

Appendix A: Revenue Savings Programme

Line ref	Opportunity Area	Corporate Plan Priority: Fairness, Responsibility or Opportunity	Description of saving (2016/20)	Consultation (How are we consulting on this proposal)	Impact Assessment			Budget				Total savings (All years)	Variance Analysis			
					Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	2016/17	2017/18		2018/19			2019/20		
								£000	£000	FTE	£000			FTE	£000	FTE
Efficiency																
E1	3rd Party Spend (Inc. Prevention)	Fairness	<p>A review of contracts was undertaken and those contracts that duplicated service provision, that were poor value for money due to low levels of activity or could be provided more efficiently have been identified.</p> <p>Proposals are being developed in relation to individual contracts (including contracts held with the voluntary and community sector, please see the separate paper titled 'Prevention and Early Support Services' from Adults and Safeguarding Committee 10 November https://barnet.moderngov.co.uk/ieListDocuments.aspx?Clid=698&Mid=8674&Ver=4). The changes include commissioning different models of service delivery, choosing not to renew historic contracts, terminating contracts, improved contract management and negotiation of better rates for 2017/18.</p> <p>Further savings will be secured from our expenditure on supported living services for those with complex needs by putting in place an early intervention service that will stop people needing very high levels of care and by reducing the number of spot purchases outside of the contract rates.</p>	<p>A consultation and engagement plan is included within the Prevention and Early Support Services report being presented at the 10 November 2016 Adults and Safeguarding Committee. Tailored 1-2-1 and group sessions will be carried out by the Council with service users and their carers and family who are affected by the proposals. Specially arranged meetings and events will be held between November – January to provide services users and their carers with an opportunity to comment on the specific service proposals. There will also be a survey made available, in the same time period, to allow for wider consultation on the proposals. A consultation report will be bought back to the Committee on the 23 January 2017.</p>	<p>Improved management of contracts will make services more efficient. Impact on delivery of early support services will be carefully assessed to avoid negative impacts. Full EIAs have been undertaken on the proposed changes as well as consideration being given to the cumulative impact of the proposal.</p>	<p>There may be a negative impact on customer satisfaction if services accessed on a universal basis are changed or reduced. However, specific targeting of existing services may increase satisfaction and outcomes for some customers. The savings are being proposed following a review of contracts and proposals for effectiveness.</p>	<p>Full EIAs have been undertaken on the proposed changes as well as consideration being given to the cumulative impact of the proposal. Equalities analysis has been undertaken and indicates there are potential negative and neutral impacts on service users with disabilities, mental health problems as well as people from specific BME communities. Attention will be paid to these groups through one to one engagement and identification of alternative service provision where necessary with regards to mitigating actions. EIA's will be kept under review and will consider the impact on the sustainability of the third party organisation. The EIA undertaken for the procurement of the Accommodation and Support Approved Provider list demonstrates a positive impact for service users. The Accommodation and Support Approved provider list will support the council to purchase these personalised and flexible services.</p>	3,584	(762)		(791)		(681)		(2,234)	(62.34)%
E2	Staffing Efficiencies	Fairness	<p>A workforce restructure was implemented in 2016/17. The proposals included reviewing management roles, skills mix (i.e. reducing qualified social workers and having more unqualified social workers) and back office efficiencies. The saving in 2017/18 is the full year impact of the saving.</p> <p>The saving in 2019/20 is anticipated from the implementation of a new IT case management system.</p>	<p>Collective and individual staff consultations took place between December 2015 and October 2016. No further consultation is required.</p> <p>http://barnet.moderngov.co.uk/ieListDocuments.aspx?Clid=174&Mid=8584&Ver=4 http://barnet.moderngov.co.uk/documents/s29753/Appendix%20A%20-%20FAOs%20-%20Staff%20Restructure%20Consultation.pdf</p>	No further impact.	No further impact.	No further impact.	2,065	(400)			(213)	4	(613)	(29.68)%	
E3	Shared services & new delivery models	Opportunity	<p>A revised business case for an alternative delivery vehicle (ADV) was agreed by the Adults and Safeguarding Committee on 19th September. It was agreed by Committee that further work be undertaken to establish a revised business case including detailed proposals for a shared service with the NHS (Option B). The vision for the shared service option is based on creating an integrated, single health and social care pathway providing a seamless care journey for service users and patients. The potential for savings from the shared service option are based on aligning commissioning plans between the local authority and the NHS, as well as generating efficiencies through economies of scale / removing duplicate management capacity for a shared organisation (e.g. reduced senior management costs or A&C, as well as reduced management overheads for functions such as Finance, Performance and Communications).