

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

Business Unit	Adult Social Care Services	Proposal:	Reduce Expenditure on Clients with a Learning Disability
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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"> Reduce services for LD clients with multiple services Reduce LD high cost packages of care Reduce packages of care with clients at risk of offending Rationalise in-house services (or reduce use of independent sector usage) Manage use of respite care 	0	110 250	<p>Implementation costs mainly covered by in-house staffing costs. Some additional external facilitation support costs may be incurred as this is a contentious area.</p>	10/11 09/11 04/12 04/12	<ul style="list-style-type: none"> Due to level of contention expected these schemes are being classed as major as they will need careful management and implementation Due to risk involved and potential for cost shunting, no further action is being taken at this point in time for cost savings associated with clients at risk of offending – but TCT is working closely with partner agencies to see if costs can be reduced Services will be withdrawn from clients which will provide equity in service provision with other groups To release funding, the excess capacity generated will necessitate the closure of at least one in-house unit 			√

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
Savings/Costs	0	360						

Overall Saving 2011/12	£250k 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	Ideally the savings generated for LD clients should be in the region of £1m and so further work is required to understand how the additional funding can be realised. In addition, extra costs arising from changes to Ordinary Residency Rules are being experienced. Care Homes de-registering and moving to a “supported living” status compounds this problem.
2.	Who will this affect?	The majority of LD clients – especially as many have multiple services.
3.	How will it affect them?	Packages of care will reduce in line other client groups. E.g. residential clients will no longer be able to receive day services at a different venue – their care home will be expected to provide the variety of day care required. Calculation of care package costs will be subject to the Resource Allocation System (RAS) and a fee banding structure which focus clearly on personal outcomes. Costs shall also be subject to the Choice, Cost and Risk Policy which could mean a greater number of clients being placed in residential care as costs to care for them within their own homes are deemed prohibitive and exceed the 20% threshold. (Please note this threshold is likely to reduce to 10% or lower in future years and will be subject to OSC consultation. It is deemed a substantial variation.)
4.	Which vulnerable groups, if any, will be specifically affected?	LD clients and their families.

No	Question	Details
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.
7.	How many people do you think will be affected?	The majority of the 450 LD clients.
8.	Knock on impact to any other agency / voluntary sector group?	Reduction in the number of staff employed by dom care agencies. Closure of at least one in-house day service to rationalise resources and maximise occupancy levels. (Other option is to maintain the number of in-house services and reduce reliance on independent sector. This potentially restricts choice and is not the preferred option.)
9.	Any implementation / set up costs?	May be required to provide external facilitation, i.e. similar to that offered to Ocombe residents and their families.

Stage 2: Engagement

No	Question	Details
10.	Who do you need to consult / engage with?	Providers, clients, families 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?	SPOT and Mencap – these two organisations are currently organising events to raise awareness in an attempt to limit service reductions for this client group.
12.	Initial proposals for consultation / engagement?	Awareness raising on: <ul style="list-style-type: none"> • Size of challenge and managing expectations • 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 care staff – especially if in-house service closures expected • Housing requirements for this client group (& physical disability clients) as many younger clients no longer wish to live with their parents, preferring greater independence
13.	Consultation already started?	TCT staff are fully aware and the difficulties with closing Ocombe has raised the profile of LD clients is general.

No	Question	Details
14.	Resources available	Considerable resources required to manage this change process.

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?		