

Adult Social Care Budget Options

Reference:	ASC1
Budget theme(s):	Residential & Nursing
Service(s):	Support Planning
Lead Member(s):	Krupesh Hirani

Proposals:	Negotiations with Residential and Nursing care providers to ensure value for money.
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2014/15	
Total budget for the service(s):	£40,361,000
Total post numbers in the services(s) (FTE):	0

Budget represents the 2014-15 gross budget allocation to nursing and residential care.

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	410	420	0
Proposed staffing reduction (FTE)	0	0	0

Proposed savings

The savings come from ensuring a value for money rate from all providers.

How would this affect users of this service?

There should be no impact on service users because this is about ensuring a value for money rate from all providers. It does not change the service commissioned or provided. It is about ensuring the price of that service is reasonable.

Key milestones

This process is ongoing. The placement review team is working with all residential and nursing providers. They review the needs of all people placed in residential and nursing care and ensure the costs of the placement are in line with the needs of the person.

Key consultations

There is no specific consultation. However, the launch of the Market Position Statement for accommodation based care initiated a new and more consistent engagement process with providers to ensure there is ongoing dialogue, and our service user and carer group continue to do 'enter and view' visits in residential and nursing placements to feed back on quality and issues.

Key risks and mitigations

The key risk is that this process has been ongoing over the last year and the Council has not paid across the Board inflation to residential and nursing care providers in 5 years. Therefore, the more expensive placements that used to exist are much fewer in number now, and there has to be a focus on ensuring the quality of all placements at the same time as reducing cost.

Equality impact screening

There should be no or little impact on choice for individuals as the focus is on managing costs with all providers.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	No
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

If the screening has identified a potentially disproportionate adverse impact, you will need to complete an Equality Impact Assessment. This assessment form and the guidance for its completion can be found at:

EIA required?:	No
EIA to be completed by:	
Deadline:	

Lead officer for this proposal:	Amy Jones
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Budget options Information

Reference:	ASC2
Budget theme(s):	Residential & Nursing Care
Service(s):	Commissioning/ Support Planning
Lead Member(s):	Krupesh Hirani

Proposals:	<p>Transform the accommodation based care market in line with the Council's Market Position Statement. Reducing to a minimum the focus on residential and nursing care and developing Extra Care Sheltered/Supported Living Accommodation to give the vast majority of people who need accommodation based care greater independence and improved quality of life</p> <p>Currently we fund approximately 1000 placements at any point in time. This accounts for 50% of the ASC purchasing budget. 140 additional units of extra care are already in development and there is plan for the additional 200 by 2016/17. This target has been extended into 2017/18 with a further 150 units in that year.</p> <p>Costs of delivery will be confirmed in the next 2 months, but expectation is use of £1.8m ASC capital grant and £200k project delivery.</p>
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2014/15	
Total budget for the service(s):	£40,361,000
Total post numbers in the services(s) (FTE):	0

Budget represents the 2014-15 gross budget allocation to nursing and residential care.

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	370	4,110	2,800
Proposed staffing reduction (FTE)			

Proposed savings

The saving is generated by a difference in funding mechanisms. ASC has to pay for all costs for care home placements (care, accommodation, food). In tenanted models of care, ASC only pays for care costs. Accommodation costs are covered through housing and other benefits as they would be in the community.

How would this affect users of this service?

This is a positive move to develop new accommodation of a better quality which gives people greater independence – their own front door, their own studio flat, rather than a room. This will not be appropriate for everyone, so social workers will need to work with individuals to ensure they are able to make the right decision for them.

Key milestones

A detailed project initiation document is currently being written up for the OneCouncil Board, which will set out dates for all the new accommodation, but there are already a number of indicative dates for new sites:

- January 2015 – 40 units at Vivian Avenue
- December 2015 – 100 units ASRA – Park Royal/CMH (this is a 9 month delay from the last report to CMT and OneCouncil)
- April 2016 – 20 units Clement Close / Peel Road – agreed at Executive

There is further work ongoing with a range of providers through the commissioning team's provider engagement forums to develop new proposals.

Key consultations

This is based on the Market Position Statement and the Market Development Strategy, which have been agreed at Executive and discussed with providers. They have been developed with our service user and carer group and we consulted on them with providers at the first ASC provider forum in August and had a very positive response.

Each individual scheme/site will also need to be consulted on, and this will be set out in more detail in the PID.

Key risks and mitigations

The key risks in this project are not delivering the amount of new accommodation required, and not delivering it on time. We will manage these risks through the project, and through developing a wide range of schemes, so that we keep our options open.