</p>	<p>Service specific consultation was undertaken from May to August 2016:</p> <p>http://barnet.moderngov.co.uk/ieListDocuments.aspx?Clid=698&Mid=8673&Ver=4</p>	<p>The intended impact is to improve demand management and support a greater proportion of people with social care needs through low-cost and no-cost support.</p>	Neutral impact	<p>An initial equalities impact assessment (EIA) of the proposed new operating model was completed in October 2015 and included as part of the strategic outline case presented to the Adults and Safeguarding Committee on 12 November 2015. The EIA showed "no impact anticipated" for residents and service users and "impact unknown" for staff. This EIA was reviewed by the lead officer in February 2016 as part of the development of the outline business case and no requirement to update it was identified. The EIA was reviewed again in August 2016, following completion of public consultation on the proposed new operating model and the delivery vehicle options. Responses to the consultation raised two areas of concern for a potential impact on equalities for service users (the ability of some service user groups, including the visually impaired) to access online services and some people's ability to travel to hub appointments. The original EIA already reflected the importance of ensuring that people who cannot travel to hubs or use online services are not adversely affected by these proposals. It has been reviewed and extended to include and address the specific concerns raised in the consultation responses. The assessment of the overall impact for residents and service users remains "no impact anticipated".</p>	13,324			(654)		(654)		(1,308)	(9.82)%

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									£000	£000	FTE			£000	FTE	£000
E4	Pooled commissioning and operations with the NHS	Fairness	The Better Care Fund will continue into future years and evidence from other parts of the UK indicates that efficiencies can be delivered across health and social care by using social and community care instead of hospital care. This saving is assumed on the following basis: increased joint commissioning and budget pooling with the NHS on a larger scale to deliver savings across the system, with the local authority receiving a proportionate share of the efficiencies achieved.	Service specific consultation will be undertaken if required.	Impact on delivery will be assessed as proposals are developed. There may be a need for investment in social care services to deliver savings for the NHS and council, as community care and support is used instead of care in hospital settings.	Impact on Customer Satisfaction	Neutral impact	Equalities Impact Assessments will be undertaken as proposals are developed.	72,537				(727)	(727)	(1.00)%	
E5	Transformation of Your Choice Barnet supported living and day-care services	Efficiency	The savings will be secured through a four year programme of changes to the range of services individuals are offered and help them progress towards independence, more efficient use of building and some reductions in the price of care. None of the current services will close and any changes to individual packages will be agreed with individuals, families and carers. The Adults and Safeguarding Board took a report on the proposed savings in June (https://barnet.moderngov.co.uk/documents/s32576/Your%20Choice%20Barnet%20Agreement%20-%20FINAL.pdf). Paragraphs 3.1 – 3.20 detail the areas the savings will come from over the next four years and paragraphs 9.4 to 9.9 provide further details on the methods being used.	Service specific consultation and one to one engagement took place between June-September 2016. http://barnet.moderngov.co.uk/documents/s32576/Your%20Choice%20Barnet%20Agreement%20-%20FINAL.pdf	Impact on delivery positive as individuals will be supported to undertake new activities and live more independently. YCB will be using a person centred approach to ensuring that the aspirations for individuals are fully met.	Consultation outcomes indicated that people welcomed these changes but needed to be assured that service users would be well supported to make these changes.	Initial equalities analysis has been undertaken and indicates there is positive or neutral impact on service users, service users with learning disabilities and their carers, as changes to services will enable them to have services that better meets their aspirations for greater choice, inclusion and employment. http://barnet.moderngov.co.uk/documents/s32576/Your%20Choice%20Barnet%20Agreement%20-%20FINAL.pdf	13,942	(283)		(343)		(596)		(1,222)	(8.76)%
Total Income										(1,445)	0	(1,788)	0	(2,871)	4	(6,104)
I1	Better Care Fund uplift (1.5%) as per national guidance	Opportunity	As part of the BCF pooled budget the council is expected to receive a minimum uplift, it is anticipated that at a minimum the council will receive an uplift of 130k in 17/18.	Not required.	Not required.	N/A	N/A		(5,568)	(103)		(105)			(208)	3.74%
I2	Update the Council's Fairer Contributions policy	Opportunity	Uplifting the current rates used to assess contributions to reflect the current cost of care. Remove a partial disregard on disability benefits. Changing the approach to personal allowances.	Service specific consultation will be undertaken subject to approval from the Adults & Safeguarding Committee on 10th November 2016.	Will require more financial assessments during implementation and possible additional strengths-based reviews.	People who use services may be unhappy if their contribution increases.	The impact is minimal negative. The mitigation will be that clients are financially assessed for affordability and strengths-based review to look at alternatives.	(2,259)	(290)						(290)	12.84%
