

Adults & Safeguarding Committee

Line ref	Opportunity Area	Description of saving (2016/20)	Consultation (How are we consulting on this proposal)	Impact Assessment	Budget	Savings					Variance Analysis								
						2015/16		2016/17		2017/18		2018/19		2019/20					
						£000	FTE	£000	FTE	£000		FTE	£000	FTE	£000	FTE			
Efficiency																			
E1	3rd Party Spend (Inc. Prevention)	Budget proposals for 2016-20 include efficiency savings on third party contracts by approximately 2% per annum. The bulk of the adult social care budget (75%) is spent on external contracts for care services with external providers. Of this, the majority is spent on individual support plans for people with eligible social care need which is being addressed through other savings lines below. The remainder of contracts, i.e those not spent on people with eligible needs, £5.5m in total and are being considered under this saving. Proposals are being developed in relation to individual contracts and the changes include commissioning different models of service delivery, terminating contracts, improved contract management and negotiation of better rates for 15/16 contracts.	One to one engagement with service users on a case by case basis if required.	Improved management of contracts will make services more efficient. Other services will need to agree changes to contracts that affect them and service providers will need to be consulted to ensure that changes are sustainable. Impact on delivery of prevention services will be carefully assessed to avoid negative impacts. Full EIAs will be undertaken on the proposed changes.	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.	Initial equalities analysis has been undertaken and indicates there are potential negative and neutral impacts on service users over 65 and with disabilities. This/these will be kept under review as proposals develop and reported at A&S Committee in Jan 2016. Individual EIAs will be undertaken for each contract affected.	12,188	(400)		(863)		(791)		(561)					(21.46)%
E2	Staffing Efficiencies	Last year's budget proposals for 2016-20 included workforce savings spread equally over four years. These have now been brought forward to deliver an earlier saving. An element of the saving can be mitigated through improved productivity and efficiency, in particular through the implementation of an improved case management IT system and changes to the assessment process. The proposals will include reviewing management roles, skills mix (i.e. reducing qualified social workers and having more unqualified social workers) and back office efficiencies.	This will be subject to formal consultation with staff affected in 2015 following council employee relationships procedures.	Some elements of the changes are to the overall skill mix. Changes to assessment processes, new IT systems and the implementation of the hub approach will mitigate the impact on service delivery and service standards should be maintained.	The changes to service delivery may lead to a decrease in customer satisfaction from service users. This will be mitigated by the process improvements described.	Initial equalities analysis has been undertaken and indicates there is a potential negative impact on staff, especially female and BME staff. This will be kept under review as proposals develop and reported at A&S Committee in Jan 2016. A full EIA will be undertaken.	13,782	(1,088)	42	(400)				(213)		4			(12.34)%
E3	Shared services & new delivery models	Identification of alternative delivery model(s) and / or shared service options, e.g mutual or trusts, that can reduce the cost of the adult social care system (staffing costs) and then better utilise the demand management levers (e.g. self-management, early intervention, tele care, enablement, creative support planning) to reduce care costs. Savings will be delivered through implementation of an asset based approach to meeting care needs, using local resources to prevent the need for council funded care.	Service specific consultation will be undertaken if required.	The intended impact is to improve demand management and support people with social care needs through low-cost and no-cost support.	Neutral impact	Full Equalities Impact Assessments will be undertaken as proposals are developed. An initial Equality Impact Assessment has been carried out on the proposed new operating model and is included in the Strategic Outline Case being presented to Adults and Safeguarding Committee on 12 November. This is currently showing as 'impact unknown' for staff and 'no impact anticipated' for residents and service users.	10,505			(654)		(654)		(654)					(18.68)%
E4	Pooled commissioning and operations with the NHS	It is now known that the Better Care Fund will continue into 2016/17. 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.	Neutral impact	Equalities Impact Assessments will be undertaken as proposals are developed.	26,348							(727)					(2.76)%
E5	Reshape working adults day care services to promote social inclusion and greater employment levels.	Savings from redesign of Day services and other community support projects which enable people to participate in social and recreational activities outside of the home. This will include a substantial remodelling of day services to promote greater access to community activities and the development of pathways into employment and volunteering. Eligible needs of service users and carers will continue to be met but in different ways.	Service specific consultation will be undertaken if required.	The savings will lead to a reduction in traditional day centre services. The impact of this will be mitigated by the development of an employment and volunteering pathway leading to meaningful alternatives for existing service users.	The changes to service delivery described are likely to lead to a decrease in customer satisfaction from service users and carers.	Initial equalities analysis has been undertaken and indicates there is a potential negative impact on service users with learning disabilities and their carers. This will be kept under review as proposals develop and reported at A&S Committee in Jan 2016.	16,695					(500)		(500)					(5.99)%