Equality impact screening

This should be a positive change providing greater choice in the market.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	No
Disabled people	

Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

If the screening has identified a potentially disproportionate adverse impact, you will need to complete an Equality Impact Assessment. This assessment form and the guidance for its completion can be found at:

EIA required?:	Yes
EIA to be completed by:	Initial EIA already completed for the overall project. It highlights that if this project is done in the right way there should be a positive impact on all groups as there will be more choice.
Deadline:	

Lead officer for this proposal:	Amy Jones
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Budget options Information

Reference:	ASC 2.1
Budget theme(s):	Respite care
Service(s):	Commissioning/ Support Planning
Lead Member(s):	Krupesh Hirani

Proposals:	To reduce the cost of the service by £450k taking into account the needs of the service users and carers.
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2014/15	
Total budget for the service(s):	£40,361,000
Total post numbers in the services(s) (FTE):	0

Budget represents the 2014-15 gross budget allocation to nursing and residential care.

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	450		
Proposed staffing reduction (FTE)			

Proposed savings

The saving would require the reduction in overall costs of respite provided by the local authority by ensuring that all community and mainstream respite options are explored first, that there is no duplication of provision with the Clinical Commissioning Group, and the statutory minimum is provided for people with eligible needs although all people would have better access to information and advice on other support they could access privately.

How would this affect users of this service?

The impact would be on the people who care for people with adult social care eligible needs. It would reduce the level of service available and instead focus on promoting wellbeing, ensuring that the carers' need for support is met, in line with the new provisions in the Care Act.

Key milestones

- Completion of core skills program for all adult social care staff – September 2014
- Negotiations with the CCG and the Carers Hub - December 2014
- Piloting new Care Act carers assessment and eligibility criteria – January – April 2015.
- Procurement of a new Respite Care framework for Brent, ensuring quality and diversity of local provision, to manage cost and to ensure value for money. January 2015

Key consultations

There will be a range of consultation and engagement events working with the Carers' hub through the first quarter of 2015. These will be focused on implementing the Care Act and in particular the changes to carers rights. These changes will be a part of this process of engagement as they are a core part of the implementation of the Care Act.

Key risks and mitigations

The key risks are twofold:

- People no longer feel able to care for the family member or friend because they do not get the support they feel is necessary, which will lead to the need for the Council to provide more direct support to the person with adult social care needs. The Council will continue to deliver carers assessments and statutory support, and will continue to commission the Carers' Hub with the Clinical Commissioning Group to support carers
- The Council must ensure that it delivers its new responsibilities under the Care Act., The new requirements and demand are such that it may not be possible to deliver this saving. The new guidance on the Care Act has been published, but the detail of the implementation, in particular the levels of demand it will create are far from clear, so this will need to be monitored closely as we pilot the new criteria.

Equality impact screening

This is a reduction in service and, therefore, there will be an impact. As the implications of the proposals are refined the EIA will be completed.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	Yes
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

EIA required?:	Yes
Deadline:	January 2015

Lead officer for this proposal:	Nancie Alleyne
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Budget options Information

Reference:	ASC3
Budget theme(s):	Operational
Service(s):	Commissioning
Lead Member(s):	Krupesh Hirani

Proposals:	Remove duplication and across a range of local community transport services through the One Council project and as a result reduce the funding for Community Transport funded directly from ASC.
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2014/15	
Total budget for the service(s):	£2,174,000
Total post numbers in the services(s) (FTE):	0

Stated budget represents the Brent Community Transport budget for 2014/15 housed within Direct Services.

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	80	0	0
Proposed staffing reduction (FTE)			

Proposed savings

The saving will come from reducing duplication across a variety of funded community transport services and re-negotiation of contracts as well as ensuring funded schemes are fully utilised as appropriate

How would this affect users of this service?

There is an expectation that we can deliver a significant efficiency in the way community transport is utilised locally (both through reduced operating costs with providers and reducing duplication with other transport services, for example taxicard), there is a risk of a reduction in the perceived quality of the service (the BCT taxi service is cheaper and people report it is better quality than the TfL scheme). The precise details of this reduction will be dependent on the negotiations with the providers.

Key milestones

November 2014 - consultation events with users of the service

December 2014 – final proposals developed

January 2014 – decision made and implementation plan finalised for April 2014

Key consultations

There was a consultation event in November 2014 which was open to all users of this service.

Key risks and mitigations

No significant risks in terms of service delivery, the initial dialogues have been very realistic and constructive. This is being taken forward in a strategic way to ensure the service impact is minimized. Some service users will see a change in service, which they may not agree with.