Total									(7,827)	(393)	0	(105)	0	0	0	(498)
Reducing demand, promoting independence																
R1	Savings through supporting people in the community as opposed to high cost care packages and residential placements	Responsibility	Continuation and further development of work to deliver savings through supporting older people in alternative ways, such as community support, instead of high cost care packages and residential placements. This will be applied to existing and new service users and will lead to increased use of universal services, enablement, telecare, equipment and direct payments which cost less than traditional home care and residential care. Eligible needs will therefore be met by a lower personal budget. The savings will be delivered by social workers incorporating elements in care and support plans which cost less than traditional care or that do not require Council funding. This might include support from volunteers and local clubs, for example.	Service specific consultation as part of the budget setting process for 2014/15 and 2015/16 budget, prior to the first year of the community offer initiative. https://engage.barnet.gov.uk/adult-social-services/community-offer	Will lead to changes in the way in which the needs of eligible individuals are met but eligible needs will continue to be met. This is a continuation of an existing savings programme.	Eligible needs will still be met. However, some users/relatives may still prefer traditional care and find creative options less palatable	EIA's for service user impact were undertaken in 2013 and showed a positive/neutral impact on service users. This will be reviewed and updated if required prior to implementation of future savings. EIA updated in October 2015 and impact on service users (older adults, service users with physical disabilities and learning disabilities and mental health needs) remains positive/neutral.	39,357	(350)		(350)		(91)		(791)	(2.01)%
R2	Carers Intervention programme - Dementia	Responsibility	An intensive evidence-based model of support for carers of people with dementia, in order to increase carer sustainability, delay residential care and manage adult social care demand. The saving is modelled on 10 couples. The programme to deliver support to sustain carers of people with dementia to stay in their own homes has been developed internally.	One to one engagement with service users to be undertaken on a case by case basis. Engagement is occurring throughout programme delivery with users of the service.	Positive - this enhances the carers offer	Should increase	Positive. The impact of this service is positive and expands support for carers in Barnet and should result in more adults with dementia to remain in their own homes.	2,884	(160)		(160)		(180)		(500)	(17.34)%

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								£000	FTE	£000	FTE	£000	FTE	£000	FTE		
					Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact										
R3	Extra-Care 1 (Moreton Close)	Fairness	Generating general fund savings from providing specialist integrated housing for older people based on the provision of 52 flats with 50% high needs, 25% medium needs and 25% low needs. Saving is modelled on the difference between unit cost of residential care and extra care for 51 people.	Qualitative research with older people underway via a series of visits to extra care housing schemes, involving officers from Commissioning and Procurement, together with service user and carer representation. There will be focus groups with service users of a local extra care housing scheme.	More choice for older people, reduced take up of residential care	Should increase	Initial equalities analysis has been undertaken and indicates there is a potential positive impact on service users over 65.	14,504			(465)					(465)	(3.21)%
R4	Independence of Young People	Opportunity	Implement a 0-25 disabilities service that better brings together health, care and education to ensure that growth is enabled for young people with disabilities. This should reduce the cost to adult social care arising from lower care package costs for those transitioning at the age of 18 over this period than has been the case for past transitions cases. Thorough review of all young people currently placed in residential care and activity is underway to enable young people to move into more independent accommodation options, improving outcomes and reducing cost to the Adult Social Care budget. Savings from the new ways of working, designed to increase service user independence, are also expected.	Service specific staff consultation was undertaken in September 2015. Coproduction and research work has been underway with parent and carer representatives since March 2015.	Should lead to better outcomes but may be difficulties in embedding new way of working.	Should improve independence of young people. Eligible needs and statutory duties will continue to be met. Some users and families may prefer traditional care and this could lead to reduced satisfaction.	Initial equalities analysis has been undertaken and indicates there is a potential positive impact on service users with disabilities. https://barnet.moderngov.co.uk/documents/s22214/0-25%20Disability%20service.pdf	2,435	(350)		(150)		(100)			(600)	(24.64)%
R6	Older Adults - DFGs	Responsibility	Increasing choice in retirement and for younger disabled adults - investment in an increased advice and support service promoting adaptations and moving to a more suitable home. Savings are based on incremental impact of adaptation/move avoiding costs of enablement, increased homecare and residential care admission for c.20 adults.	Continuation of existing programme, consulted on within previous MTFS consultations.	Should improve	Should improve	Initial analysis indicates that no staff and/or service user EIA is required because the proposal does not impact on service delivery or staff. This will kept under review as the specific proposals develop and any changes reported back at the A&S Committee in Jan 2016.	3,394	(80)		(170)		(170)			(420)	(12.38)%
