

2011/12 Financial Year	Revised In Year Savings	FYE of Savings	Risks/Impact of Proposals
(1) Residential & Nursing Home Placements	100	150	
Attrition of Preserved Rights Clients	0		Occurs naturally - but savings for 11/12 already built into forecast overspend.
Reduction in residential placements	50	50	This is part of the way care is now delivered but increases fragility of care home market which is currently under huge pressure. Need to consider impact of demographics in these figures.
Opening of Dunboyne (Relocate current care home clients/determine feasibility of transferring LD clients)	50	100	This will have a positive impact on those clients who are assessed as suitable for placements & packages of care should reduce on transfer.
(2) Domiciliary Care	235	685	
Renegotiation of contracts and hourly rates for Tier 1 - four main providers	60	120	Allows Trust to negotiate a better rate which is in line with neighbouring local authorities. Clients may prefer to accept a direct payment should their current provider not achieve AWP status.
Any Willing Provider (AWP) process for Tier 2 - lower hourly rates	25	65	Looking to work with providers to lower their unit costs so as not to compromise the quality of care. (Excludes LD as those reductions captured elsewhere.)
Actively review and intensively reable clients - equates to potentially a 10% reduction in client numbers with average size packages of care (i.e. 7.5 hrs)	150	500	Dom care providers experiencing financial pressures - risk of destabilising the market. (Review of clients through resource allocation system (RAS). Need to take into accounts an individual's carer/family support mechanisms and work with providers to review care packages more frequently to reduce services once outcomes achieved.)
(3) Other Reductions in Volume/Service Levels	350	730	
Respite/Short Term Placements - reduce frequency of respite care and/or tighten threshold for when give	30	75	Likely to be resisted by existing clients/carers/families.
Robust Adherence to Cost, Risk & Choice Policy - policy enables people to remain in their own homes. (Currently allows a 20% 'top up' over and above the cost of a care home placement.)	50	100	May impact on the number of clients admitted to a care home if this policy is strictly adhered to. Impact more likely to be felt on long standing clients. (Transitional arrangements required for those clients affected the most?) Currently 132 clients fall into this category with the exception of LD clients. Need to liaise with each client on a case by case basis. Must ensure we fulfil our statutory obligations. Need to understand impact of families and carers. (Not all of the 132 will be affected.)
Contract management: * stricter contract management * maximise use of block beds at St Kilda * on-hold packages of care	75	150	Need to ensure transitional arrangements in place for clients whose RAS assessment varies greatly from the level of funding currently received.
Fairer Charging Policy	15	50	Some clients will be required to contribute more. Follows national charging mechanisms.
LD high cost clients (In 2011/12 mainly concentrates on reduction in high cost packages of care, i.e. adherence to RAS and Choice, Cost and Risk Policy which are not	75	250	Risk that safeguarding issues may not be picked up as easily. Impact on individual's quality of life. May lead to closure of in-house services and rationalisation of private sector.
Reduced day services for older people	105	105	Seeking to offer clients alternatives which hopefully reduce their social isolation and increase their independence at the same time. It's therefore about market development and allowing clients to use their personal budget in different ways which better meet their outcomes.
TOTAL	685	1,565	

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(1) Residential & Nursing Home Placements	0	380	
Attrition of Preserved Rights Clients		200	Occurs naturally
Reduction in residential placements		150	The reality of achieving these numbers will be challenging. Also impacts on the fragility of the care home market.
Reduction in nursing placements		30	
(2) Reduce Domiciliary Care	0	600	
Actively review and intensively reable clients - equates to potentially a 10% reduction in client numbers with average size packages of care (i.e. 7.5 hrs)		500	Over and above 11/12 savings - basically working towards 1/3rd less dom care from strict adherence to FACS/RAS etc.

Reduce further the average hourly rate we pay providers		100	In view of difficulties to reduce prices this year further price drops unlikely.
(3) Other Reductions in Volume/Service Levels	0	1,438	
Reduced reliance on day services for older people		50	Through market development find cheaper alternatives which meet outcomes for clients.
Reduce Choice, Cost & Risk Policy threshold to 10% or zero.		100	Greater financial benefits is uplift is zero. Transition arrangements for current clients may be required. Further work required to fully understand extent of savings.
LD clients with multiple services		110	Risk that safeguarding issues may not be picked up as easily. Impact on individuals quality of life. May lead to closure of in-house services and/or rationalisation of private sector. (Assumes half of savings would require reinvestment into residential care in order for them to staff daytimes accordingly.)
Reduce services to LD clients at risk of offending where contribution not related to social care, due to their high risk behaviour (estimated)			Impact on other partner agencies. LD clients more vulnerable to offending thus leaving people in the community at greater risk. Savings dependent upon implementation date.
Changes to community alarms		50	Restrict alarms to 3 months paid for by TCT.
Implementation of CES Retail Model		60	Relies on use of prescriptions for issuing equipment rather than staff/PLUSS collecting and delivering.
TCT to no longer provide community meals - allow 3rd sector organisation to manage this contract			May not result in financial savings but could reduce frontline staff time required.
<u>Ops Staff & In-House Services</u>			
<u>Risk Share Savings</u>			
In-House Services & Staffing Savings @ 4%		368	Year on year 4% savings become increasingly difficult with the potential impact on safety and quality.
Back office efficiencies		500	Fewer staff in post to manage change process. Lack of knowledge in remaining staff.
Close some in-house LD units (Current cost approx. £3m p/a - Estimated savings value only)		200	Suggestion is to close 1 of the 3 day centres.
TOTAL	0	2,418	