Budgets: Impacts and Outcomes for Carers (Social Policy Research Unit, University of York, 2009)

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Adult Social Care Transformation

High Level Programme Plan

1. Introduction

The high level programme plan sets out the key workstreams and the activities, sequencing and dependencies between them.

Below the high level plan, the individual workstreams have more detailed action/project plans underpinning these. The plans are subject to adjustment, and consequently are more accurate and detailed in the short term, as some actions will involve scoping and detailing later actions.

2. Workstreams

The work to deliver the broad ranging and complex activities with the Adult Social Care Transformation programme has been broken down into smaller, more manageable workstreams, which have been allocated to individuals to deliver.

The work streams are varied, some relate to the necessary infrastructure changes, some relate to activities to actually deliver the transformation and some relate to the delivery of specific tools or services which are required to make the changes.

The attached work stream list provides an overview of the work streams and their lead officers.

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3. Programme Plan

No	Workstream	Activity	Start Date	Completed	Linked to	Comments
1	Fit for the Future	Establish high cost cases for negotiating with providers	Completed	Oct '10		Each supported living, residential care and transport service package was examined and ranked in cost order.
2		Undertake full re-assessment of the high cost cases, in reverse cost order, to identify the actual current level of need	Ongoing	Jan '12	1	Where multiple cases are using the same provider, these are grouped, re-assessed at the same time
3		Gather full information for a provider, and the people using the provider and negotiate directly to achieve cost benefits	Ongoing	Feb '12	2 ASC-R1 ASC-R1A ASC-R4D ASC-R5B ASC-R8	Information used includes CQC reports, companies house reports and accounts, charity commission reports, safeguarding reports and the recently completed re-assessment and applying the Care Funding Calculator
4		Consult with staff, public and other stakeholders over changing the charging regime	Feb '11	May '11		The changes are necessary as without them, the cost of administering personal budgets increases substantially
5		Implement new charging regime for all Personal Budget and other service users	Jun '11	Jun '11	4	
6		Establish the Quality Assurance Panel to ensure all services requested are VFM, and required	Ongoing	Apr '11		The panel reviews cases where needs cannot be met within the RAS, where residential or supported living is required or where the package of care is high cost. The panel reviews whether FACS eligibility is met.

7		Establish assurance methods over FACS eligibility	Apr '11	Jun '11		Ensure the agreed eligibility criteria is applied consistently and accurately for all people assessed for adult social care.
8	Care Pathways	Develop the outline care pathway for adult social care	Nov '11	Feb '11		Develop a modern, fit for purpose and efficient care pathway to ensure people receive timely, straight-forward and consistent access to adult social care that delivers Putting People First
9		Develop the detailed systems, processes and working practices to deliver the new care pathway	Feb '11	Apr '11	8	Includes ensuring the SAQ and RAS work well, forms are updated, support planning, prevention and early intervention approaches, advice and information for people and computer systems are aligned and working well.
10		Update the resource allocation system to implement from lessons learned	Dec '11	Mar '11		The RAS has been in use for 6+ months, and those issues encountered are to be addressed, as well as aligning the RAS to the care pathway in full.
11		Undertake Organisational Review of Care Management (Social Workers)	Mar '11	Jun '11	8	Deliver an organisational structure in Care Management that delivers the care pathway effectively, and ensures resources are aligned to the need to ensure assessments are high quality and address eligible needs
12		Establish the Single Point of Access for Adult Social Care, and the mainstreaming of Prevention and Early Intervention linked to multi disciplinary locality based working	Jun '11	Sep '11	8, 9. 11 ASC G2	Implementing the named services to drive the change of emphasis to align to using universal services, prevention and early intervention, helping people become or regain independence, and accurately identifying and supporting those people that need assistance in a short or long term basis

13		Reassessing all people currently receiving services	Jun '11	Apr '13	9, 10 ASC-R1, A,B,C, D,E ASC-R3, A,B,C ASC-R4, A, B,C, D ASC-R5, A, B ASC-R6	Re-assessing all people receiving adult social care support to ensure they have a Personal Budget (as Putting People First and Dept of Health require)
14		Establish and implement new arrangements for Support Planning and Brokerage	Apr '11	Sep '11	9, 10, 11	Reviewing the current arrangements and develop new arrangements, including using the Voluntary Sector
15	Personalisation of Adult Social Care	EMarketplace goes live	Feb '11	Feb '11		Emarketplace is a system where service users and carers can browse for potential services they may wish to access to meet their care needs and identify what's available, how much for and to help them buy. Also usable by self funders or other public agencies in Leicester
16		30% of eligible social care services users/carers using Personal Budgets	Ongoing	Apr '11		This is going to be achieved, and is a Putting People First target
17		70% of eligible social care services users/carers using Personal Budgets	Ongoing	Apr '12	16, 13	Stage target to ensure 18 can be achieved
18		100% of eligible social care services users/carers using Personal Budgets	Ongoing	Apr '13	17, 13	This is a Putting People First target and Dept of Health requirement
19		Move all people from in-house services closing onto Personal Budgets and implement support plans that address their needs	Apr '11	Sep '11	13 ASC-R6	Providing true choice and control to service users and carers

20		Implement Personal Budgets across Employment, Care and Housing services for Older and Disabled People, implementing the Right to Control	Ongoing	Dec '12		Leicester is a Right to Control trailblazer for Office of Disability Issues, with the LA the lead, working in partnership with DWP, Jobcentre Plus, LCIL, Access to Work, and Independent Living Fund
21	In House Services	Develop business cases for each of the in-house services, identifying options and costs	Ongoing	Mar '11		
22		Seek decisions on the options to be taken forward for each in-house service and mandate to proceed	Apr '11	Apr '11	21	
23		Public and other consultation over the in-house services and options for the future	Feb '11	Jun '11	21, 22	Consultation includes discussions about the options and on the decisions reached
24		Stop service users from starting long term in at risk in house services	Mar '11	Mar '11	21 ASC-R2	Stopping new admissions into services that may close or change to reduce the impact in the event of changes/closures
25		Plan for and implement that changes to in-house services	Jun '11	Sep '11	22, 23	Ensuring all clients are re-assessed and provided support in exercising their support into new services
26		Undertake an organisational review of in-house services	Jun '11	Sep '11	22, 23	Ensuring the in-house services are resourced and aligned to the changing services, this includes changes to develop increased capacity and functionality for Reablement and Intermediate Care

27		Close/migrate/transform in-house services inc 2 residential care homes, and reducing day care, meals on wheels, and re-developing LD day services around Hastings Road	Sep '11	Sep '11	25, 26, 20 ASC G1,A,B,C, D,E ASC G3,A,B	People accessing these services will be supported onto personal budgets under action 20
28		Repeat 22 to 27 with further adjustments to in-house services	Nov '11	Jun '12	21, 23, 27	Closing 2 further residential care homes, meals on wheels, and closing non-LD day services
29		Repeat 22 to 27 with further adjustments to in-house services	Nov '12	Jun '13	21, 23, 27	Closing 2 further residential care homes
30		Developing re-ablement and intermediate care to support the prevention and early-intervention approach, transforming 2 residential care homes and other in-house services	Mar '11	Mar '12	21, 12 ASC-R3,B,C ASC-R4,B,C ASC-R6 ASC-G2 ASC-G4 ASC-G5 ASC-G6	Putting People First has a strong emphasis on reducing costs through one off interventions and short term support to help people regain or become independent. Includes use of Advice and Information, Community and One Off Equipment, Housing Related Support and Assistive Technology as well as other interventions, jointly planned and delivered with NHS
31	Asset manag'ment	Identify options and opportunities for developing new assisted or other housing options	Ongoing	May '11		Options for schemes are being identified in conjunction with internal and external resources.
32		Develop additional housing options to meet the targets and to provide choice and options for people	May '11	Onwards	37	providing other assisted housing options (inc supported, assisted and extra care housing), which support greater independence.

33		Identify people, following re-assessment, who are both capable of and would be best suited by alternatives to residential care and working with them to utilise alternatives including personal budgets	Mar '11	Onwards	13 ASC-R1 ASC-R1B ASC-R1C ASC-R1D ASC-R1E ASC-R5 ASC-R5A	Mostly through avoiding new admissions and through re-assessing peoples needs.
34		Reduce the number of long term residential placements by 361, increasing the use of other housing options by 209	Apr '11	Apr '12	13, 20, 32, 33	
35		Further reductions in the number of long term residential placements and increased use of other housing options	Apr '12	Apr '13	13, 20, 32, 33	
36		Further reductions in the number of long term residential placements and increased use of other housing options	Apr '13	Apr '14	13, 20, 32, 33	
37	Commissioning	Development of Commissioning strategies and implementation Plans	Ongoing	Jun '11		
38		Agreeing Learning Disability and Mental Health Implementation plans with partners	Ongoing	Mar '11		Agreement with LDPF, PCT, LPT and others

39	Write Dementia strategy with County and PCT, with LCC specific strategy aligned to this	Ongoing	Feb '11		Sign off with PCT and LLR by the end of March
40	Write joint Prevention and Early Intervention Strategy with partners, with LCC specific strategy aligned to this	Ongoing	Feb '11	30 ASC-R3,B,C ASC-R4,B,C ASC-R6 ASC-G4 ASC-G5 ASC-G6	Sign off with PCT and other relevant partners by the end of March Includes use of Advice and Information, Community and One Off Equipment, Housing Related Support and Assistive Technology
41	Write draft Transport strategy with partners	Feb '11	Mar '11		Sign off by the end of April
42	Write Older Peoples and Physically Disabled Strategies with partners, with LCC specific strategy aligned to this	Mar '11	May '11		Sign of by the end of May
43	Implement the commissioning strategies	Apr '11	Apr '12	37 to 42	
44	Re-assess the needs of the population in Leicester, and the priorities for service delivery	Sep '11	Jan '12	43	
45	Organisational Review to establish ongoing commissioning roles and staff to meet the expectations	Feb '11	May '11		Joint commissioning with PCT, with links to corporate commissioning put in place.

46		Review and revise the commissioning strategies	Apr '12	Sep '12	43, 44	Including developing and undertaking the implementation plans and revising the targets for asset management, in-house services, contracting and procurement and personalisation.
47		Review and revise the commissioning strategies	Apr '13	Sep '13	46	
48	Contracting and Procurement	Simplifying the Direct Payments process	Ongoing	Mar '11	9, 14	Making the process much simpler for people to access direct payments and to make them quicker to set-up
49		Developing new personal budget options including Individual Service Funds and improving Managed Service Budgets	Ongoing	Mar '11	9, 14,	
50		Review all existing contracts against the commissioning intentions and personal budgets	Feb '11	Mar '11	37	Every contract to be assessed against the contribution to the personalisation and prevention/early intervention of services
51		Develop market to introduce new and changed providers to produce personalised services	Feb '11	Sep '11		
52		Develop micro-market providers (very small) in the community	Ongoing	Mar '11	51	GOEM funded project, supports community development
53		Support the development of community, VCS and micro-market providers to develop to support personalisation and to provide choice and control	Feb '11	Sep '11	51 ASC-R3,A,B,C ASC-R4,A,B,C ASC-G3,A,B	Includes providing small grants to such providers to assist in their development

54		Develop a detailed procurement plan to de/re commission all existing contracts to support the commissioning strategies	Mar '11	Apr '11	50 ASC-R3,A,B,C ASC-R4,A,B,C	Includes all VCS and independent sector and in-house services
55		Implement of new procurement model to meet the plan	Apr '11	Ongoing	54	Includes Value for Money, and the introduction of personalised type services, travel training specialist advice etc
56	Infrastructure	Develop new Information and advice services to support decision making by people under choice and control	Jan '11	Jun '11	40, 20 ASC-R3,A,B,C ASC-R4,A,B,C	Includes developing universal services, linking to Right to Control, emarketplace and developing new options and approaches to providing information directly, through staff and through other agencies. Eg Disabled Go
57		Comms & Engagement: Developing an integrated approach to consulting, engaging and communicating across all stakeholders and across all workstreams	Feb '11	Jun '11		Links
58		Technology: Undertake a pilot for mobile working with Social Workers	Apr '11	Sep '11		To reduce the long term costs and increase efficiencies Testing with 100 Social Workers
59		Technology: Review the impact of mobile working	Sep '11	Dec '11	58	
60		Technology: Plan and implement mobile working for all social workers	Jan '12	Dec '13	59	Includes looking at office accommodation, homeworking and hot desking
61		CareFirst: Develop business case and specification for CareFirst	Feb '11	Aug '11		Applies to both Childrens and Adults Social Care, required for legal purposes

62		CareFirst: Carefirst replacement procurement exercise	Aug '11	Jul '12	61	OJEU procurement exercise
63		CareFirst: CareFirst replacement Implementation	Jul '12	Mar '13	62	
64		Human Resources	Jan '11	Ongoing		HR are co-ordinating and supporting organisational reviews and workforce development throughout the transformation

2014 Strategy Transformation Workstreams for 2014

Workstream	Lead	Key Activities
Financial and Performance Management	Rod Pearson/Tracie Rees	To set financial and performance targets (financial, performance and activity related) and monitoring approaches to ensure the 2014 strategy implementation is on target
Pathways	Helen Coombes	To develop care pathway and customer journey that delivers the strategic objectives in a safe and effective way

		(Replaces the New Customer Journey Project)
Asset Management/Supported Living	Mary McCausland	To review all current ASC assets to assess and progress most efficient and cost effective options to contribute to achieving required ASC 2014 strategy outcomes
In-House Service	Ruth Lake	To develop an in-house business case that responds to the known commissioning intentions of key customers (notably LCC, NHS and individuals with personal budgets)
Human Resources	Michelle Gordon, HR Business Partner	To co-ordinate an HR and workforce development plan to deliver the overarching staffing changes required
Commissioning	Tracie Rees	To provide assurance that commissioning strategies and contractual processes are delivering against the ASC transformation & redesign programme (Linked to Market Shaping Project)
Contracting and Procurement	Tanya Sheehan/Nicola Hobbs	To focus on matching contracting priorities and arrangements to meet the commissioning intentions
Communications and Engagement	Helen Coombes	To co-ordinate the communications and engagement activity undertaken and ensure that all stakeholders are properly engaged and only asked once

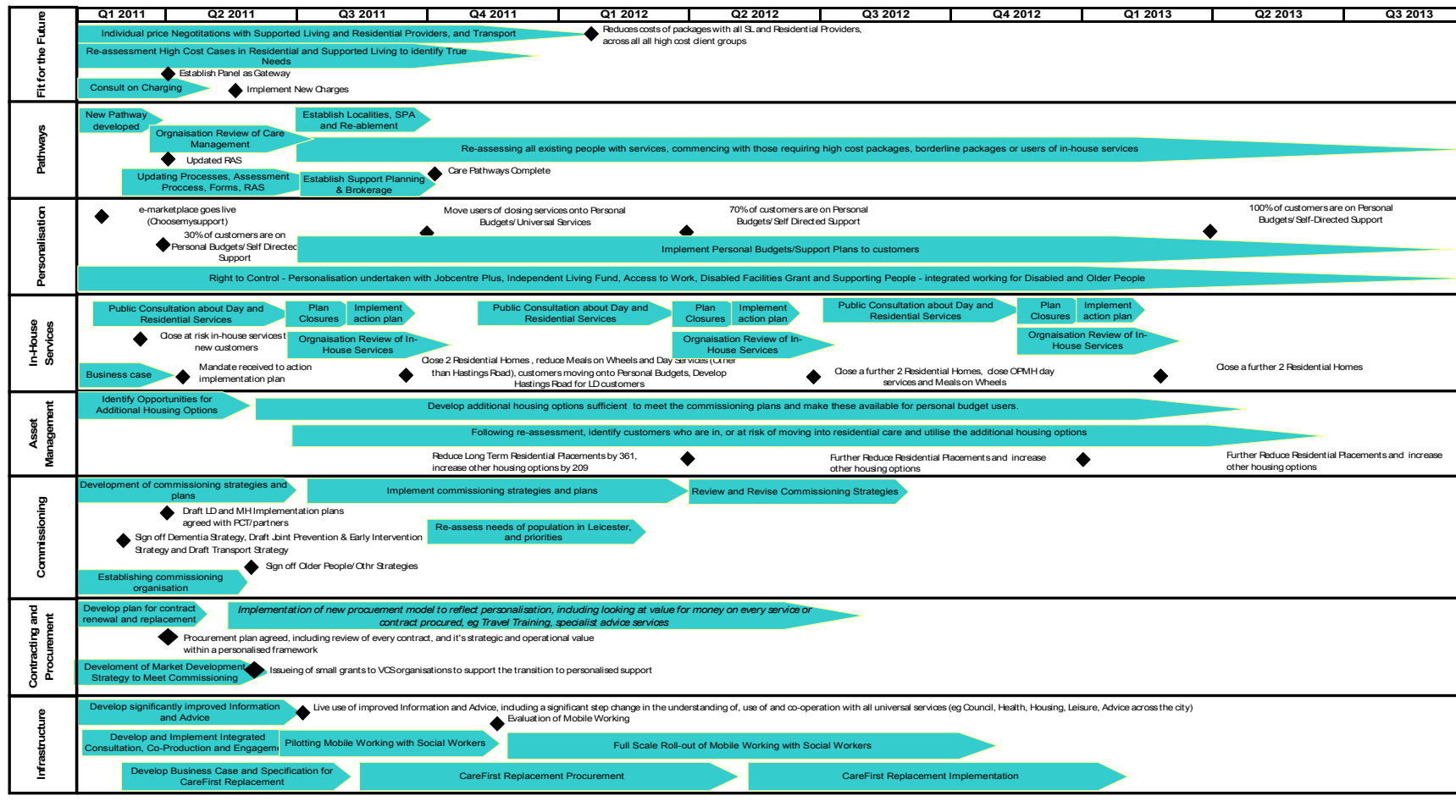
4.1 Further workstreams are required to support the implementation of the 2014 strategy through infrastructure or other enabling projects, necessary for the 2014 strategy to be delivered.