Total																			
Reducing demand, promoting independence																			
R1	Savings through supporting people in the community as opposed to high cost care packages and residential placements	Continuation and further development of work to deliver savings through supporting older people in alternative ways, such as care in the community, 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, local clubs or local libraries, for example.	Service specific consultation was undertaken 2013 as part of the budget setting process for 2014/15 and 2015/16 budget, prior to the first year of the community offer initiative.	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.	Medium. 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.	34,078	(350)		(350)		(350)							(3.08)%
R2	Carers Intervention programme - Dementia	An intensive evidence-based model of support for Barnet 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 and was developed and consulted on as part of the priorities and spending review process in 2013/14 and the adults and safeguarding commissioning plan. The programme to deliver support to sustain carers of people with dementia to stay in their own homes will be developed internally.	Service specific consultation will be undertaken if required.	Enhanced carers offer	Should increase	Initial equalities analysis has been undertaken and indicates there is a potential positive impact on service users over 65 and carers. This will be kept under review as proposals develop and reported at A&S Committee in Jan 2016.	1,691			(160)		(160)		(180)					(29.56)%

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							£000	£000	FTE	£000	FTE	£000	FTE	£000		FTE	
				Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact											
R3	Housing Revenue Account (Moreton Close)	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 members of the Older Adults Partnership Board in terms of 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. This/these will be kept under review as proposals develop and reported at A&S Committee in Jan 2016.	6,806			(95)	(285)						(5.58)%
R4	Independence of Young People	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.	Staff Consultation has been undertaken in September 2015. Coproduction and research work has been underway with parent and carer representatives since March 2015. Service specific consultation will be undertaken if required.	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. This will be kept under review as proposals develop and reported at A&S Committee in Jan 2016.	29,637	(300)		(350)	(150)		(100)				(3.04)%
R5	Older Adults - carers in work	Support to help people remain caring and in work by increasing support to carers and employers in the borough enabling carers to remain in work and caring by achieving a 0.5% retention rate (c.14 carers). Savings are from cost avoidance of increased homecare support. This is a continuation of previous carers offer savings.	Carers engaged in development of new specification for services and will be involved in evaluation of bids.	Should improve	Should improve	EIA/s for service user impact have been undertaken and is currently showing a positive impact on service users. This will be reviewed ahead of implementation of the further savings. Existing carers EIA to be updated to cover carers at work initiative.	16,344			(141)	(152)						(1.79)%
R6	Older Adults - DFGs	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.	Service specific to be undertaken as proposals are developed and if required.	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 be kept under review as the specific proposals develop and any changes reported back at the A&S Committee in Jan 2016.	3,580	(100)		(180)	(170)		(170)				(17.32)%
R7	Personal assistants	Develop methods of increasing numbers of personal assistants in Barnet, as an alternative to 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 LLV. Saving is modelled on 78,000 hours of home care being provided by PAs instead of home care agencies.	Service user case by case reviews will be carried out if required as the proposals are developed further.	Positive	Positive. Should improve - more choice	EIA for service user impact have 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). This will be reviewed ahead of implementation of the savings.	7,730	(60)		(200)							(3.36)%
R8	Support for Working age adults	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.	High - 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 (younger and older adults, people with physical disabilities, learning disabilities and mental health needs. As well as those with substance misuse concerns and other vulnerable people). These will be reviewed as proposals are developed and ahead of implementation of the savings.	29,637	(700)		(450)	(350)		(200)				(5.74)%
R9	Mental Health service users moving to step down/independent accommodation	Work has taken place to identify and review service users in placements who are suitable to step down from residential to supported living. Eligible needs will still be met. These savings are based on an audit of mental health service users currently in high cost residential placements who have been identified as suitable for more independent living (20 users).	Individual consultation and engagement with individuals and their families as part of the care and support planning process. Service Users and their families will continue to be at the centre of the Care Plan Approach as their move-on plans are developed and supported.	There will be a need to secure suitable independent living accommodation. Staffing resources will need to divert in Commissioning to develop the supply of accommodation. Social Care staffing will need to be diverted 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. Full Equalities Impact Assessments will be undertaken as clients are identified.	2,746			(500)							(18.21)%