R7	Personal assistants	Responsibility	Increase the number of personal assistants in Barnet to provide a larger scale alternative to the use of home care agencies. Service users directly employ the personal assistant and therefore are able to personalise and control their care and support to a very high level. Savings are based on lower unit costs than home care agencies but assume all PAs are paid the national Living Wage.	One to one engagement will be carried out on a case by case basis.	Positive	Positive. Should improve - more choice	EIA for service user impact has been undertaken and is currently showing positive impact on service users (older adults, people with physical disabilities and learning disabilities and people with mental health needs).	9,248	(200)		(140)					(340)	(3.68)%
R8	Support for Working age adults	Responsibility	Review support packages and develop support plans to meet needs at a lower cost. This is likely to include the following:- Increase the supply and take-up of supported living and independent housing opportunities - Supporting transitions to the above for people currently in residential care- Ensure that the review and support planning process is more creative and cost effective-Ensure that this considers how technology can enable people with disabilities to live more independently.	Engagement and reviews done on a case by case basis.	Promotes independence and integration into communities. Will lead to changes in the way in which the needs of eligible individuals are met but eligible needs will continue to be met.	Moderate - likely to require changes to packages of care. Eligible needs will still be met but some users and their families may prefer traditional care and this could lead to dissatisfaction.	Equalities impact assessments for service user impact have been undertaken and are currently showing a positive /neutral impact on service users.	18,392	(450)		(350)		(300)			(1,100)	(5.98)%

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								£000	FTE	£000	FTE	£000	FTE	£000	FTE		
					Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact										
R9	Mental Health service users moving to step down/independent accommodation	Responsibility	Work has taken place to identify and review service users currently in high cost residential placements who have been identified as suitable for more independent living. Social Workers will continue to work with these individuals to ensure they continue to have all their eligible needs met but can become more integrated into their local community and enjoy greater independence. The saving is modelled on lower cost support plans as community alternatives are used instead of high cost care.	Individual consultation and engagement with individuals and their families as part of the care and support planning process. Service Users and families will continue to be at the centre of the process as any move-on plans are developed and supported.	There will be a need to secure suitable independent living accommodation. Social Care staff will need to deliver intensive recovery work to ensure services users develop skills to live more independently. Skills development will need to take place to manage existing providers to support the move on plans.	Satisfaction should increase for users who will secure more independence in their lives. However, satisfaction may decrease for those who prefer more traditional care.	Impact will be assessed on an individual basis. Should be a positive impact for individuals.	2,966	(500)		(250)		(250)			(1,000)	(33.72)%
R10	Wheelchair Housing	Responsibility	The saving is also modelled on a small number of new build wheelchair housing units funded from HRA headroom. The saving is expected from a reduction in the cost of care package following review, preparation and transfer of individuals to more suitable placements, based on an average saving of £25K per year for high cost residential placements, and £10K per year for lower cost placements. Wheelchair accessible housing will be best suited to individuals with physical disabilities, or multiple disabilities and these are the primary cohort. Saving is modelled on people placed, saving the difference between care in one's own home and high cost residential placements.	One to one engagement with service users as part of the support planning process. This is a continuation of current national and local personalisation and promoting independence policies.	Step down options will enable individuals to live more independently and have more choice and control over their care and support, which is in line with the services principles. All eligible care and support needs will still need to be met.	Promotion of independence should lead to increased service user satisfaction. A process of engagement with service users, their carers and families will be required to prepare individuals for step down. If this is not managed effectively service user satisfaction may drop. Service users and families who prefer traditional care may be less satisfied.	Initial equalities analysis has been undertaken and indicates there is a potential positive impact on service users, especially those with physical and learning disabilities.	1,586	(54)		(54)		(54)			(162)	(10.22)%