Other Transformation Workstreams for 2014

Workstream	Lead	Key Activities
Fit for the Future	Jane Boulton	To deliver efficiencies through targeted activities on reviewing cases, reducing care

		package sizes to that necessary and achieving better value for money through negotiation with providers (using the Care Funding Calculator)
Right to Control	Jonathan Hill	To deliver integrated processes and working across the housing, employment and care agencies for disabled people. This project is a national trailblazer and must meet the requirements of the Office of Disability Issues by 12 th Dec 2012.
Carefirst System Replacement	TBC	To develop the specification and develop the funding model for replacing the social care system to enable meeting the needs of ASC into the future
Transport Review	Justin Hammond	Review the expenditure and processes for transport and develop methods of reducing the spend on such services.
Mobile Working	Raj Adatia	To develop pilots and then the role out of mobile working for adult social care workers
eMarketplace	Raj Adatia	To procure and implement an electronic marketplace system to enable people with personal budgets to identify and buy the services they require
Micro-markets	Ranjan Ravat	To develop micro-markets (small community) providers to support the development of the personal budgets in Leicester.
Performance Dashboard	Janet Berry	To develop and implement an electronic dashboard linked to the council's systems to enable a dashboard of performance to be available to managers in ASC, allowing the

		drilling down to a detailed level.
Accreditation	Ranjan Ravat	To develop an accreditation scheme to enable people with personal budgets to identify whether a provider is suitable to use. This is necessary to support the emarketplace and the rollout of personal budgets.
Programme Management Office	Sophia Chaudhry	To develop processes to monitor and track progress on the transformational workstreams, and to provide training and advice to enable workstreams to meet the requirements on them.



**Budget Equality Impact Assessment
Strategic Commissioning Adult Social Care
Closure Proposal**

Visamo Day Centre

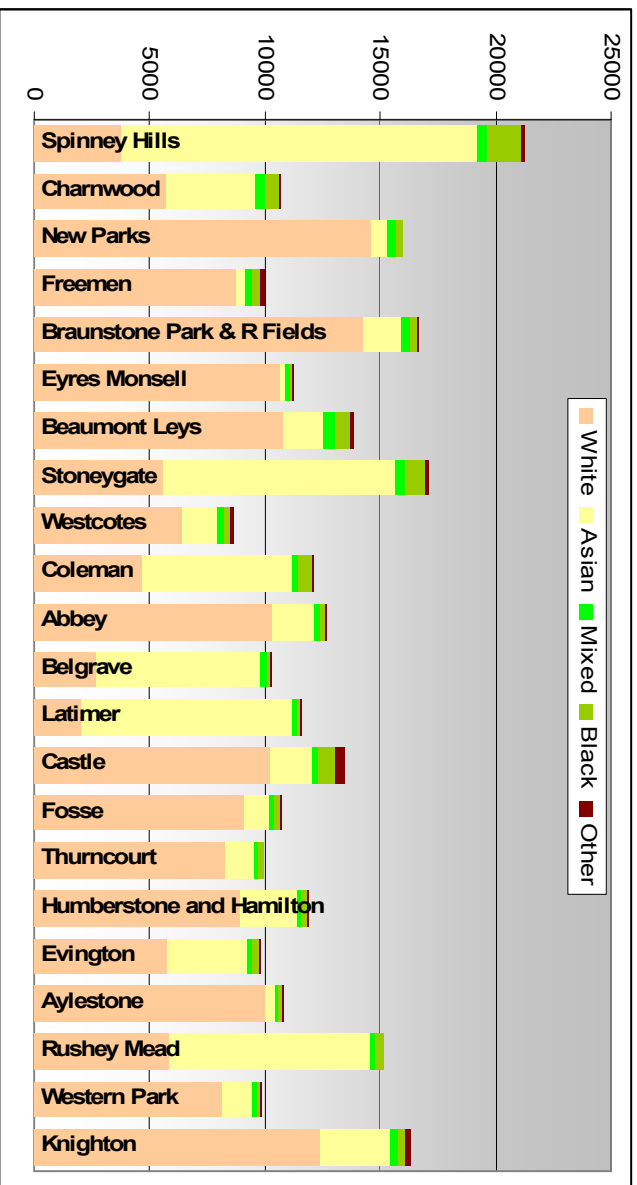
This EIA is conducted as part of budget proposal plans and does not replace more detailed work that would be needed with each unit should proposals go ahead.

Race equality	<p>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?</p> <p>Your assessment of impact/risk:</p> <p>This service caters for Asian service users aged over 65 who are assessed as in either substantial or critical need, as defined by the FAQs criteria.</p> <p>Visamo is a day centre for older people with mental health issues. The service provides support to service users and their carers.</p> <p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <ul style="list-style-type: none"> • Raising awareness of proposal with current service users, families and carers to determine level of support need in transition period • Work with care management to ensure reviews are carried out within agreed timescales and identify alternative provision to meet their needs • Effective management of referrals in the interim period to prevent further placements • Increase the use of individual budgets and work with service users/carers to raise their awareness of what alternatives are available • Increase awareness of the e-market • Build links with the independent sector and commissioning colleagues to ensure the market can respond to the needs presented <p>Promote new market initiatives such as supported living or extra care that incorporate social opportunities into their support package</p>
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	<p>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?</p> <p>Your assessment of impact/risk:</p> <p>Yes this service is located in a predominantly Asian community and serves this community.</p> <p>There will need to be extensive consultation with service users, staff, carers, the wider community and other specialist agencies such as Adhar and the Alzheimer's Society for instance to determine the extent of this impact.</p>
<p>Gender equality</p>	<p>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?</p> <p>Your assessment of impact/risk:</p> <p>This service is not a gender specific service. The service user group reflects the older population (more female than male service users) but otherwise there is no specific impact.</p> <p>However, it is important to note that there could be an impact on informal carers, who are predominantly female. This will need further exploration as part of the planned consultation process.</p> <p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <p>Identification of carer group and their specific needs to take place during transition.</p>
<p>Disability equality</p>	<p>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?</p> <p>Your assessment of impact/risk</p> <p>Yes, all service users accessing this service have mental health issues. There is also a large proportion with physical disability/frailty.</p> <p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <ul style="list-style-type: none"> • Raising awareness of proposal with current service users, families and carers to determine level of support need in transition period • Work with care management to ensure reviews are carried out within agreed timescales and identify alternative provision to meet their needs

	<ul style="list-style-type: none"> • Effective management of referrals in the interim period to prevent further placements • Increase the use of individual budgets and work with service users/carers to raise their awareness of what alternatives are available • Increase awareness of the e-market • Build links with the independent sector and commissioning colleagues to ensure the market can respond to the needs presented • Links with carer support agencies to be formed. •
Community Cohesion	<p>Will the proposal negatively impact on community cohesion or exacerbate any of the underlying causes of community division in the city?</p> <p>Your assessment of impact/risk</p> <p>It is not felt that this decision would impact upon community cohesion, however this would need to be explored further as part of the planned consultation.</p>
	<p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <p>As above, this would need to be explored further</p>

Ethnic composition of the population by ward



Budget Equality Impact Assessment Strategic Commissioning Adult Social Care Closure Proposal

Douglas Bader Day Centre

This EIA is conducted as part of budget proposal plans and does not replace more detailed work that would be needed with each unit were proposals to go ahead.

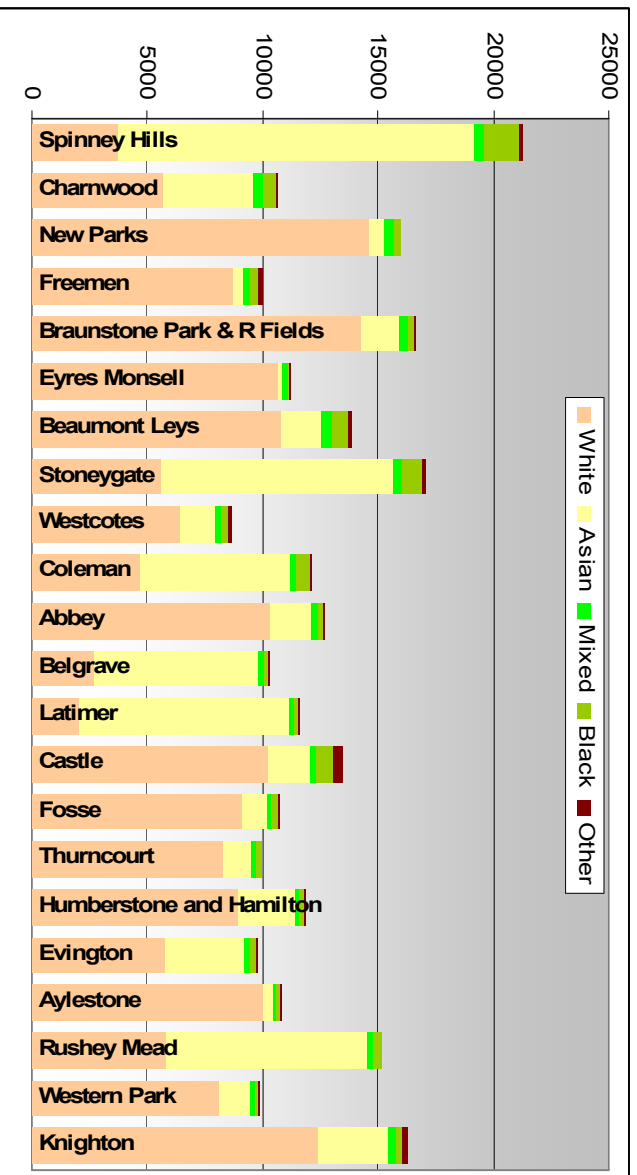
Race equality	<p>Will the proposal result in negative impacts likely to be experienced by one/some racial groups and not by other racial groups? Racial groups to consider include White as well as Black Minority Ethnic groups. If yes, which group(s) will be affected and how will they be affected?</p> <p>Your assessment of impact/risk:</p> <p>Douglas Bader day centre has a service user group that are reflective of the local population so among the main group there is no specific impact identified although this will require further exploration.</p> <p>However, the Pukaar group are a group of Asian women who have met as a group facilitated by Douglas Bader staff. They have met at two venues in the city (St Albans and Belgrave Rd Neighbourhood Centre) until Dec 2010 when they moved back to Douglas Bader. This was part of a</p>
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	<p>planned review of the group's support needs that was to happen separately to the budget proposals.</p>
	<p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <ul style="list-style-type: none"> • Raising awareness of proposal with current service users, families and carers to determine level of support need in transition period • Work with care management to ensure reviews are carried out within agreed timescales and identify alternative provision to meet their needs • Effective management of referrals in the interim period to prevent further placements • Increase the use of individual budgets and work with service users/carers to raise their awareness of what alternatives are available • Increase awareness of the e-market • Build links with the independent sector and commissioning colleagues to ensure the market can respond to the needs presented • Promote new market initiatives such as supported living or extra care that incorporate social opportunities into their support package • Specific consultation with the Pukaar group.
	<p>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?</p> <p>Your assessment of impact/risk:</p> <p>No specific impact noted although this may be identified as part of planned consultation.</p>
<p>Gender equality</p>	<p>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?</p> <p>Your assessment of impact/risk:</p> <p>This service is not a gender specific service. The service user group reflects the population, there is no specific impact.</p> <p>However, it is important to note that there could be an impact on informal carers, who are predominantly female. This will need further exploration as part of the planned consultation process.</p> <p>If there is a negative impact, what can be done to reduce</p>

	<p>or remove the negative impact?</p> <p>Identification of carer group and their specific needs to take place during transition.</p> <p>Links with carers support agencies to be formed.</p>
<p>Disability equality</p>	<p>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?</p> <p>Your assessment of impact/risk</p> <p>This is a service that provides day care to people under age 65 (at point of referral) whose primary disability is either physical or sensory. In addition to this there are a number of service users (approx 1 in 9) who have mental health issues and approx 1 in 10 also have learning disability.</p> <p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <ul style="list-style-type: none"> • Raising awareness of proposal with current service users, families and carers to determine level of support need in transition period • Work with care management to ensure reviews are carried out within agreed timescales and identify alternative provision to meet their needs • Effective management of referrals in the interim period to prevent further placements • Increase the use of individual budgets and work with service users/carers to raise their awareness of what alternatives are available • Increase awareness of the e-market • Build links with the independent sector and commissioning colleagues to ensure the market can respond to the needs presented • Promote new market initiatives such as supported living or extra care • Work with specific agencies such as LCIL
<p>Community Cohesion</p>	<p>Will the proposal negatively impact on community cohesion or exacerbate any of the underlying causes of community division in the city?</p> <p>Your assessment of impact/risk</p> <p>It is not felt that this decision would impact upon community cohesion, however this would need to be explored further as part of the planned consultation.</p>

	If there is a negative impact, what can be done to reduce or remove the negative impact?
	As above, this would need to be explored further