R10	Remove subsidy from home meals service to reduce overhead costs, whilst ensuring service user assessed needs and preferences are met from a range of providers.	Remove the Council subsidy for the home meals service on expiry of the current contract and put in place alternative arrangements which actively enable service users to self arrange meal provision which meets individual and cultural needs in a safe way.	Service Specific Consultation completed in September 2015.	All service users have been reviewed and a range of alternative provision has been identified. Staff will focus on signposting and supporting users to purchase the service directly instead of managing a contract.	It is anticipated that some of the current service users and their carers will not be satisfied with the proposal. There may be people who do not have the means or the ability to cook or source their meal. Under exceptional circumstances the delivery unit will consider supporting those people. This may include a cost to the council for covering meals or arranging alternatives.	An equalities impact assessment has been undertaken and there will be a negative impact on people from ethnic minority backgrounds, people aged 85 and over, and Jewish people. However as part of the alternative food options customers will be signposted to a range of provision, including cultural specific provision and also supported to buy the same service directly if they wish.	284	(280)									(98.68)%
R11	Wheelchair Housing	Use of existing wheelchair accessible housing stock of 21 units to enable people currently in high cost residential, nursing or supported living placements to become more independent (step down), through improved working between adult social care and Barnet's homes. 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.	2,489	(83)		(139)	(97)		(110)				(17.24)%

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						Impact on Service Delivery		Impact on Customer Satisfaction		Equalities Impact							
						2015/16	2016/17	2017/18	2018/19	2019/20							
£000	£000	FTE	£000	FTE	£000	FTE	£000	FTE									
R12	Older People Home Share	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 homesharing arrangement (120 homes). Saving will be delivered if home share scheme is targetted 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. This will be kept under review as proposals develop and reported at A&S Committee in Jan 2016.	6,212	(22)		(44)		(72)		(102)		(3.86)%	
R13	Brent Cross Hub and Spoke	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 targetted 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.	6,806								(380)		(5.58)%
R14	Colindale Extra Care	Extra Care development of fully integrated service for older people of 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 targetted 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.	6,806					(380)					(5.58)%
Total								(1,895)	0	(2,609)	0	(2,166)	0	(1,242)	0		
Service redesign																	
S1	Integrated Later Life Care	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. Further consultation to take place with staff and residents as proposals develop.	Services will need to reshape and align to work on a locality basis. This will change the patterns and style of service delivery to focus on the person and their family. Staff will require support and development to operate in new models of care and practice	Should increase as people will receive less and more focussed interventions.	Initial equalities analysis has been undertaken and indicates there is a potential positive impact on service users. This will be kept under review as proposals develop and reported at A&S Committee in Jan 2016.	27,693			(385)		(300)		(350)			(3.74)%
S2	Assistive technology (telecare) business case	Increased use of assistive technology (e.g. sensors, alarms, monitoring systems) both in individuals homes and in residential and nursing care providers, is expected to lead to a reduction in care package costs (e.g. reduction in requirement for waking/sleeping nights). This could be delivered through partnering with a telecare provider to provide large scale telecare services.	Provider engagement and market shaping will be required. Service specific consultation will be undertaken if required.	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 providers.	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 and reported at A&S Committee in Jan 2016.	29,135			(500)		(500)					(3.43)%
S3	Continuation of mental health placement savings	Following full implementation of the new mental health social work model to provide better services for users, the intention is to deliver further savings to high cost placements, workforce reconfiguration and longer term demand management for latter half of 4 year MTFs. The Saving is modelled on projections for demand of mental health care, the intended impact of demand management and reduction in crisis care admissions to hospital.	Engagement with service users took place to develop the Business Case through early 2015. Further consultation to take place with staff and residents as proposals develop, as agreed by Adults committee in September 2015. Service Users continue to be involved in the coproduction of the new service.	Staff are engaged in the coproduction process and have identified the tools and systems they require to work in the new model. A workforce development plan and estates plan set out further impact.	It is intended that as people are supported with timely access to service and have their needs met more efficiently without unpleasant experience of crisis care that satisfaction will increase.	Initial engagement with service users took place to develop the Business Case through early 2015. Consultation with staff and residents to take place towards the end of 2015 as proposals develop. This was agreed by Adults and Safeguarding Committee in September 2015. Service Users continue to be involved in the coproduction of the new service proposals.	5,171					(250)		(250)			(9.67)%
Total							0	0	(885)	0	(1,050)	0	(600)	0			
Overall Savings							(3,383)	42	(5,411)	0	(5,161)	0	(4,497)	4			