

Budget Proposals 2012/13: Internal/Minor Decision: Combined Impact Assessment: Initial Review (Part 1)

Business Unit	Adult Social Care Services	Proposal:	Reduce Expenditure on Domiciliary Care and Day Service Clients
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The council and its partners are facing a significant challenge in the savings it needs to make over the next couple of years. This Impact Assessment Initial Review has been developed as a tool to enable business units to:

- Fully consider the impact of proposed changes on the community
- Be the basis for engagement with those potentially affected
- Ensure clarity on the extent of saving that can be made during 2011/12 commencing for 1 April
- Justify the Council's decision making process if challenged

This initial review will allow Councillors and members of the public to understand proposed changes so that they are best placed to provide their feedback.

Following this initial review and any consultation / engagement activity you have undertaken you must complete a Part 2 Review which is the second part to this Combined Impact Assessment. Together the whole impact assessment will evidence that you have fully considered the impact of your proposed changes and carried out appropriate consultation on those changes with the key stakeholders.

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Business Unit:	Operations Directorate - TCT	Department:	Business Planning & Performance
Date	2nd September '11		

Summary from Overall Proposal (Updated as required)

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 If earlier or later state date	Risks / impact of proposals <ul style="list-style-type: none"> Potential risks Impact on community Knock on impact to other agencies/partners/departments 	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
<ul style="list-style-type: none"> Actively review and intensively re-able dom care clients Reduce hourly rates paid to providers Reduce short-term placements for respite care Reduce reliance on traditional day services 	0	1,000 285 75 105	Main implementation costs contained within in-house staffing levels. However, may require a certain level of pump priming to engage dom care providers and secure different ways of working	01/12 12/11 12/11	<ul style="list-style-type: none"> Substantial service reductions expected which will impact on financial viability of some providers and/or staff employment Cultural shift and change in mind-set of staff and clients needed; must promote independency and reduced reliance on social care services Must work closely with providers to help reduce their cost base so as not to impact on the quality of care as hourly rates for providers decrease Reducing short-term placements will impact on the care home market which is already experiencing high vacancy levels 	√		
Savings/Costs	0	1,465						

Overall Saving 2011/12	£865k which is already incorporated into the above figure
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Stage 1: Impact Assessment

No	Question	Details
1.	Additional details of proposed change – If required	Size of savings required in domiciliary care is likely to amount to approx. 30% of the current budget. The size of the challenge is therefore immense and achievement against the proposed savings is consequently classed as “red” rated.
2.	Who will this affect?	The majority of domiciliary care clients who are classed as having “substantial” (as opposed to “critical”) needs. (Please note: reduced reliance on day services already being experienced and seen as clients are opting for alternative services.)
3.	How will it affect them?	Packages of care are likely to be provided on a temporary basis with a greater focus on intensive re-ablement which should reduce the reliance on long-term packages. The Care Trust will actively promote independence and help clients to seek support from the wider community. We are also working with dom care providers to identify different ways of supporting care needs that help reduce costs at the same time, e.g. reducing isolation - one carer organising a trip out and looking after multiple clients at the same time.
4.	Which vulnerable groups, if any, will be specifically affected?	Mainly elderly. (LD clients affected are covered in the LD client savings scheme.)
5.	Will the proposed change make people vulnerable who might not be considered as such now?	Yes – reduced level of care provided to current clients. Preventative services unlikely to given to new clients (and existing clients) with lower level needs that do not meet Fair Access to Care substantial/critical criteria.
6.	What, if any, alternative provision available to those affected?	Moving away from traditional care and focussing on each individual’s outcomes should hopefully mitigate the costs of any unnecessary care being provided e.g. how we help them achieve the 3 most important things for them. With more frequent reviews taking place, packages of care will reduce in a timely fashion rather than await the annual review process.
7.	How many people do you think will be affected?	Potentially 80% of domiciliary care clients, i.e. over 1000
8.	Knock on impact to any other agency / voluntary sector group?	Reduction in the number of staff employed by dom care agencies and a very slight reduction in the number of care homes beds used as short-term placements decrease

No	Question	Details
9.	Any implementation / set up costs?	May be required to incentivise dom care providers to work differently

Stage 2: Engagement

No	Question	Details
10.	Who do you need to consult / engage with?	Dom care providers and the public in general so they too understand the size of the challenges ahead.
11.	Are there any specific groups / agencies that will need to be consulted?	Dom care providers, GPs, voluntary organisations, clients and their families/carers
12.	Initial proposals for consultation / engagement?	Awareness raising on: <ul style="list-style-type: none"> • Size of challenge • How intensive re-ablement can assist independence • Support planning and outcome focused care, i.e. the 3 most important things to achieve for the client • Skill mix and differing roles of frontline teams and dom care staff
13.	Consultation already started?	Yes - with TCT staff and dom care agencies
14.	Resources available	Required to support considerable cultural change and the 4 pilots which have recently been agreed with our 4 main domiciliary care providers.

Stage 3 Agreed Next Steps

No	Action	Next Step	Decision
15.	Proceed with consultation / engagement?		
16.	Modify proposals for change.		
17.	Not to proceed with proposed changes?		