Ethnic composition of the population by ward



**Budget Equality Impact Assessment
Strategic Commissioning Adult Social Care
Closure Proposal**

Martin House/Nia Day Centre

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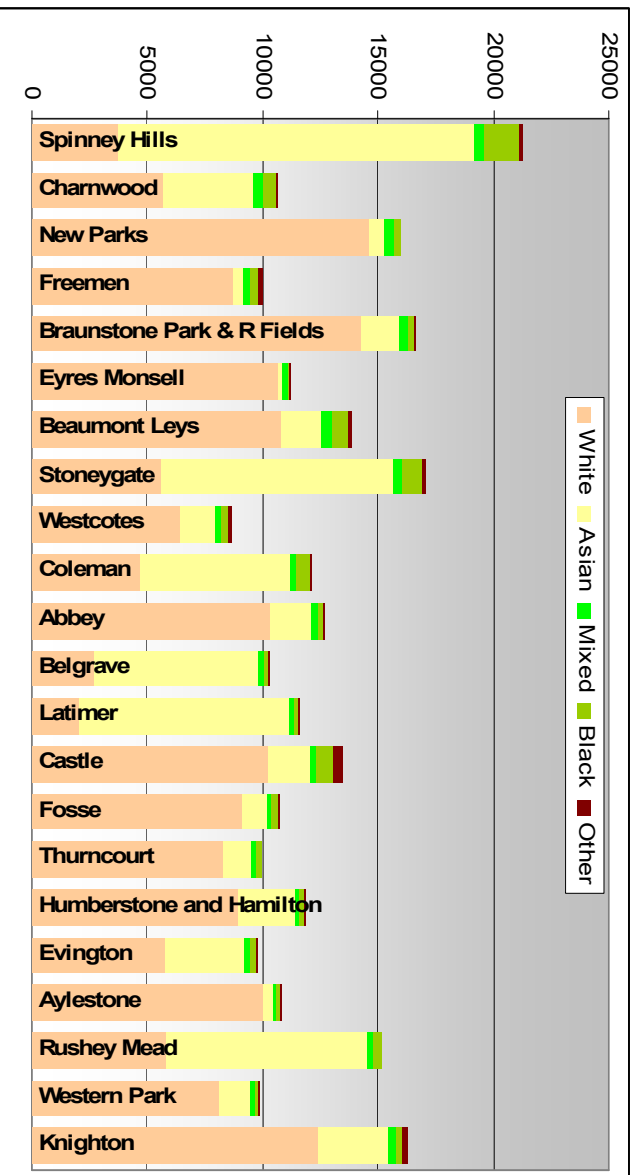
Race equality	<p>Will the proposal result in negative impacts likely to be experienced by one/some racial groups and not by other racial groups? Racial groups to consider include White as well as Black Minority Ethnic groups. If yes, which group(s) will be affected and how will they be affected?</p> <p>Your assessment of impact/risk:</p> <p>This proposal will impact on White and African-Caribbean users.</p> <p>From March 1st 2011 Martin House and Nia day centres will be merged and run from Martin House. This merger has been planned over a long period of time and separately to the budget proposals.</p> <p>Martin House is a day care service for a predominantly White European service user group although more recently a small number of Asian and African-Caribbean service users have started attending Martin House.</p>
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	<p>Nia day centre has provided a service to African-Caribbean service users that has reduced in size due to a reduction in referrals. The remaining 9 service users have been gradually introduced to Martin House and have spent Thursdays there for a number of months.</p> <p>The staff group have worked across the centres to enable the transition to be smoother- this is a staff group that is reflective of the local community.</p> <p>This is a service that provides day care to older people with mental health issues.</p>
<p>Gender equality</p>	<p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <ul style="list-style-type: none"> • Raising awareness of proposal with current service users, families and carers to determine level of support need in transition period • Work with care management to ensure reviews are carried out within agreed timescales and identify alternative provision to meet their needs • Effective management of referrals in the interim period to prevent further placements • Increase the use of individual budgets and work with service users/carers to raise their awareness of what alternatives are available • Increase awareness of the e-market • Build links with the independent sector and commissioning colleagues to ensure the market can respond to the needs presented • Promote new market initiatives such as supported living or extra care that incorporate social opportunities into their support package <p>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?</p> <p>Your assessment of impact/risk:</p> <p>No specific impact noted although this may be identified as part of planned consultation.</p> <p>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?</p> <p>Your assessment of impact/risk:</p>

	<p>This service is not a gender specific service. The service user group reflects the older population (more female than male service users) but otherwise there is no specific impact.</p> <p>However, it is important to note that there could be an impact on informal carers, who are predominantly female. This will need further exploration as part of the planned consultation process.</p> <p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <p>Identification of carer group and their specific needs to take place during consultation and planned for within the implementation.</p> <p>Links with carers support agencies to be formed.</p>
<p>Disability equality</p>	<p>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?</p> <p>Your assessment of impact/risk</p> <p>Yes, all service users accessing this service have mental health issues. There is also a large proportion with physical disability/frailty.</p> <p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <ul style="list-style-type: none"> • Raising awareness of proposal with current service users, families and carers to determine level of support need in transition period • Work with care management to ensure reviews are carried out within agreed timescales and identify alternative provision to meet their needs • Effective management of referrals in the interim period to prevent further placements • Increase the use of individual budgets and work with service users/carers to raise their awareness of what alternatives are available • Increase awareness of the e-market • Build links with the independent sector and commissioning colleagues to ensure the market can

	<ul style="list-style-type: none"> • respond to the needs presented • Work with appropriate organisations to support and advocate for clients and carers
Community Cohesion	<p>Will the proposal negatively impact on community cohesion or exacerbate any of the underlying causes of community division in the city?</p> <p>Your assessment of impact/risk</p> <p>It is not felt that this decision would impact upon community cohesion. However this would need to be explored further as part of the planned consultation.</p> <p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <p>As above, this would need to be explored further and action taken if any negative implications are identified</p>

Ethnic composition of the population by ward



**Budget Equality Impact Assessment
Strategic Commissioning Adult Social Care
Closure Proposal**

Learning Disability Day Services

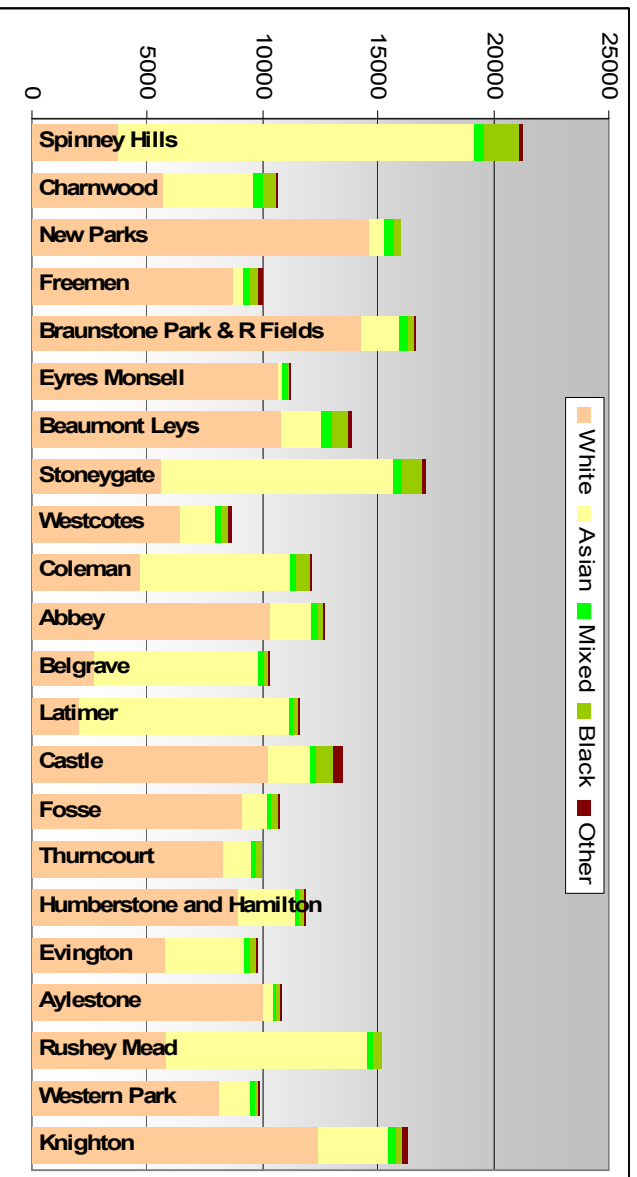
This EIA is conducted as part of budget proposal plans and does not replace more detailed work that would be needed with each unit should proposals go ahead.

Race equality	
<p>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?</p> <p>Your assessment of impact/risk:</p> <p>Learning Disability Day Services provide day services to all adults with learning disabilities where this need is identified following assessment under FAcS criteria. There are no culturally specific services and the referrals reflect a broad range of white and BME communities. There is no specific impact identified but this will need further exploration as part of the planned consultation.</p>	<p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <p>At this stage, no race equality impact is identified, but should any specific impact be identified during consultation,</p>

	<p>Access All Areas- cater for service users whose behaviour</p>
<p>Disability equality</p>	<p>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? Your assessment of impact/risk</p> <p>This is a service that provides day care to people under the age of 65 whose primary need is learning disability. There are a number of service users who also have a physical disability or mental health issues.</p> <p>Hastings Road day Centre- caters for service users with profound and multiple disabilities. A large proportion of these service users have mobility and communication issues.</p>
<p>Gender equality</p>	<p>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? Your assessment of impact/risk:</p> <p>This service is not a gender specific service. The service user group reflects the population, there is no specific impact.</p> <p>However, it is important to note that there could be an impact on informal carers, who are predominantly female. This will need further exploration as part of the planned consultation process.</p> <p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <p>Identification of carer group and their specific needs to take place during transition.</p> <p>Links with carers support agencies to be formed.</p>
	<p>this will need to be addressed</p> <p>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? Your assessment of impact/risk:</p> <p>No specific impact noted although this may be identified as part of planned consultation.</p>

	<p>presents challenges when in a group environment.</p> <p>Community Opportunities Team- have activity based groups in venues across the city and endeavour to link service users with learning disabilities with the wider community by using groups such as aerobics/sports at local community centres.</p>
	<p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <ul style="list-style-type: none"> • Raising awareness of proposal with current service users, families and carers to determine level of support need in transition period • Work with care management to ensure reviews are carried out within agreed timescales and identify alternative provision to meet their needs • Effective management of referrals in the interim period to prevent further placements • Increase the use of individual budgets and work with service users/carers to raise their awareness of what alternatives are available • Increase awareness of the e-market • Build links with the independent sector and commissioning colleagues to ensure the market can respond to the needs presented • Promote new market initiatives such as supported living or extra care which incorporate social support within their offer • Links to service user, carer and advocacy groups to be formed via the Learning Disability Partnership Board.
<p>Community Cohesion</p>	<p>Will the proposal negatively impact on community cohesion or exacerbate any of the underlying causes of community division in the city?</p> <p>Your assessment of impact/risk</p> <p>It is not felt that this decision would impact upon community cohesion, however this would need to be explored further as part of the planned consultation.</p>
	<p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <p>As above, this would need to be explored further</p>

Ethnic composition of the population by ward



Budget Equality Impact Assessment Strategic Commissioning Adult Social Care Closure Proposal

Arbor, Cooper, Elizabeth, Nuffield, Thurncourt Residential homes

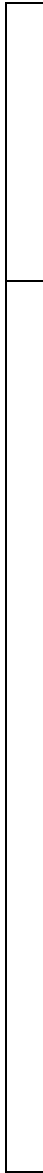
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This EIA covers all the above units, which are broadly similar in nature and in their client groups.

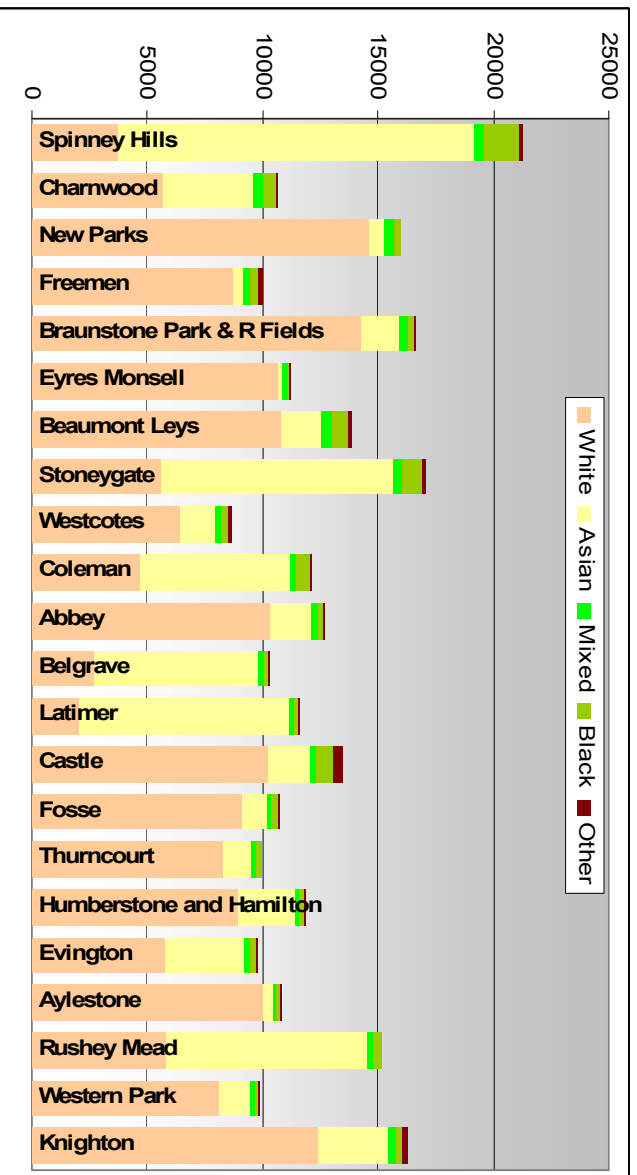
Race equality	<p>Will the proposal result in negative impacts likely to be experienced by one/some racial groups and not by other racial groups? Racial groups to consider include White as well as Black Minority Ethnic groups. If yes, which group(s) will be affected and how will they be affected?</p> <p>Your assessment of impact/risk:</p> <p>These services cater to white European, and people from a range of BME communities, people aged over 65 assessed as either substantial or critical need, as defined the FAQs criteria</p> <p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p>
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	<ul style="list-style-type: none"> • Raising awareness of proposal with current residents, families and carers to determine level of support need in transition period • Work with care management to ensure reviews are carried out within agreed timescales that identify alternative provision to meet their needs • Effective management of referrals in the interim period to prevent further permanent admissions • Increase the use of direct payments to enable people to remain in their own home • Increase the use of individual budgets – as above • Increase awareness of the e-market • Build links with the independent and commissioning colleagues to ensure the market can respond • Develop new market initiatives such as supported living or extra care
	<p>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?</p> <p>Your assessment of impact/risk:</p> <p>This has been identified as possible and will be explored further as part of the consultation. The services are spread across the city.</p> <p>There will need to be extensive consultation with service users, staff, carers, the wider community and other specialist agencies such as the Alzheimer’s Society.</p>
<p>Gender equality</p>	<p>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?</p> <p>Your assessment of impact/risk:</p> <p>These services are not gender specific and the split of male/female broadly reflects that in the population at this age group. At this stage no specific gender impact is identified. Any possible impact will be explored as part of the consultation.</p> <p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <p>This will be explored if a negative impact is identified during consultation.</p>
<p>Disability equality</p>	<p>Will the proposal result in negative impacts likely to be experienced by disabled people (for any impairment across</p>

	<p>the range of impairments experienced by disabled people)? If yes, who will be affected and how will they be affected?</p> <p>Your assessment of impact/risk</p> <p>This proposal would have an impact upon those who are disabled currently residing within these services. This will be explored further as part of the consultation. It is likely that for some the impact is positive, for example a move to a supported housing option. For some there may be a negative impact from the change process / move to another setting.</p>
	<p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <ul style="list-style-type: none"> • Raising awareness of proposal with current residents, families and carers to determine level of support need in transition period • Work with care management to ensure reviews are carried out within agreed timescales that identify alternative provision to meet their needs • Effective management of referrals in the interim period to prevent further permanent admissions • Increase the use of direct payments to enable people to remain in their own home • Increase the use of individual budgets – as above • Increase awareness of the e-market • Build links with the independent and commissioning colleagues to ensure the market can respond • Develop new market initiatives such as supported living or extra care • Establish contact with relevant support groups / advocacy groups who could assist the change process
<p>Community Cohesion</p>	<p>Will the proposal negatively impact on community cohesion or exacerbate any of the underlying causes of community division in the city?</p> <p>Your assessment of impact/risk</p> <p>It is not felt that this decision would impact upon community cohesion; however this would need to be explored further through the consultation process</p>
	<p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <p>As above, this will be explored further if any negative impact is identified through full consultation</p>



Ethnic composition of the population by ward



**Budget Equality Impact Assessment
Strategic Commissioning Adult Social Care
Closure Proposal**

Herrick Lodge

This EIA is conducted as part of budget proposal plans and does not replace more detailed work that would be needed with each unit were proposals to go ahead.