R11	Older People Home Share	Responsibility	Encourage use of Older people home share schemes (where older people make space in their properties available at no/reduced rent to younger people/ students in return for support with domestic tasks such as cooking, cleaning, shopping etc.). This will reduce reliance and requirement for home care and the cost of some care packages and is expected to have a positive impact on loneliness. Saving is based on a reducing the uptake of homecare hours for older people and stepping some users down. The saving will be £2k per year for each additional home sharing arrangement (120 homes). Saving will be delivered if home share scheme is targeted at those who would otherwise have those needs met by the Council. However, home share will also be developed as a preventative service in addition.	One to one engagement with service users as part of the support planning process. Each to be considered on a case by case basis.	Older people home share schemes should help alleviate demand for home/domiciliary care thus leading to a reduction in the cost of care packages. The scheme is consistent with the principles of promoting independence and supporting to people to remain at home for longer.	Home share schemes will be voluntary and, where used, are expected to increase customer satisfaction as individuals are offered a creative solution allowing them to remain independent at home for longer.	Initial equalities analysis has been undertaken and indicates there is a potential positive /neutral impact on service users especially those over 65.	6,839			(72)		(102)			(174)	(2.54)%
R12	Extra-Care Housing 2	Responsibility	Extra Care development of fully integrated service for older people to rent, offering a wide range of services as an alternative to more expensive residential care. 51 units. Saving is modelled on a 10K saving per person per year, based on the difference between the costs of residential care and extra-care. Saving will be achieved if the scheme is targeted at those who would otherwise have their needs met by the council.	Service specific consultation will be undertaken if required.	More choice for older people, reduced take up of residential care	Should improve	Full Equalities Impact Assessments will be undertaken as clients are identified.	7,241					(760)			(760)	(10.50)%
Total										(2,144)	0	(2,161)	0	(2,007)	0	(6,312)	

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				Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact											
Service redesign																	
S1	Integrated Later Life Care	Opportunity	Integrated Care for frail elderly/over 50 years with long-term conditions. The proposal to develop a 5 tier model to support the development of an integrated health and social care system for older frail people was agreed at the Health and Wellbeing Board in March 2014 and has formed the key element of the Council and CCG's national Better Care Fund plan. Saving is modelled on the impact of reducing demand on acute and residential care by working to reduce unplanned care.	Initial consultation with service users took place to develop the Business Case through 2014. As part of the borough wide expansion plans, engagement sessions have been held with numerous stakeholders including partner organisations, staff, GP's, voluntary/community sector organisations and service users. No further service specific consultation required.	BILT has developed from being a small pilot in the West locality to borough wide service, working with all 62 GP practices across Barnet. The new model of care incorporates different components of the integrated care model brought into a single service with a phased roll out across the borough ('Phase 3'). The Service will provide a specific focus on collaborative case finding and care planning, deliver joint assessment and care navigation across the system, and provide enhanced specialist interventions for high risk residents (for those registered with a Barnet GP) by embedding the specialist MDT approach into every day practice. The Service will incorporate health and social care and link in with the voluntary sector.	Should increase as people will receive less and more focussed interventions.	EIA completed in September 2016 indicates there is a positive impact on service users.	14,504	(385)		(300)		(470)		(1,155)	(7.96)%	
S2	Assistive technology (telecare)	Responsibility	Increased use of assistive technology (e.g. sensors, alarms, monitoring systems) both in individuals' homes and in residential and nursing care, is expected to lead to a reduction in care package costs (e.g. reduction in requirement for waking/sleeping nights). The Council is currently procuring a partner to co-develop and implement this approach from April 2017.	Provider engagement has taken place prior to procurement. Working group of service users and carers will be formed to support implementation approach.	Increased use of telecare/ assistive technology will support individuals to remain at home for longer, or reduce reliance on more traditional service types. Staff may require further training in order to identify service users who may benefit from assistive technology, and significant provider engagement will be required to introduce telecare into residential/ nursing care.	Telecare can enhance individuals' feelings of safety and enable individuals to remain independent and in their own homes for longer. However users and carers who prefer traditional care may be less satisfied.	Initial equalities analysis has been undertaken and indicates there is a potential positive /neutral impact on staff and service users (older people, LD, PD, MH). This will be kept under review as proposals develop.	33,502	(500)		(500)		0		(1,000)	(2.98)%	
Total									(885)	0	(800)	0	(470)	0	(2,155)		
Overall Savings									(4,867)	0	(4,854)	0	(5,348)	4	(15,069)		