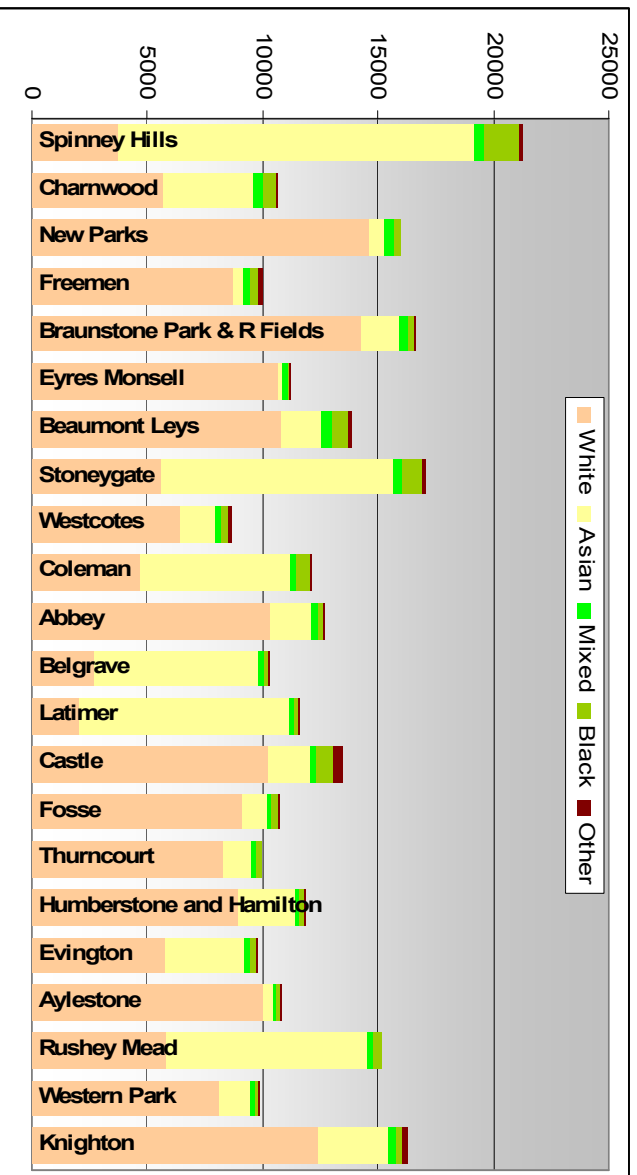
This EIA is completed separately to other EPH's given the specific nature of the client group.

Race 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?	<p>Your assessment of impact/risk:</p> <p>Yes as this service caters to predominantly Asian people aged over 65 assessed as in either substantial or critical need, as defined the FAQs criteria.</p> <p>There are 4 non-BME clients whose individual needs should not be overlooked in the focus on the BME equality impact.</p> <p>Herrick is a residential home for older people</p>
If there is a negative impact, what can be done to reduce or remove the negative impact?	

	<ul style="list-style-type: none"> • Raising awareness of proposal with current residents, families and carers to determine level of support need in transition period • Work with care management to ensure reviews are carried out within agreed timescales that identify alternative provision to meet their needs • Effective management of referrals in the interim period to prevent further permanent admissions • Increase the use of individual budgets to enable people to remain as independent as possible and in their own home • Increase the use of individual budgets – as above • Increase awareness of the e-market • Build links with the independent and commissioning colleagues to ensure the market can respond to presented needs • Develop and promote new market initiatives such as supported living or extra care
	<p>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?</p> <p>Your assessment of impact/risk:</p>
	<p>Yes this service is located in a predominantly Asian community and serves this community although the number of individuals affected is low.</p> <p>There will need to be extensive consultation with service users, staff, carers, the wider community and other specialist agencies such as Adhar and the Alzheimer's Society for instance to determine the level of this impact.</p>
<p>Gender equality</p>	<p>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?</p> <p>Your assessment of impact/risk:</p> <p>These services are not gender specific and the split of male/female broadly reflects that in the population at this age group. At this stage no specific gender impact is identified. Any possible impact will be explored as part of the consultation.</p> <p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <p>This will be explored if a negative impact is identified during consultation.</p>

<p>Disability equality</p>	<p>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?</p> <p>Your assessment of impact/risk</p> <p>This will be explored further as part of the consultation. It is likely that for some the impact is positive, for example a move to a supported housing option. For some there may be a negative impact from the change process / move to another setting.</p>
	<p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <ul style="list-style-type: none"> • Raising awareness of proposal with current residents, families and carers to determine level of support need in transition period • Work with care management to ensure reviews are carried out within agreed timescales that identify alternative provision to meet their needs • Effective management of referrals in the interim period to prevent further permanent admissions • Increase the use of direct payments to enable people to remain in their own home • Increase the use of individual budgets – as above • Increase awareness of the e-market • Build links with the independent and commissioning colleagues to ensure the market can respond • Develop new market initiatives such as supported living or extra care • Establish contact with appropriate agencies who could offer support and advocacy
<p>Community Cohesion</p>	<p>Will the proposal negatively impact on community cohesion or exacerbate any of the underlying causes of community division in the city?</p> <p>Your assessment of impact/risk</p> <p>It is not felt that this decision would impact upon community cohesion; however this would need to be explored further through the consultation process</p>
	<p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <p>As above, this will be explored further if any negative impact is identified through full consultation</p>

Ethnic composition of the population by ward



**Budget Equality Impact Assessment
Strategic Commissioning Adult Social Care**

Meals on Wheels service

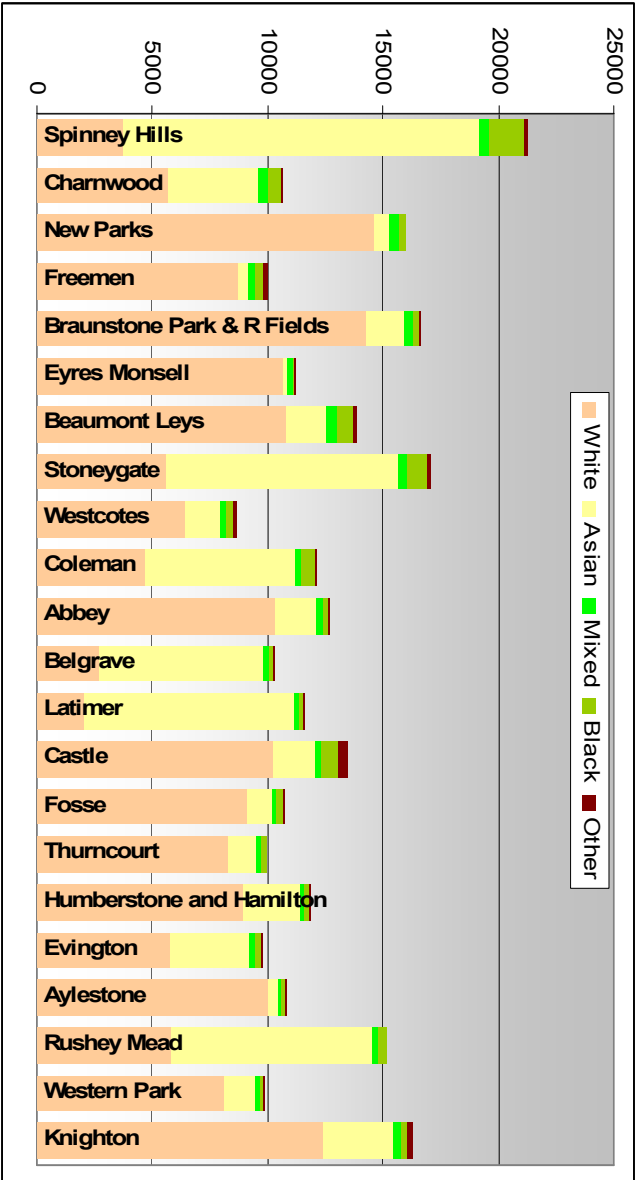
Race equality	<p>Will the proposal result in negative impacts likely to be experienced by one/some racial groups and not by other racial groups? Racial groups to consider include White as well as Black Minority Ethnic groups. If yes, which group(s) will be affected and how will they be affected?</p> <p>Your assessment of impact/risk:</p> <p>The Meals on Wheels service is accessible to all communities within the City.</p> <p>The impact of the reduction or decommissioning in total of the service may result in:</p> <ul style="list-style-type: none"> • Reduce social inclusion • Increased risk of malnutrition • Increase risk of obesity • Increased risk of associated health conditions requiring health service intervention • Increase in non-notifiable safe guarding issues • Increase in risk of food hygiene safety • Limitations on choice of meal types • Reduce accessibility to cultural service • Lack of service provision due to lack of market engagement related to geographical location
<p>If there is a negative impact, what can be done to reduce</p>	

	<p>or remove the negative impact?</p> <ul style="list-style-type: none"> • Increase the use of direct payments • Increase the use of individual budgets • Increase awareness of the e-market • Develop existing markets • Develop new market initiatives <p>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?</p> <p>Your assessment of impact/risk:</p> <p>Yes, dependent upon the geographical location of new service provision and the communities it will serve.</p>
Gender equality	<p>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?</p> <p>Your assessment of impact/risk:</p> <p>The Meals on Wheels service is accessible to all regardless of gender within the City</p> <p>The impact of the reduction or decommissioning in total of the service may result in:</p> <ul style="list-style-type: none"> • Reduce social inclusion • Increased risk of malnutrition • Increase risk of obesity • Increased risk of associated health conditions requiring health service intervention • Increase in non-notifiable safe guarding issues • Increase in risk of food hygiene safety • Limitations on choice of meal types • Reduce accessibility to cultural service • Lack of service provision due to lack of market engagement related to geographical location <p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <ul style="list-style-type: none"> • Increase the use of direct payments • Increase the use of individual budgets • Increase awareness of the e-market • Develop existing markets • Develop new market initiatives
Disability equality	<p>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)?</p>

	<p>If yes, who will be affected and how will they be affected?</p>
	<p>Your assessment of impact/risk</p> <p>The Meals on Wheels service is accessible to all communities within the City.</p> <p>The impact of the reduction or decommissioning in total of the service may result in:</p> <ul style="list-style-type: none"> • Reduce social inclusion • Increased risk of malnutrition • Increase risk of obesity • Increased risk of associated health conditions requiring health service intervention • Increase in non-notifiable safe guarding issues • Increase in risk of food hygiene safety • Limitations on choice of meal types • Reduce accessibility to cultural service • Lack of service provision due to lack of market engagement related to geographical location
	<p>If there is a negative impact, what can be done to reduce or remove the negative impact?</p> <ul style="list-style-type: none"> • Increase the use of direct payments • Increase the use of individual budgets • Increase awareness of the e-market • Develop existing markets • Develop new market initiatives
<p>Community Cohesion</p>	<p>Will the proposal negatively impact on community cohesion or exacerbate any of the underlying causes of community division in the city?</p> <p>Your assessment of impact/risk</p> <p>The impact of the reduction or decommissioning in total of the service may result in:</p> <ul style="list-style-type: none"> • Reduce social inclusion • Increased risk of malnutrition • Increase risk of obesity • Increased risk of associated health conditions requiring health service intervention • Increase in non-notifiable safe guarding issues • Increase in risk of food hygiene safety • Limitations on choice of meal types • Reduce accessibility to cultural service • Lack of service provision due to lack of market engagement related to geographical location
	<p>If there is a negative impact, what can be done to reduce</p>

	<p>or remove the negative impact?</p> <ul style="list-style-type: none">• Increase the use of direct payments• Increase the use of individual budgets• Increase awareness of the e-market• Develop existing markets• Develop new market initiatives
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Ethnic composition of the population by ward



Intermediate Care/reablement

1. Purpose

To provide an overview of the strategy and plans to integrate with health and expand intermediate care and reablement services in the city which will support the delivery of ASC redesign and budget reductions

2. Background

Intermediate Care can be defined as a short term intervention aimed at supporting timely discharge and preventing unnecessary admission to hospital with intervention normally limited to 6 weeks. ASC currently provides intermediate care beds at Brookside Court.

Reablement is a specific approach in home care, focused on developing confidence and (re) learning self-care skills, thereby increasing independence and reducing longer term support needs. Providing equipment, such as rails or special cutlery, to use at home is an important part of reablement. ASC has already shifted the majority of its traditional home care services into a reablement model and provides a service to the three main hospital sites to facilitate early discharge.

The NHS separately provides bed based intermediate care services in the City but is still having to use county community hospitals to cope with demand. Its community health services also have a limited rapid response service for people living in the city.

3. Leicester City Approach

In autumn, additional funding was announced in the NHS Operating Framework for the NHS to work with local councils and agree joint plans to expand intermediate care and reablement services over the next 3 years. ASC has worked closely with the primary care trust and other NHS providers locally to analyse data, consider best practice and review the current financial investment across the city. This has identified that for both the primary care trust and ASC there is an urgent need to expand and integrate the various elements of intermediate care and reablement services currently available. This will include an increase in building based intermediate care and expanding reablement to community service users, preventing avoidable hospital admissions and responding to crisis with a joint health and social care rapid response team that operates on a 24hour basis.

- The additional funding to develop these services is received through the NHS and local areas are required to put in place formal joint governance and performance management arrangements to monitor spend and delivery. The primary care trust and ASC have agreed the establishment of an Integrated Intermediate Care and Reablement Strategy Group, reporting into the respective senior decision making boards in each organisation. This group will deliver and have received approval for implementation the following
- Integrated Intermediate Care and reablement commissioning strategy across health and social care
 - Specification for each element of the strategy, supported by a financial model
 - Implementation plan with phasing from 1st April 2011
 - Engagement of key stakeholders and identification of interfaces with other programme such as the frail older people pathway

4. Implications for ASC

The outline of the strategy which is currently been developed has two main elements that need progressing urgently, an increase in intermediate care beds and expansion of the existing reablement service to take referrals from community service users to prevent admission to hospital and reduce costs of care packages. The specification of each element will set out exact numbers of beds required in the city, and the number of community users anticipated to require reablement.

Over the next year ASC will start to look at re training existing staff to work in intermediate care and reablement services. The use of in house bed vacancies for short term/respite in specific homes will help prepare staff for a shift to intermediate care. Other in house staff in residential and day care will be actively offered opportunities to undertake training and work experience in the current reablement and intermediate care services.

5. Conclusion

The integration of intermediate care and reablement services with health into a single pathway and the expansion into community services is a critical element of ASC and NHS efficiency and improved outcomes strategy. Additional funding available through the NHS offers an opportunity to redesign our current service, improve it and use our current investment more effectively. The completion of the strategy and specification by the 31st March 2011, supported by an agreed joint financial model and implementation plan will enable ASC to identify exactly how many existing staff will be with additional training undertake new roles within the in house division.

Appendix 4

Extra Care Housing

- 1. Purpose**

To provide an overview of the availability of Extra Care Housing to support the delivery of the ASC budget reductions.
- 2. Background**

The majority of people do not want to move into residential care, and want to remain independent in their own homes. In the past people have been moved prematurely into residential care, rather than into supported housing living options or Extra Care Housing schemes.

Whilst, building based Extra Care Housing schemes have proved popular in the past, the model is under national review, by the Homes & Communities Agency (HCA) due to the high unit costs of such buildings and issues around affordable rents.

However, it is possible to adopt the ethos of Extra Care, which is about providing care and support so people can live independently, within the Council's and Registered Social Landlords (RSL's) housing stock. With the greater use of assistive technology, domiciliary care and telecare, it is possible to support people in their own homes or in other building based options such as Sheltered Housing schemes, which may have not been possible previously.
- 3. Availability of Building Based Extra Care Schemes in Leicester**

There is one Extra Care Scheme in Leicester (Danbury Gardens – 58 units) and a second due for completion in March 2011 (Wolsey Building– 63 units).

Leicester City Council has 100% nomination rights, which means people needing Adult Social Care services, can be nominated for these units.
- 4. Number of units required to support ASC savings**

In order to achieve the target savings relating to the number of people prevented from needing residential, the Council would need to move 52 clients eligible for adult social care support into this type of accommodation by 31.3.2012. With the availability of the Wolsey Building from March 2011, and nomination rights to all 63 units, the target will be achieved 12 months ahead of schedule.

With the reduction in capital monies and uncertainties around future funding from the HCA, it is unlikely that more building based Extra Care Housing schemes will be developed in the City within the next 3 years. To achieve the Target of 272 units, this would mean a further 162 units being built.

However, as previously explained the traditional model is under review, due to the expense of developing such buildings and issues around affordability for the occupants.

As is 31/03/2010	To be 31/03/2012	To be 31/03/2014
	Accumulative	Accumulative

42 client	94 clients	272 clients
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5. Current Actions

Adult Social Care staff are working with Housing colleagues, RSL's and private providers to develop proposals for the four year local investment programme, which is looking at specific housing needs for the City.

The Council's allocations policy is also in the process of being re-aligned to ensure that it reflects the needs of Adult Social Care clients in terms of the provision of more supported accommodation.

6. Conclusion

Despite the potential lack of building based Extra Care Housing units to achieve the target savings for 2013/14, there are other means of achieving extra care living in the City. Therefore, the savings linked to preventing people from entering residential care prematurely, will be achieved.

Appendix 5

In House Residential Homes Cost Analysis

This gives a breakdown of the current costs of operating 2 in house residential homes and the expected saving from their closure, excluding redundancy costs:

Herrick Lodge
Elizabeth House

Current Cost Structure - Projected Costs for 2010/11

<u>Herrick Lodge</u>	
Employees	696,000
Running	136,000
Income	<u>(207,000)</u>
Net Cost	625,000

<u>Elizabeth House</u>	
Employees	743,000
Running	120,000
Income	<u>(234,000)</u>
Net Cost	629,000

Total Current Net Cost	<u>1,254,000</u>
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Costs During Closure Period (2011/12)

Net Running Costs (85% of current net costs)	1,066,000
Double Running Costs	689,000
Savings from reduced reliance on independent sector for respite & short term support	(55,000)
Security / Fire Alarms etc (4 months)	8,000
Disconnections, Skips, Padlocks etc	13,000
Total Costs	<u>1,721,000</u>

Costs Following Closure

Net In House Cost	0
Net Cost of External Provision	885,000
	<u>885,000</u>

On-Going Saving	<u>369,000</u>
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Appendix 6

Mobile Meals Briefing Note

1. Purpose

To provide members with an overview of the issue relating to the provision of Mobile Meals and the rationale for reducing the service during the next financial year (2011/12) and then closing the service by 31st March 2013.

However, during the next 12 months it is proposed that a full service review be undertaken to look at suitable alternative options for clients needing this type of service.

2. Background

Currently, all meals are purchased from an external provider. The European and Punjabi meals are regenerated and reheated up and delivered by council staff. Whereas the Gujarati and Caribbean food is freshly daily cooked and then delivered by council staff. All meals are delivered between 12.00noon and 2pm.

Due to the differences in specification and quality of meals, there have been ongoing complaints about the standard of the regenerated food, because people want freshly prepared food. Also the portion size and meal components differ significantly, which requires different transport arrangements to ensure that the food is delivered at the correct temperature, thus avoiding any health and safety issues. However, this will require greater investment in the type of delivery vans, which ultimately adds to the cost of the service.

3. Current usage of the service

Overall less people are choosing to have mobile meals, especially since the people are able to use their personal budget to choose different options. The majority choose to buy fresh ready meals, from local super markets and re-heat them at home at a time when it suits them. The delivery times have also been raised as an issue by some clients, because they do not always want to eat their main meal at midday.

The decline in the numbers has been evident for some time, with 1197 clients using the service in 2009 to 853 clients using the service in 2011.

It should also be noted that a lot of clients do not have meals delivered at the weekend, which suggest that for many there are alternative options, rather than the current mobile meals service.

4. Cost of providing the service

The total service cost for 2010/11 is £814,000 with each meal costing approximately £5.20.

However, clients are only charged £2.95, which means that every meal is subsidised by £2.25. Based on the cost of the service and the high level of subsidy, the only way to reduce costs would be to charge clients the full cost of £5.20.

5. The review process

A full review of the service is proposed to identify other models, such as an alternative retail options or community opportunities. The review process would fully explore the reasons why people are choosing not to use the mobile meals service and to provide a range of costed options for consideration.

Part of the process would also include consultation with existing clients to ensure their views are incorporated into the process.

Employment Options for Staff

2. Purpose

To provide an overview of the employment opportunities for staff currently working within in house services

2. Background

Staff numbers working within residential care homes and day services will need to reduce over the duration of the implementation plan, to reflect the shift towards intermediate care and enablement services and away from care homes and building based day centres.

Previous service changes, for example when home care moved towards a re-ablement model, have identified that staff have transferrable skills that can be enhanced and refocused to new ways of working. The changes can be positive for staff and for the service – both re-ablement and the intermediate care service are excellent rated with high levels of staff satisfaction

There has been considerable staff engagement over the past three years, since Putting People First was published. Staff understand that the patterns of care will change over time, and that their roles will need to adapt.

3. Opportunities for New Roles

The re-ablement service needs to grow, to provide all new clients with a proactive response at the point of contact. This will include additional capacity for community support, beds for those unable to be supported at home for their re-ablement episode and a social enablement approach for those whose needs are centred on developing and maintaining community networks, peer contact as well as training, education or work.

This will create a number of additional posts within the existing in house service. At present, these are estimated as 60 for intermediate care / re-ablement (typically supporting older, physically frail people) and 30 for social enablement (supporting people with LD, mental health / physical disability). However, further work is in progress with the PCT to agree a new specification for rapid response, re-ablement and intermediate care, which will give more clarity on staffing requirements and phasing. This will be taken into account in developing the in house implementation plan and staffing requirements for the future.

It is also anticipated that a number of staff will be well placed to take up opportunities for employment as personal assistants, either for individuals or through group approaches. This is particularly the case for those staff working within day services, where clients will have opportunities to use personal budgets flexibly, including to pool resources to facilitate supported group sessions. It is known that the clients at some day centres would choose to meet together and to maintain their current staff team; this will be explored through a co-production approach supported by LCIL and may give rise to alternative models of service provision, for example staff managed social enterprise.

Dementia care is known to be a growth area, across services such as extra care housing, community services both mainstream and targeted and domiciliary / PA based support. In anticipation of this, staff within in house services have been supported to undergo dementia training.

7. **Known Staffing Changes**

Turnover of staff is relatively high in direct care services. This will continue during the transformation process and may accelerate if staff actively seek employment elsewhere. Turnover rates in average 20% across all grades, slightly higher at care staff level than office / support (domestic / kitchen).

The staff group is older, with an average of 45% of staff aged over 50 years. This is consistent across the management and care grades. 2 managers are over retirement age. Previous experience would indicate that when staffing reviews are conducted, older members of staff are more likely to take up opportunities for retirement or voluntary departure.

8. **Current Actions**

The need for change has been known for some time and the service has been able to plan for this in terms of staffing impacts.

Training and development in key areas is ongoing. Selected senior staff across residential and day services have undertaken Leadership in Dementia training and dementia mapping work, which promotes person centred approaches with this client group. All care staff are accessing and refreshing their dementia care training at a practice level.

Retraining of staff to deliver assessment care and reablement approaches within EPHs has commenced, to support the delivery of increased capacity in this year. This has involved staff exchanges with the current intermediate care home and dedicated support from Workforce Development.

This up-skilling will support staff in taking on new opportunities as they arise internally or externally.

Staff vacancy management is on going to reduce any future impact on permanent postholders. This has been in tandem with work to reduce agency staffing, and in finding a balance between stability of staffing and managing for future changes. However a number of posts are held on temporary contracts.

As part of the work to develop the in house business case, scoping of different models of provision is taking place, for example social enterprise and cooperative organisations.

In brief, social enterprises are businesses driven by a social purpose in which any profits are re-invested to meet that objective. The former Labour Government and the current Coalition Government was/is keen to see these develop as part of its agenda to encourage citizens take more control of their own lives, and the way communities or neighbourhoods help each other out.

It is a model being explored by other authorities and by health services. For example, in June 2010, [Blackburn with Darwen Council put forward plans to transfer remaining in-](#)

[house services to a new social enterprise that would provide services under contract from the council](#). The council argued that such an enterprise could cut costs by making savings on overheads, while driving innovation so that services better met users' needs. There has been resistance from the local UNISON branch, which expressed concerns over potential redundancies, and the plan is now on hold pending consultations.

Perceived advantages

- Based on long history of mutualism/co-operation – as witnessed by building societies, NHS Foundation Trusts, Co-operative Society, Sure Start, and Co-operative Trust Schools etc
- Usually lower unit cost per service delivered
- Specific financial benefits in contracting services in this way include service efficiencies, financial savings through council tax relief and/or VAT savings
- Greater flexibility in employing and/or contracting staff
- Can be organised by groups/communities of adults receiving social care using their direct payments to fund it, and thus take advantage of the personalisation agenda (e.g. see Collaborative Self Managed Care Report by Co-operatives UK Nov 2009 with pilots at Caring Support based in Croydon)
- Ownership and leadership from users of services and the neighbourhood/community
- Locally accountable; highly responsive to local wants and needs through membership. Membership could include all staff, people who use services, their carers and communities, and the council
- Cheaper than in-house provision as it has lower overheads and is free
- The professional service cooperative will be outcome focussed, enterprising and businesslike. It offers a real alternative to other external service providers who are driven by the need to serve shareholders, or wider organisational goals, or meet contractual terms that are not easily amended
- There is a new relationship between professional service providers and those using social care. Professional practitioners are responsible for their own practice but accountable to those receiving care and other stakeholders
- It provides space to innovate and is free of unnecessary bureaucratic constraints
- Profit/surpluses stay local - do not drain away outside, they are ploughed back into the business, or given as a bonus to staff, or else lower cost services to customers

Perceived disadvantages

- It would take time to set up and is not an immediate solution to cost pressures, rather a longer term option
- May need a “dowry” of current buildings and equipment. These would have to be held via a legal asset lock to stop them, or the realised money, from draining away from the area
- It will need support whilst developing and require a strong working relationship with council members and officers
- TUPE and pensions issues require careful handling with both individual staff and unions, though potential mutual reward may help offset any changes
- The mutual idea is not a magic answer to the huge challenges facing providers of adult social care services. It does provide a means of focussing thinking and developing a hopeful vision for the future. It also provides a way for service using adults themselves to play a key leadership role in creating and providing services.

The in house business case work stream is currently scoping new models, where there may be demand for services but our traditional organisational form of delivery inhibits the Council from being competitive. Opportunities will be picked up at either a micro level, for example the formation of a small enterprise of PAs to meet the specific needs of a group of users, to the macro level in considering the future organisational form of the retained in house provision at large. Options will be presented for further consideration as part of the wider transformation programme for in house provider services.

This is a developing area and managers are making links with other authorities to explore the options jointly, sharing knowledge and reducing duplication by taking learning from other areas, such as the complex legal, financial and employment implications of various models.

6. Conclusion

It is inevitable that there will be an impact on staff as services change or reduce, and others grow. The phasing of the work over the next three years will seek to ensure that staff are supported to take up new opportunities internally, to support them with developing skills that are in demand externally and to take advantage of natural staffing changes.

A full impact assessment for staffing will be completed as part of any organisational review process.

**ADULT SOCIAL CARE
BASE BUDGET GROWTH & REDUCTION PROPOSALS 2010-11**

GROWTHS		£000
G1	From In-house Residential Care	
G1a	Move to Independent Sector	26
G1b	Move to Supported Living	210
G1c	Move to Extra Care	187
G1d	Move to Assisted Accommodation	57
G1e	Move to Personal Budgets, Universal Services	210
	Total	690
G2	Loss of Income - Reablement Service	496
G3	From In-house Day Care	
G3a	Move to Personal Budgets, Universal Services	101
G3b	Move to Voluntary Sector	59
	Total	160
G4	Equipment / Assistive Technology	113
G5	Intermediate Care	263
G6	Reablement / Enablement	96
	TOTAL GROWTH	1,818
REDUCTIONS		
R1	Residential/Nursing Care Reduction	
R1a	Reduced cost Residential/Nursing	(92)
R1b	Move to Supported Living	(173)
R1c	Move to Extra Care	(68)
R1d	Move to Assisted Accommodation	(512)
R1e	Move to Personal Budgets, Universal Services	(348)
	Total	(1,193)
R2	Short Term Residential/Respite Care	(55)
R3	From Private Sector Home Care	
R3a	To Personal Budgets	(333)
R3b	To Voluntary Sector	(380)
R3c	To Universal Services	(861)
	Total	(1,574)
R4	From Private Sector Day Care	
R4a	To Direct Payments/Personal Budgets	(21)
R4b	To Voluntary Sector	(49)
R4c	To Universal Services	(26)
	Total	(96)

R5	From Extra Care	
R5a	To Assisted Accommodation	(11)
R5b	Reduced Cost Extra Care	(6)
	Total	(17)
R6	From Meals to Universal Services	(172)
R7	Direct Payments/Personal Budgets	(342)
R8	Supported Living Reduced Packages	(1,126)
R9	Voluntary Sector Contracts	(200)
R10	Transport	(200)
R11	Increased Income	(500)
R12	Continuing Health Care	(100)
R13	Reduced Cost In House Day Services	(85)

TOTAL REDUCTIONS **(5,660)**

TOTAL NET REDUCTION **(3,842)**

**ADULT SOCIAL CARE
BASE BUDGET GROWTH PROPOSAL 2010-11**

SERVICE AREA : In House Residential Care Summary **Proposal No: ASC - G1 Sheet**

Details of Proposed Project(s) Growth:

SUMMARY SHEET FOR PROFORMAS G1a – G1e

The proposal is to close 2 residential homes at the end of the 2011/12 financial year. The calculation for this has been based on 91 bed spaces.

The growth shown here represents the double-running costs of keeping open 2 residential homes with lower occupancy rates in preparation for their closure. The extent of the double running costs is very much dependent on consultation timetables.

Type of Growth (delete as appropriate)

Other

Service implications (including impact on One Leicester) & link to SLEP (service plan)

The majority of service users placed in residential and nursing care are frail older people; increasingly service users who are placed, have complex needs and are much older having stayed in their own home as long as possible. The residential and nursing home service user group consequently has a high attrition rate due to death rates. Combining the cost of lower occupancy and the costs of commissioning alternative residential care in the Independent Sector creates a double running cost in 11/12 which is represented by the growth item.

All existing service users are required to have an annual review, the review/reassessment of service users in these homes will take place concurrently with the formal consultation process on the proposals to close these residential homes. Service users and their families will be involved in the assessment process, and where appropriate supported by independent advocacy and offered a personal budget to provide independent and voluntary community and residential placements. Their financial contribution if applicable will not be affected by a move to a different provider.

Date of earliest implication/ date of proposed implication

Date:

Financial Implications of Proposal	2010-11	2011-12	2012-13	2013-14
	£000s	£000s	£000s	£000s
Effects of Changes on budget				
	Existing Budget	Proposed Addition		
Staff	5,081			
Non Staff Costs	675			
Income	(1,829)			
Net Total	3,927	690		
Staffing Implications		2011-12	2012-13	2013-14
Current service staffing (FTE)				
Extra post(s) (FTE)				

NB Full staffing implications for the closure of in-house residential homes are shown at section 7 of the main report.

**ADULT SOCIAL CARE
BASE BUDGET GROWTH PROPOSAL 2010-11**

SERVICE AREA : In House Residential Care to Independent Sector **Proposal No: ASC - G1a**

Details of Proposed Project(s) Growth:

The proposal is to reduce the number of people in long term in-house residential care by 8, and for these clients to be placed in independent sector residential care. This will be achieved by diverting new service users to alternative residential and community provision and reassessment of existing service users offering them alternative residential or community placements.

It is projected that there will be a need for 3 months of support for these people at an average net cost of £251 per week.

Type of Growth (delete as appropriate)
Other

Service implications (including impact on One Leicester) & link to SLEP (service plan)

The majority of service users placed in residential and nursing care are frail older people, increasingly service users who are placed, have complex needs and are much older having stayed in their own home as long as possible. The residential and nursing home service user group consequently has a high attrition rate due to death rates. However existing service users will require reassessment and an alternative care package commissioned from the Independent sector.

This proposal is linked to reducing the spend in independent sector respite and short term care and supporting preparations for the expanded and integrated Intermediate Care and Reablement service.

The shift from long term care and greater provision of intermediate care and respite beds reduces income and will reduce occupancy rates, in addition to a short term requirement for double running costs due to the need to commission placements from the Independent sector.

Date of earliest implication/ date of proposed implication
Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u> £000s	<u>2011-12</u> £000s	<u>2012-13</u> £000s	<u>2013-14</u> £000s
Effects of Changes on budget				
	Proposed Addition			
Existing Budget				
Staff	5,081			
Non Staff Costs	675			
Income	(1,829)			
Net Total	3,927	26		
Staffing Implications		2011-12	2012-13	2013-14
Current service staffing (FTE)				
Extra post(s) (FTE)				

**ADULT SOCIAL CARE
BASE BUDGET GROWTH PROPOSAL 2010-11**

**SERVICE AREA : In House Residential Care
Supported Living**

Proposal No: ASC - G1b

Details of Proposed Project(s) Growth:

The proposal is to reduce the number of people in in-house residential care by 23, and for these clients to be placed in supported living arrangements. This will be achieved by reassessment of existing service users and diversion of new service users into supported living and additional community support.

It is projected that there will be a need for 30 weeks of support for these people at an average net cost of £304 per week.

Type of Growth (delete as appropriate)

Other

Service implications (including impact on One Leicester) & link to SLEP (service plan)

The majority of service users placed in residential and nursing care are frail older people, increasingly service users who are placed, have complex needs and are much older having stayed in their own home as long as possible. The residential and nursing home service user group consequently has a high attrition rate due to death rates.

However existing service users will require reassessment and an alternative care package commissioned from the Independent sector. New service users will be assessed, and provided with a personal budget and enabled to access supported living arrangements and extra care facilities.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u> £000s	<u>2011-12</u> £000s	<u>2012-13</u> £000s	<u>2013-14</u> £000s
Effects of Changes on budget				
	Existing Budget	Proposed Addition		
Staff	5,081			
Non Staff Costs	675			
Income	(1,829)			
Net Total	3,927	210		
Staffing Implications		2011-12	2012-13	2013-14
Current service staffing (FTE)				
Extra post(s) (FTE)				

**ADULT SOCIAL CARE
BASE BUDGET GROWTH PROPOSAL 2010-11**

**SERVICE AREA : In House Residential Care – Extra Proposal No: ASC - G1c
Care**

Details of Proposed Project(s) Growth:

The proposal is to reduce the number of people in in-house residential care by 16, and for these clients to receive extra care support. This will be achieved by reassessment of existing service users and diversion of new service users into extra care and with additional community support

It is projected that there will be a need for 10 months of support for these people at an average net cost of £271 per week.

Type of Growth (delete as appropriate)

Other

Service implications (including impact on One Leicester) & link to SLEP (service plan)

The majority of service users placed in residential and nursing care are frail older people, increasingly service users who are placed, have complex needs and are much older having stayed in their own home as long as possible. The residential and nursing home service user group consequently has a high attrition rate due to death rates.

However existing service users will require reassessment and an alternative care package commissioned from the independent and voluntary sector. New service users will be assessed, and provided with a personal budget and enabled to access building based extra care facilities and flexible support in their own homes.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u> £000s	<u>2011-12</u> £000s	<u>2012-13</u> £000s	<u>2013-14</u> £000s
Effects of Changes on budget				
	Existing Budget	Proposed Addition		
Staff	5,081			
Non Staff Costs	675			
Income	(1,829)			
Net Total	3,927	187		
Staffing Implications		2011-12	2012-13	2013-14
Current service staffing (FTE)				
Extra post(s) (FTE)				

ADULT SOCIAL CARE
BASE BUDGET GROWTH PROPOSAL 2010-11

SERVICE AREA : In House Residential Care – **Proposal No: ASC - G1d**
Assisted Accommodation

Details of Proposed Project(s) Growth:

The proposal is to reduce the number of people in in-house residential care by 13, and for these clients to receive assisted accommodation.

It is projected that on average there will be a need for 22 weeks of support for these people at an average net cost of £213 per week.

Type of Growth (delete as appropriate)

Other

Service implications (including impact on One Leicester) & link to SIEP (service plan)

The majority of service users placed in residential and nursing care are frail older people, increasingly service users who are placed, have complex needs and are much older having stayed in their own home as long as possible. The residential and nursing home service user group consequently has a high attrition rate due to death rates.

However the remaining existing service users will require reassessment and an alternative care package commissioned from the independent and voluntary sector. New service users will be assessed, and provided with a personal budget and enabled to access building based assisted accommodation facilities and flexible support in their own homes.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
	£000s	£000s	£000s	£000s
Effects of Changes on budget				
	Existing Budget			
Staff	5,081			
Non Staff Costs	675			
Income	(1,829)			
Net Total	3,927	57		
	Proposed Addition			
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)				
Extra post(s) (FTE)				

**ADULT SOCIAL CARE
BASE BUDGET GROWTH PROPOSAL 2010-11**

Individual Pro-formas for growth and reduction proposals

SERVICE AREA : In House Residential Care – Personal Budgets **Proposal No: ASC - G1e**

Details of Proposed Project(s) Growth:

The proposal is to reduce the number of people in in-house residential care by 31, and for these clients to receive support through a community based support package through a personal budget.

It is projected that on average there will be a need for around 9 months of support for these people at an average net cost of £173 per week.

Type of Growth (delete as appropriate)

Other

Service implications (including impact on One Leicester) & link to SLEP (service plan)

The majority of service users placed in residential and nursing care are frail older people; increasingly service users who are placed, have complex needs and are much older having stayed in their own home as long as possible. The residential and nursing home service user group consequently has a high attrition rate due to death rates.

However the remaining existing service users will require reassessment and an alternative care package commissioned from the independent and voluntary sector. New service users will be assessed, and provided with a personal budget and enabled to access flexible community support in their own homes.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u> £000s	<u>2011-12</u> £000s	<u>2012-13</u> £000s	<u>2013-14</u> £000s
Effects of Changes on budget				
	Existing Budget	Proposed Addition		
Staff	5,081			
Non Staff Costs	675			
Income	(1,829)			
Net Total	3,927	210		
Staffing Implications		2011-12	2012-13	2013-14
Current service staffing (FTE)				
Extra post(s) (FTE)				

**ADULT SOCIAL CARE
BASE BUDGET GROWTH PROPOSAL 2010-11**

SERVICE AREA : In House Home Care

Proposal No: ASC - G2

Details of Proposed Project(s) Growth:

By converting all of our current in house home care provision into a reablement service, our underlying cost of the in-house service remains the same. However, clients cannot be charged during their period of reablement, so this growth represents the loss of home care income from doing this.

Type of Growth (delete as appropriate)

Other

Service implications (including impact on One Leicester) & link to SLEP (service plan)

The provision of integrated health and social care intermediate care, reablement and rapid response is seen as a central element of managing an aging population and subsequent increased demand by the NHS and social care. The provision of social care reablement which is nationally defined and includes the achievement of specific outcomes through the provision of therapy is critical to maintaining independence and service users remaining in their own homes. It is also critical to reducing hospital admissions and readmissions across all service user groups.

During the 6 week reablement period which is to be rolled out to all at risk service user groups as part of prevention and early intervention service users can not be charged resulting in a loss of income. In the medium and longer term this strategy will reduce overall care management commissioning budgets.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u> £000s	<u>2011-12</u> £000s	<u>2012-13</u> £000s	<u>2013-14</u> £000s
Effects of Changes on budget				
	Existing Budget	Proposed Addition		
Staff	3,897			
Non Staff Costs	230			
Income	(260)			
Net Total	3,867	496		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)				
Extra post(s) (FTE)				

ADULT SOCIAL CARE
BASE BUDGET GROWTH PROPOSAL 2010-11

SERVICE AREA : In House Day Care Summary Sheet Proposal No: ASC - G3

Details of Proposed Project(s) Growth:

SUMMARY SHEET FOR PROFORMAS G3a – G3b

As more service users receive a personal budget increasingly they are choosing to purchase more flexible community based services to meet social inclusion needs and reduce social isolation. This proposal reflects this trend and the reduction in demand for existing traditional in-house provided day services.

As clients move onto these alternative arrangements and before the in-house day centres are closed, there will be spare capacity and a corresponding double running cost. This growth represents the temporary double running cost for the care packages that will be commissioned whilst the services remain open

Type of Growth (delete as appropriate)

Other

Service implications (including impact on One Leicester) & link to SIEP (service plan)

Through the allocation of a Personal Budget and support planning and brokerage service users will be enabled to access more flexible and lower cost social inclusion and day activities provided by the voluntary sector and available to the wider community such as leisure services.

Existing in house day services will not be affordable for service users due to the high unit cost which includes over heads and management costs which are higher than those in the voluntary and independent sector

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
	£000s	£000s	£000s	£000s
Effects of Changes on budget				
	Proposed Addition			
Existing Budget				
Staff	1,207			
Non Staff Costs	215			
Income	(169)			
Net Total	1,253	160		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)				
Extra post(s) (FTE)				

ADULT SOCIAL CARE
BASE BUDGET GROWTH PROPOSAL 2010-11

SERVICE AREA : In House Day Care – Personal **Proposal No: ASC - G3a**
Budgets/Universal Services

Details of Proposed Project(s) Growth:

The proposal is to reduce the number of people in in-house day services by 231, and for these clients to receive support through a community based support package through a personal budget. Those who do not have substantial and critical needs and therefore not eligible for ASC services will be given advice and guidance to access mainstream community services not funded by ASC.

This applies to existing service users who will be reassessed and new service users assessed using the new system and provided with a Personal Budget.

It is projected that there will be a need to support these clients for between 2 and 6 months while the current arrangements are phased out. This will cost an average of £47 per person per week.

Type of Growth (delete as appropriate)

Other

Service implications (including impact on One Leicester) & link to SIEP (service plan)

Through the allocation of a Personal Budget and support planning and brokerage service users will be enabled to access more flexible and lower cost social inclusion and day activities provided by the voluntary sector and available to the wider community such as leisure services. Increasing numbers of service users will use PAs to access community opportunities including employment, education and volunteering. ASC is working with other divisions in the city council to maximise the access for people with disabilities to council provided community facilities and also looking at how the use of individual budgets can provide a new income generation stream for services such as leisure centres.

Existing in house day services will not be affordable for service users due to the high unit cost which includes over heads and management costs which are higher than those in the voluntary and independent sector.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
	£000s	£000s	£000s	£000s
Effects of Changes on budget				
	Existing Budget	Proposed Addition		
Staff	1,207			
Non Staff Costs	215			
Income	(169)			
Net Total	1,253	101		
Staffing Implications		2011-12	2012-13	2013-14
Current service staffing (FTE)				
Extra post(s) (FTE)				

ADULT SOCIAL CARE
BASE BUDGET GROWTH PROPOSAL 2010-11

SERVICE AREA : In House Day Care – Voluntary **Proposal No: ASC - G3b Sector**

Details of Proposed Project(s) Growth:

The proposal is for 202 clients to receive support from voluntary sector organisations instead of receiving their support from the existing in house day services.

The current average net weekly cost for these clients is £49 per week. The total investment that will be made to the voluntary sector in year 1 to support these clients for between 2 and 6 months is £59,000.

Type of Growth (delete as appropriate)

Other

Service implications (including impact on One Leicester) & link to SIEP (service plan)

Through the allocation of a Personal Budget and support planning and brokerage service users will be enabled to access more flexible and lower cost social inclusion and day activities provided by the voluntary sector and available to the wider community such as leisure services. Increasing numbers of service users will use PA's to access community opportunities including employment, education and volunteering.

Voluntary sector providers are increasingly responding to this market shift and offering services at a lower cost than local authority and independent sector providers. An example of this shift is a Learning Disability voluntary sector provider ' Ansaar' which is looking to develop its day services provision, which is currently funded through fund raising but in the future service users will be able to use an element of their personal budget to pay for use of this service. Existing more traditional providers in the Independent sector historically have struggled to deliver personalised services that respond to individual needs for example culture and religion. Through the market management work small voluntary sector providers in the city are being targeted and supported to shift their business model from one reliant on grants to an ability to respond to individual budgets and develop their workforce. The major advantage the voluntary sector has in the new individual budget market is that it is able to operate with lower overhead costs due to not having the requirement to produce surplus for shareholders dividends, it can therefore be viable and offer a lower unit cost. ASC transformation will be a major contributor to supporting the voluntary sector in Leicester over the next 3 years.

Date of earliest implication/ date of proposed implication
Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u> £000s	<u>2011-12</u> £000s	<u>2012-13</u> £000s	<u>2013-14</u> £000s
Effects of Changes on budget				
	Existing Budget	Proposed Addition		
Staff	1,207			
Non Staff Costs	215			
Income	(169)			
Net Total	1,253	59		
Staffing Implications		2011-12	2012-13	2013-14
Current service staffing (FTE)				
Extra post(s) (FTE)				

ADULT SOCIAL CARE
BASE BUDGET GROWTH PROPOSAL 2010-11

SERVICE AREA : Equipment / Assistive Technology Proposal No: ASC - G4

Details of Proposed Project(s) Growth:

Increased investment in Assistive Technology and low level equipment will support the achievement of other budget reductions and implementation of the prevention and early intervention strategy enabling people to remain independent for longer in their own homes and reduce the cost of care packages.

This growth should allow an additional 295 people to benefit from equipment and assistive technology.

Type of Growth (delete as appropriate)

Other

Service implications (including impact on One Leicester) & link to SIEP (service plan)

This growth proposal is necessary in order to achieve the necessary budget reductions. In particular, this investment of monies would be used to support people to live independently without support from the local authority. It would also assist people to move to support in a community-based setting rather than in residential care. This growth should allow an additional 295 people to benefit from equipment and assistive technology.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u> £000s	<u>2011-12</u> £000s	<u>2012-13</u> £000s	<u>2013-14</u> £000s
Effects of Changes on budget				
	Existing Budget	Proposed Addition		
Staff	0			
Non Staff Costs	926			
Income	(463)			
Net Total	463	113		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)				
Extra post(s) (FTE)				

**ADULT SOCIAL CARE
BASE BUDGET GROWTH PROPOSAL 2010-11**

Proposal No: ASC - G5

SERVICE AREA : Intermediate Care

Details of Proposed Project(s) Growth:

Increase investment and capacity in intermediate care

It is anticipated that this money would be sufficient to support 110 people through these means.

Type of Growth (delete as appropriate)

Other

Service implications (including impact on One Leicester) & link to SIEP (service plan)

In line with health and social care policy (e.g A vision for Social Care – Creating Capable communities, Liberating the NHS, Dementia Strategy) locally a strategy and implementation plan is been developed with the NHS to develop an integrated health and social care intermediate care and reablement pathway for all service user groups. This is anticipated to reduce hospital admissions and readmissions, retain independence and enable people to live at home longer, support carers better and provide rapid response in local communities to crisis.

Numerous large scale studies have found that the provision of reablement and intermediate care in buildings and in people's own homes through relatively high cost for a short period of time offers a longer term overall reduction in costs of care packages. Studies of service user and carers experience have also reported high levels of satisfaction, with increased confidence and independence.

Over the next 3 years the expansion of these services will see the development of a social care directly provided building-based and community-based intermediate care and reablement service. This investment is critical to developing this strategy with NHS partners and reducing longer term capacity and demand. Many of the existing workforce in residential care and home care will be retrained to provide this service.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
	£000s	£000s	£000s	£000s
Effects of Changes on budget				
	Existing Budget	Proposed Addition		
Staff	1,576			
Non Staff Costs	224			
Income	(331)			
Net Total	1,469	263		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)				
Extra post(s) (FTE)				

**ADULT SOCIAL CARE
BASE BUDGET GROWTH PROPOSAL 2010-11**

SERVICE AREA : Reablement / Enablement

Proposal No: ASC - G6

Details of Proposed Project(s) Growth:

Increase capacity in reablement and support a shift to prevention of admission rather than the current model of facilitating hospital discharge

This money would be sufficient to support a further 105 people through a course of reablement.

Type of Growth (delete as appropriate)

Other

Service implications (including impact on One Leicester) & link to SLEP (service plan)

In line with health and social care policy (e.g A vision for Social Care – Creating Capable communities. Liberating the NHS, Dementia Strategy) locally a strategy and implementation plan is been developed with the NHS to develop an integrated health and social care intermediate care and reablement pathway for all service user groups. This is anticipated to reduce hospital admissions and readmissions, retain independent and enable people to live at home longer, support carers better and provide rapid response in local communities to crisis.

Numerous large scale studies have found that the provision of reablement and intermediate care in buildings and in people own homes though relatively high cost for a short period of time offers a longer term overall reduction in costs of care packages. Studies of service user and carers experience have also reported high levels of satisfaction, with increased confidence and independence.

Over the next 3 years the expansion of these services will see the development of a social care directly provided building based and community based intermediate care and reablement service. This investment is critical to developing this strategy with NHS partners and reducing longer term capacity and demand. Many of the existing workforce in residential care and home care will be retrained to provide this service.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u> £000s	<u>2011-12</u> £000s	<u>2012-13</u> £000s	<u>2013-14</u> £000s
Effects of Changes on budget				
	Existing Budget			
Staff	3,897			
Non Staff Costs	230			
Income	(260)			
Net Total	3,867	96		
	Proposed Addition			
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)				
Extra post(s) (FTE)				

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11 SUMMARY SHEET**

SERVICE AREA : Residential & Nursing Care Reduction **Proposal No: ASC – R1
of Care Management Commissioning Budget**

Purpose of Service:

Commissioning and contracting of residential and nursing home placements for ASC service users who have substantial and critical social care needs.

**Details of Proposed Reduction:
SUMMARY SHEET FOR PROFORMA R1a to R1e**

**To reduce service user placements in residential and nursing care and increase range of flexible
community support including people's existing homes**

To reduce service users placed in residential and nursing care and support more people in the community. Target
Group : All service user groups

To provide service users with more suitable and cost effective alternatives to long term residential care.

To continue the roll out of the national 'Care Funding Calculator tool' (CFC) as the basis for negotiating with independent providers for high cost residential and nursing home placements to achieve reduced costs on existing placements. This is currently being focused on residential care packages with a weekly cost of over £750 and is primarily related to Learning Disability, Mental Health and Physical Disability client groups. All existing and new care packages over £750 will have been through the CFC by the end of 2011.

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SLEP (service plan)

Use of Residential care has declined over a number of years as service users choose to stay in their own homes with community services support. As community services, particularly reablement and intermediate care services expand and integrate with health, service users will have increased choice about how they are supported. Evidence has shown that high needs can be met in the community at a lower price and with improved outcomes. Service users will have a personal budget based on assessed need and risks produced using the Resource Allocation System to purchase flexible community care services. Those who can not be supported at home and/or with complex needs will still access residential or nursing home care.

Use of the Care Funding Calculator will support ASC to have a consistent approach across the independent and voluntary sector market to prices to meet need. This is a tool used across the country, with other councils already reporting high success rates in reducing provider price reductions particularly with large national providers.

Leicester City ASC started the roll out of use in 10/11, and has had similar success, as more workers are trained on its application which requires a full reassessment to be done, it will be used across all existing and new high cost residential and nursing home placements to produce further savings.

Date of earliest implication/ date of proposed implication

Date: 1st April 2011

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	34,632	0	0	0
Income	(8,737)	0	0	0
Net Total	25,895	(1,193)		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)	N/A	0	0	0

Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

**SERVICE AREA : Residential & Nursing Care Reduction Proposal No: ASC – R1a
of Care Management Care Commissioning Budget**

Purpose of Service:

Commissioning and contracting of residential and nursing home placements for ASC service users who have substantial and critical social care needs. **Reduction in Provider Price**

Details of Proposed Reduction:

From Residential/Nursing to Reduced Cost Residential/Nursing

To reduce the cost of 11 existing residential placements through a reassessment and new care plan and negotiate new cost with the provider.

Target Group : Learning Disability (2) Older People(4), Older Persons MH(3), Physical Disability(2)

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

These service users are likely following reassessment to have continued substantial and critical needs, however since admission to residential care their needs have changed, they have adjusted and settled into their environment and through reassessment reduced needs will be identified and the cost of the care package reduced.

The current average net weekly cost of these people's support is £602 per week. This will reduce down to £283 per week. It is assumed that the impact of these changes will be seen for 6 months of the year (i.e. on average, these clients will change packages half way through the year).

Date of earliest implication/ date of proposed implication

Date: **September 2011**

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	34,632	0	0	0
Income	(8,737)	0	0	0
Net Total	25,895	(92)		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)	0	0	0	0
Post(s) deleted (FTE)	0	0	0	0
Current vacancies (FTE)	0	0	0	0
Individuals at risk (FTE)	0	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

**SERVICE AREA : Residential & Nursing Care Reduction Proposal No: ASC - R1b
of Care Management Commissioning Budget**

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria **Supported Living**

Details of Proposed Reduction:

From Residential/Nursing Care move to Supported Living.

To increase life chances and opportunities for existing service users with a Learning Disability and young people who are coming through/transferring from Childrens services offering more choice and control through reducing number placed, and offering community packages for existing service users in residential care. Total number of service users affected 26. Target group : Learning Disability

The current average net weekly cost of these people's support is £575 per week. This is projected to reduce to £319 per week. It is assumed that the impact of these changes will be seen for 6 months of the year (i.e. on average, these clients will change packages half way through the year).

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

The proposal is to move existing learning disability clients out of a residential setting into community-based supported living arrangements and enabling them to have greater access to mainstream community facilities including employment and leisure opportunities. This will also involve a greater focus in directing learning disability clients who transition from Children's services into supported living rather than into residential placements.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
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Effects of Changes on budget	Proposed Reduction			
	Existing Budget			
Staff	0	0	0	0
Non Staff Costs	34,632	0	0	0
Income	(8,737)	0	0	0
Net Total	25,895	(173)		
Staffing Implications		2011-12	2012-13	2013-14
Current service staffing (FTE)	0	0	0	0
Post(s) deleted (FTE)	0	0	0	0
Current vacancies (FTE)	0	0	0	0
Individuals at risk (FTE)	0	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

**SERVICE AREA : Residential & Nursing Care Reduction Proposal No: ASC - R1c
of Care Management Care Commissioning Budget**

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria (Extra Care)

Details of Proposed Reduction:

From Residential/Nursing Care move to Extra Care

To reduce service users placed in residential and nursing care and divert to Extra Care. Target Group : Learning Disabilities (2), Older People (33)

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

The majority of service users placed in residential and nursing care are frail older people, increasingly service users who are placed, have complex needs and are much older having stayed in their own home as long as possible. The residential and nursing home service user group consequently has a high attrition rate due to death rates. Based on average death rates, diverting new clients into Extra Care facilities and increasing availability of community services 35 clients will receive community based support rather than a residential placement. A small number of existing residential home service users who have been placed due to lack of availability of suitable housing and community support will be reassessed and offered a community package. A new Extra Care facility ' Wolsey' comes on line in April 2011 which provides additional capacity for some of this group. In addition the use of community support, equipment and other forms of Assistive Technology (AT) will be provided in service users own homes and in existing Sheltered Accommodation to provide non buildings based 'Extra Care'.

The current average net cost for these clients is £283 per week, and this is expected to fall to £232 per week. It is anticipated that an extra care facility will be available at the beginning of 2011/12 and additional AT and community support to accommodate these clients, so the expectation is that the savings for 31 clients will be for a full 12 months, with 6 months savings for the remaining 4 clients.

Date of earliest implication/ date of proposed implication

Date: April 1st 2011

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	34,632	0	0	0
Income	(8,737)	0	0	0
Net Total	25,895	(68)		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)	0	0	0	0
Post(s) deleted (FTE)	0	0	0	0
Current vacancies (FTE)	0	0	0	0
Individuals at risk (FTE)	0	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

**SERVICE AREA : Residential & Nursing Care Reduction Proposal No: ASC - R1d
of Care Management Commissioning Budget**

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria **Assisted Accommodation Existing Service Users**

Details of Proposed Reduction:

From Residential/Nursing Care move to Assisted Accommodation

To reduce reliance on residential care and reduce cost of community care packages. This will affect 152 clients. The average current net cost for these clients is £318 per week. Under assisted accommodation arrangements this is expected to reduce to £188 per week. Target Group : Adult Mental Health (68), Learning Disability (32), Older Persons Mental Health (35), Older People (15), Physical Disability (2)

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

Use of Residential care has declined over a number of years as service users choose to stay in their own homes with community services support. As community services particularly reablement and intermediate care services expand and integrate with health, service users will have increased choice and higher levels of need can be supported at home at a lower price. Leicester City has an East Midlands Joint improvement programme funded project for adult mental health as we are one of the highest spend areas in residential care in our LA comparator family.

The proposal is for the development of assisted accommodation schemes, which is set out in the Supported Housing strategy which includes increased access of AT, KeyRing schemes, sheltered accommodation and community based support packages. It is expected that on average these changes will take place half way through the year. Through reassessment and use of the Resource Allocation system (RAS) based on assessed needs and risks all existing service users and new service users will receive an individual budget which they can use to purchase their own care and support, or the local authority can broker the support package on their behalf with community providers.

Date of earliest implication/ date of proposed implication

Date: April 1st 2011

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	34,632	0	0	0
Income	(8,737)	0	0	0
Net Total	25,895	(512)		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)		0	0	0
Post(s) deleted (FTE)		0	0	0
Current vacancies (FTE)		0	0	0
Individuals at risk (FTE)		0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

**SERVICE AREA : Residential & Nursing Care Reduction Proposal No: ASC - R1e
of Care Management Commissioning Budget**

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria **Direct Payments/Personal Budgets**

Details of Proposed Reduction:

From Residential/Nursing Care move to Personal Budgets/Direct Payments

To reduce reliance on residential care and reduce cost of community care packages Target Group : Older people(18),Older Persons Mental Health (27), Physical Disability (1)

The current net cost of supporting these residents is £254 per week. It is projected that this will fall to an average of £105 per week, and that this saving will be seen for 12 months.

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

The majority of service users placed in residential and nursing care are frail older people; increasingly service users who are placed, have complex needs and are much older having stayed in their own home as long as possible. The residential and nursing home service user group consequently has a high attrition rate due to death rates. Based on average death rates, converting existing service users from traditional care packages through reassessment on to personal budgets and diverting new service users, together with increased availability of community services savings will be achieved and outcomes improved.

Date of earliest implication/ date of proposed implication

Date: 1st April 2011

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	34,632	0	0	0
Income	(8,737)	0	0	0
Net Total	25,895	(348)		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

SERVICE AREA : Reduction of Care Management		Proposal No: ASC - R3		
Commissioning Budget – Implementation of Individual Budgets/Independent Home Care Sector and Eligibility				
<u>Purpose of Service:</u> Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria				
<u>Details of Proposed Reduction:</u> SUMMARY SHEET FOR PROFORMAS R3a TO R3c Target group : All service user groups				
Move from Private Sector Home Care				
Increase numbers of service users with a personal budget allocated through assessed need and use of Resource Allocation System (RAS) and increased use of voluntary sector providers				
Improved application of eligibility criteria of substantial and critical needs and improved advice/assessment of charging/financial contribution towards care package				
Reassessment of existing clients who do not have substantial and critical needs and diversion to community based provision not commissioned by ASC				
These proposals are expected to affect 857 service users which includes a proportion of existing service users and new service users that may have previously received expected to receive a service due to inconsistent application of the eligibility criteria.				
<u>Type of Reduction (delete as appropriate)</u> Efficiency Cash Releasing				
<u>Service Implications (including impact on One Leicester) & link to SLEP (service plan)</u> Implementation of the new assessment process in line with Putting People First is now completed with all new service users assessed using self assessment, community care assessment and the Resource Allocation System and then offered a Personal Budget. They then can broker their own care package or use ASC to support plan and broker a package. During 10/11 partial implementation has seen an increased use of voluntary sector and independent providers including Personal Assistants and family members which has reduced costs of individual care packages. The impact of all new service users going through this system will further reduce individual care package costs in 11/12. Voluntary sector providers are increasingly responding to this market shift and offering services at a lower cost than local authority and independent sector providers due to lower overheads and not having the requirement to produce a surplus for shareholders.. An example of this shift is a Learning Disability voluntary sector provider ‘ Ansaar’ which is looking to develop its day services provision, which is currently funded through fund raising but in the future service users will be able to use an element of their personal budget to pay for use of this service. Implementation of the new care management care pathway with a Single Point of Access (SPA), supported by a full implementation of the new assessment process will ensure that the existing substantial and critical needs eligibility is applied consistently and that service users are clear about the financial contribution (based on assessed need) they will need to make to care packages at an early point. All existing clients with low level support packages that do not have substantial and critical needs will have a reassessment in 11/12 and will be offered advice and guidance on non ASC prevention and community support services.				
<u>Date of earliest implication/ date of proposed implication</u> Date:				
<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>

Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	9,827	0	0	0
Income	(1,911)	0	0	0
Net Total	7,916	(1,574)		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

**SERVICE AREA : Reduction of Care Management
Commissioning Budget – Implementation of Personal
Budgets/Independent Home Care Sector**

Proposal No: ASC - R3a

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria **Independent Sector Home Care/Existing Service Users**

Details of Proposed Reduction:

Move from Private Sector Home Care to Personal Budgets

Increase numbers of service users with a personal budget allocated through assessed need and use of Resource Allocation System (RAS). This applies to existing service users who will be reassessed and new service users assessed using the new system and moved onto a Personal Budget. Target Group : Adult Mental Health (6), Learning Disabilities (20), Older People (211), Older Persons Mental Health (110), Physical Disabilities(103).

The proposal is for an additional 450 clients to arrange their support in this way. The current average net weekly cost for these people is £96 per week. It is anticipated that this will reduce to £77 per week. It is assumed that these savings will be seen for 9 months of the year.

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

The current commissioning of home care through the traditional model of assessed needs and placing of a contract with provider reduces flexibility, choice and control for the service user. Through a Personal budget allocation, service users will have an allocated amount of money with which they can either broker their own support, such as employing a Personal Assistant, pooling a budgets with other service users or employing a family member. Alternatively they can ask ASC to broker a package on their behalf. The Transformation team in ASC is actively working with the wider market to respond to the increasing use of personal budgets, developing an accreditation process for small providers and increased flexibility and reduced costs are being delivered as the market responds.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	9,827	0	0	0
Income	(1,911)	0	0	0
Net Total	7,916	(333)		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

	Budget				
Staff	0	0	0	0	0
Non Staff Costs	9,827	0	0	0	0
Income	(1,911)	0	0	0	0
Net Total	7,916	(380)			
Staffing Implications		2011-12	2012-13	2013-14	
Current service staffing (FTE)	N/A	0	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0	0
Current vacancies (FTE)	N/A	0	0	0	0
Individuals at risk (FTE)	N/A	0	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

**SERVICE AREA : Reduction of Care Management
Commissioning Budget – Increased use of Assistive
Technology/Eligibility**

Proposal No: ASC - R3c

Purpose of Service:
Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria **Universal Services**

Details of Proposed Reduction:

Move from Private Sector Home Care to Universal Services

Improved application of eligibility criteria of substantial and critical needs and improved advice/assessment of changing/financial contribution towards care package Target Group : Adult Mental Health (1), Learning disabilities (3), Older People (212), Older Peoples Mental Health (22), Physical Disabilities(6)

Reassessment of existing clients who do not have substantial and critical needs, provision of Assistive Technology (AT) and diversion to community based provision not commissioned by ASC
It is anticipated that 244 clients will no longer rely on the long term support of the authority. The current net cost of meeting their needs is £90 per week. It is assumed that these savings can be made for 9 months in 2011/12.

Type of Reduction (delete as appropriate)
Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

Following a needs assessment and allocation of a Personal Budget, service users receive a financial assessment and dependent on income and savings make a contribution towards the cost of their care package. For a small proportion of service users provision of Assistive Technology and/or housing changes would enable them to have their needs met without an ongoing care package and reduce cost to ASC and also result in them not having to make a financial contribution. These service users will be reassessed and AT and/or small equipment purchased.

All existing clients with low level support packages that do not have substantial and critical needs will have a reassessment in 11/12 and will be offered advice and guidance on non ASC prevention and community support services.

Date of earliest implication/ date of proposed implication

Date: 1st April 2011

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	9,827	0	0	0
Income	(1,911)	0	0	0
Net Total	7,916	(861)		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

SERVICE AREA : Reduction of Care Management **Proposal No: ASC - R4**
Commissioning Budget – Independent Sector Day Care

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria. **Independent Sector Day Services**

Details of Proposed Reduction:

SUMMARY SHEET FOR PROFORMAS R4a – R4c

Target group : All service user groups

Move from Private Sector Day Care

Increase numbers of service users with a personal budget allocated through assessed need and use of Resource Allocation System (RAS). This applies to existing service users who will be reassessed and new service users assessed using the new system and provided with a Personal Budget.

It is calculated that 235 service users who currently access independent sector day services and the provision of a personal budget and reducing over commissioning where residential care is also commissioned will deliver this budget reduction

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SLEP (service plan)

Some existing service users in residential care also access independent sector day care services resulting in over commissioning. Reassessment of these service users, alongside contract negotiation with independent sector providers will reduce the cost of these care packages but retain the requirement for providers to support service users to access a range of social inclusion activities including those available in the wider community.

In addition through the allocation of a Personal Budget and support planning and brokerage service users will be enabled to access more flexible and lower cost social inclusion and day activities provided by the voluntary sector and available to the wider community such as leisure services. ASC is working with other divisions in the city council to maximise the access for people with disabilities to council provided community facilities and also looking at how the use of personal budgets can provide a new income generation stream for services such as leisure centres.

Date of earliest implication/ date of proposed implication

Date: 1st April 2011

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	571	0	0	0
Income	0	0	0	0
Net Total	571	(96)		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

SERVICE AREA : Reduction of Care Management **Proposal No: ASC - R4a**
Commissioning Budget – Independent Sector Day Care

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria **Independent Sector Day Services**

Details of Proposed Reduction:

Move from Private Sector Day Care to Direct Payments/Personal Budgets

Increase numbers of service users with a personal budget allocated through assessed need and use of Resource Allocation System (RAS). This applies to existing service users who will be reassessed and new service users assessed using the new system and provided with a Personal Budget. Target Group: Learning Disabilities (14), Older People (87), Older Persons Mental Health (19), Physical disabilities (14).

The proposal is for an additional 131 clients to arrange their support in this way. The current average net weekly cost for these people is £53 per week. It is anticipated that this will reduce to £47 per week. It is assumed that these savings will be seen for 6 months of the year.

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

Through the allocation of a Personal Budget and support planning and brokerage service users will be enabled to access more flexible and lower cost social inclusion and day activities provided by the voluntary sector and available to the wider community such as leisure services. Increasing numbers of service users will use PA's to access community opportunities including employment, education and volunteering. ASC is working with other divisions in the city council to maximise the access for people with disabilities to council provided community facilities and also looking at how the use of individual budgets can provide a new income generation stream for services such as leisure centres.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	571	0	0	0
Income	0	0	0	0
Net Total	571	(21)		
Staffing Implications		2011-12	2012-13	2013-14
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

SERVICE AREA : Reduction of Care Management **Proposal No: ASC - R4b**
Commissioning Budget – Independent Sector Day Care

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria **Independent Sector Day Services**

Details of Proposed Reduction:

Move from Private Sector Day Care to Voluntary Sector

Increase numbers of service users with a personal budget allocated through assessed need and use of Resource Allocation System (RAS). This applies to existing service users who will be reassessed and new service users assessed using the new system and provided with a Personal Budget. Target Group : Adult Mental Health (3), Learning Disability (3), Older People (69), Older People Mental Health (5), Physical Disability (5)

The proposal is for 85 clients to receive support from voluntary sector organisations instead of receiving their support from the Independent sector. The current average net weekly cost for these clients is £49 per week. The total investment that will be made to the voluntary sector in year 1 to support these clients for 6 months is £49,000.

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

Through the allocation of a Personal Budget and support planning and brokerage service users will be enabled to access more flexible and lower cost social inclusion and day activities provided by the voluntary sector and available to the wider community such as leisure services. Increasing numbers of service users will use PA's to access community opportunities including employment, education and volunteering.

Voluntary sector providers are increasingly responding to this market shift and offering services at a lower cost than local authority and independent sector providers. An example of this shift is a Learning Disability voluntary sector provider ' Ansaar' which is looking to develop its day services provision, which is currently funded through fund raising but in the future service users will be able to use an element of their personal budget to pay for use of this service. Existing more traditional providers in the Independent sector historically has struggled to deliver personalised services that respond to individual needs for example culture and religion. Through the market management work small voluntary sector providers in the city are being targeted and supported to shift their business model from one reliant on grants to an ability to respond to individual budgets and develop their workforce. The major advantage the voluntary sector has in the new individual budget market is that it is able to operate with lower overhead costs due to not having the requirement to produce surplus for shareholders dividends, it can therefore be viable and offer a lower unit cost. ASC transformation will be a major contributor to supporting the voluntary sector in Leicester over the next 3 years.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	571	0	0	0
Income	0	0	0	0
Net Total	571	(49)		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>

Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

SERVICE AREA : Reduction of Care Management

Proposal No: ASC - R4c

Commissioning Budget – Increased use of Assistive Technology/Reduced use of Independent Sector Day Care

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria **Independent Sector Day Services to universal services**

Details of Proposed Reduction:

Move from Private Sector Day Care to Universal Services

Improved application of eligibility criteria of substantial and critical needs and improved advice/assessment of changing/financial contribution towards care package. Target Group : Learning Disabilities (1), Older People (17), Older Persons Mental Health (1).

Reassessment of existing clients who do not have substantial and critical needs and diversion to community based provision not commissioned by ASC. Reassessment of existing clients who do not have substantial and critical needs, provision of Assistive Technology (AT) and diversion to community based provision not commissioned by ASC.

It is anticipated that 20 clients will no longer rely on the long term support of the authority through these means. The current net cost of meeting their needs is £50 per week. It is assumed that these savings can be made for 6 months in 2011/12.

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

Implementation of the new care management care pathway with a Single Point of Access (SPA), supported by a full implementation of the new assessment process will ensure that the existing substantial and critical needs eligibility is applied consistently and that service users are clear about the financial contribution (based on assessed need) they will need to make to care packages at an early point.

All existing clients with low level support packages that do not have substantial and critical needs will have a reassessment in 11/12 and will be offered advice and guidance on non ASC prevention and community support services.

Following a needs assessment and allocation of a Personal Budget, service users receive a financial assessment and dependent on income and savings make a contribution towards the cost of their care package. For a small proportion of service users provision of Assistive Technology and/or housing changes would enable them to have their needs met without an ongoing care package at reduced cost to ASC and also result in them not having to make a financial contribution. These service users will be reassessed and AT and/or small equipment purchased.

Date of earliest implication/ date of proposed implication

Date:

Financial Implications of Proposal	2010-11	2011-12	2012-13	2013-14
	Effects of Changes on budget			
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	571	0	0	0
Income	0	0	0	0
Net Total	571	(26)		

Staffing Implications		2011-12	2012-13	2013-14
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

SERVICE AREA : Reduction of Care Management **Proposal No: ASC - R5**
Commissioning Budget - Extra Care

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria **Extra Care**

Details of Proposed Reduction:

SUMMARY SHEET FOR PROFORMAS R5a – R5b

Target Group : Adults and Older people Mental Health

Move from Extra Care

Allocation of specifically designed housing and increased use of Assistive Technology and equipment to provide 'Extra Care' housing support within their existing home reducing the cost of care packages.

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

The proposal is for the development of assisted accommodation schemes, which is set out in the Supported Housing strategy which includes increased access of AT, KeyRing schemes, sheltered accommodation and community based support packages.. It is expected that on average these changes will take place half way through the year. Increased use of Telecare by the NHS will also support a reduction of cost of care packages.

Through reassessment and use of the Resource Allocation system (RAS) based on assessed needs and risks all existing service users and new service users will receive an individual budget which they can use to purchase their own care and support, or the local authority can broker the support package on their behalf with community providers.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	n/a	0	0	0
Income	n/a	0	0	0
Net Total	n/a	(17)		
Staffing Implications		2011-12	2012-13	2013-14
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

SERVICE AREA : Reduction of Care Management **Proposal No: ASC - R5a**
Commissioning Budget - Extra Care

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria

Details of Proposed Reduction:

Move from Extra Care to Assisted Accommodation

It is proposed that by moving 3 clients from existing Extra Care facilities (or by redirecting those clients who would otherwise have received such services) towards assisted accommodation arrangements. Target Group : Adult Mental Health (3).

The current net cost of these clients is £268 per week, and this could fall to £127 per week. these savings are expected to be made for 6 months in 2011/12.

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SLEP (service plan)

The proposal is for the development of assisted accommodation schemes, which is set out in the Supported Housing strategy which includes increased access of AT, KeyRing schemes, sheltered accommodation and community based support packages. It is expected that on average these changes will take place half way through the year. Increased use of Telecare by the NHS will also support a reduction of cost of care packages.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	n/a	0	0	0
Income	n/a	0	0	0
Net Total	n/a	(11)		
Staffing Implications		2011-12	2012-13	2013-14
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

SERVICE AREA : Reduction of Care Management **Proposal No:** ASC - R5b
Commissioning Budget - Extra Care

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria

Details of Proposed Reduction:

Move from Extra Care to reduced cost Extra Care

It is proposed that a general reduction be made to the total amount of money being currently spent on clients in receipt of extra care services, and that this be 5% in 2011/12. Target Group : Older persons Mental Health (12) This would be achieved through a process of targeted reviews, increased use of Assistive Technology and negotiation with current providers of those higher cost packages of care.

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

Using the Care Funding Calculator will support ASC to have a consistent approach across the independent and voluntary sector market to prices to meet need. This is a tool used across the country and in the East Midlands is used by other councils to reduce prices effectively particularly with large national providers. It has already had significant success with providers in 10/11 and as more workers are trained on its application and will be using it for all existing and new high cost care packages including day care and Supported Living to deliver these savings.

A reassessment and application of the Resource Allocation System producing a Personal Budget will drive down the costs charged by providers

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	n/a	0	0	0
Income	n/a	0	0	0
Net Total	n/a	(6)		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

SERVICE AREA : Reduction of Care Management **Proposal No: ASC - R7**
Commissioning Budget -Direct Payments

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria

Details of Proposed Reduction:

Direct Payments/Personal Budgets

Reduce cost of existing personal budget allocations that are administered as a Direct Payments by 7% in 11/12.
 Target Group : Adult Mental Health (41), Learning Disability (130), Older People (110), Older Persons Mental Health (22), Physical disability (190)

This could affect up to 493 people, which is approximately the current number of people in receipt of a direct payment.

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

This will be delivered by a combination of reassessment of existing service users using the refined Resource Allocation System, application of the Care Funding Calculator and negotiation with providers, maximising the potential to pool funding streams offered by the 'Right to Control' pilot and more creative support planning and brokerage. The LA will also retain any surplus amount allocated in a personal budget which is not used by the package developed through the support planning and brokerage process.

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	3,824	0	0	0
Income	0	0	0	0
Net Total	3,823	(342)		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11

SERVICE AREA : Voluntary Sector Contracts

Proposal No: ASC – R9

Purpose of Service:

Provision of a range of services to ASC Service Users

Details of Proposed Reduction:

Voluntary Sector Contracts

There will be a complete review of voluntary sector contracts to ensure a focus on prevention and reablement. This proforma shows a reduction of £200k but overall there will be an overall increase in investment in the voluntary sector in 2011/12 of £89k.

There will be a significant change in the relationship between the council and the voluntary sector over the next few years as the council will move away from directly commissioned services. This will be replaced by personal budgets provided to service users who will decide what services to buy including those on offer from the voluntary sector.

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SLEP (service plan)

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	6,302	0	0	0
Income	(431)	0	0	0
Net Total	5,871	(200)		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

SERVICE AREA : Transport

Proposal No: ASC – R10

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria

Details of Proposed Reduction:

Transport

Transport to access services is currently commissioned on an individual basis. ASC is currently undertaking a transport review in conjunction with other divisions to improve the current arrangements for procurement of transport including use of in house services and taxis. In addition current taxis journeys commissioned for complex cases are being individually reviewed and lower process negotiated with taxi companies. Alongside this ASC is developing a model for delivering training for young people and people with disabilities to support them to use public transport. Target group : All service user groups

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

Improved Procurement . This will be delivered by targeting high cost transport journeys and through the annual review/reassessment process negotiating with taxi companies reduced costs and through the new framework contract coordinated by Regeneration and Culture

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	2,726	0	0	0
Income	0	0	0	0
Net Total	2,726	(200)		
Staffing Implications				
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11

SERVICE AREA : Increased Income

Proposal No: ASC – R11

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria which are chargeable following financial assessment

Details of Proposed Reduction:

Increased Income

The council currently provides some services 'free' and charges for others. This is incompatible with the introduction of personal budgets as it results in some service users subsidising others. In future all services will be charged at cost. This will increase income which will subsequently be put back into the monies available for distribution to all service users.

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SLEP (service plan)

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
<u>Effects of Changes on budget</u>				
	Existing Budget	Proposed Reduction		
Staff	0	0	0	0
Non Staff Costs	0	0	0	0
Income	(2,377)	0	0	0
Net Total	(2,377)	(500)		
<u>Staffing Implications</u>				
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

SERVICE AREA : Continuing Health Care

Proposal No: ASC – R12

Purpose of Service:

Commissioning and contracting of care packages to meet assessed community care needs in line with ASC eligibility criteria which are chargeable following financial assessment

Details of Proposed Reduction:

Continuing Health Care

Reduction in care packages where service users needs have increased and are now eligible for CHC funding which are funded by the NHS and free at the point of contact. Target Group : All service user groups

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

Revised CHC guidance and supporting business processes for all care management teams and finance teams have been issued to ensure that those whose needs have increased, are prioritised for review and transferred to CHC funding responsibility

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
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Effects of Changes on budget	Existing Budget		Proposed Reduction			
Staff	0	0	0	0	0	0
Non Staff Costs	0	0	0	0	0	0
Income	(2,675)	0	0	0	0	0
Net Total	(2,675)	(100)				
Staffing Implications		2011-12	2012-13	2013-14		
Current service staffing (FTE)	N/A	0	0	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0	0	0
Current vacancies (FTE)	N/A	0	0	0	0	0
Individuals at risk (FTE)	N/A	0	0	0	0	0

**ADULT SOCIAL CARE
BASE BUDGET REDUCTION PROPOSAL 2010-11**

SERVICE AREA : Operating Cost Reduction - Day Services **Proposal No: ASC – R13**

Purpose of Service:

In House - directly provided day services operating and management costs

Details of Proposed Reduction:

Reduced cost – In House Day Services

Reduction in operating costs including management costs for directly provided day services

Type of Reduction (delete as appropriate)

Efficiency Cash Releasing

Service Implications (including impact on One Leicester) & link to SIEP (service plan)

Improved efficiency of staffing costs, management staffing reduction due to vacancy control and reduction of other non service user costs

Date of earliest implication/ date of proposed implication

Date:

<u>Financial Implications of Proposal</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Effects of Changes on budget				
	Existing Budget	Proposed Reduction		
Staff	1,207	0	0	0
Non Staff Costs	215	0	0	0
Income	(169)	0	0	0
Net Total	1,253	(85)		
Staffing Implications		<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
Current service staffing (FTE)	N/A	0	0	0
Post(s) deleted (FTE)	N/A	0	0	0
Current vacancies (FTE)	N/A	0	0	0
Individuals at risk (FTE)	N/A	0	0	0