Equality impact screening

There will be an impact on disabled people and older people who are the key users of this service.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	TBC
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

If the screening has identified a potentially disproportionate adverse impact, you will need to complete an Equality Impact Assessment. This assessment form and the guidance for its completion can be found at:

EIA required?:	Yes
EIA to be completed by:	Amy Jones
Deadline:	January 2015

Lead officer for this proposal:	Amy Jones
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Budget options Information

Reference:	ASC 4
Budget theme(s):	Operational
Service(s):	Commissioning
Lead Member(s):	Krupesh Hirani

Proposals:	Reduce core ASC service user and carer engagement budget inline with required activity and at the same time remove duplication with the Clinical Commissioning Group community engagement and streamline community engagement.
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2014/15	
Total budget for the service(s):	£2,174,000
Total post numbers in the services(s) (FTE):	0

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	120	0	0
Proposed staffing reduction (FTE)			

Proposed savings

This savings will be delivered through closer working with the Clinical Commissioning Group, the key programmes of change at the moment are focused on the integration of health and social care (Better Care Fund), therefore, we have to work closely with the CCG to engage service users and carers through our well established engagement mechanisms . However, there will be a single post that will support the activity of the service user and carer engagement activity .

How would this affect users of this service?

This level of saving should mean little impact on the service although there will be an impact for current commissioned support services.

Key milestones

19 September 2014 – integrated engagement and consultation plans for BCF
 1 January 2015 – aligned service user and engagement plans
 1 April 2015 – implementation.

Key consultations

None with service users and carers specifically as they should see no difference. There will need to be discussions with current commissioned providers

Key risks and mitigations

There is a small risk that as we move to a single person leading on this work in ASC there is a single point of failure. However, we will work to mitigate this through closer work with the CCG.

Equality impact screening

This should not have an impact.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	No
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

If the screening has identified a potentially disproportionate adverse impact, you will need to complete an Equality Impact Assessment. This assessment form and the guidance for its completion can be found at:

EIA required?:	No
EIA to be completed by:	N/A
Deadline:	N/A

Lead officer for this proposal:	Amy Jones
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Budget options Information

Reference:	ASC5
Budget theme(s):	Grants
Service(s):	Commissioning
Lead Member(s):	Krupesh Hirani

Proposals:	These are all of the voluntary grants that ASC currently administers. Through a Council wide approach to prevention we will reduce duplication, and the need to separately fund these services.
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2014/15	
Total budget for the service(s):	£2,174,000
Total post numbers in the services(s) (FTE):	0

Stated budget is the 2014/15 allocation for the specified grants above within the Commissioning group.

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	187		
Proposed staffing reduction (FTE)			

Proposed savings

The grants in this proposal are the only non-statutory services ASC funds. The proposal means that ASC will stop funding these grants, but will work with Public Health and corporate colleagues to develop a strategic approach to commissioning prevention/resilience (personal, economic/social) support through the voluntary sector.

How would this affect users of this service?

If all of these grant were stopped without the strategic response outlined above, there would be a range of people who are not eligible for publicly funded ASC support who would not receive this support. However, the proposal is to work with Public Health and corporate colleagues to consolidate the support we give to these groups and refocus the work on different outcomes.

Key milestones

Public Health spending proposals confirmed – December 2014

Corporate review of voluntary sector funding – January 2014

Key consultations

Negotiations with current providers – January 2015

Engagement with current service users – January 2015

Key risks and mitigations

The risk is that funding is withdrawn people's needs worsen and they require more expensive publicly funded support. The key mitigation is through the strategic approach to commissioning these preventative/resilience services jointly with the CCG and Public Health.

Equality impact screening

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	Yes/No
Disabled people	Potentially
Particular ethnic groups	Potentially
Men or Women (include impacts due to pregnancy/maternity)	Potentially
People of particular sexual orientation/s	Potentially
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	Potentially
People in particular age groups	Potentially
Groups with particular faiths/beliefs	Potentially
Marriage / civil partnership	Potentially

If the screening has identified a potentially disproportionate adverse impact, you will need to complete an Equality Impact Assessment. This assessment form and the guidance for its completion can be found at:

EIA required?:	Yes
EIA to be completed by:	TBC – needs to be done jointly with Public Health and corporate colleagues.
Deadline:	January 2015

Lead officer for this proposal:	Amy Jones
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Budget options Information

Reference:	ASC 6
Budget theme(s):	Operational
Service(s):	Commissioning
Lead Member(s):	Krupesh Hirani

Proposals:	There has been a review of the West London Alliance Adult Social Care programme. A new streamlined delivery model has been agreed with a reduced budget has been agreed.
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2014/15	
Total budget for the service(s):	£2,174,000
Total post numbers in the services(s) (FTE):	0

Budget relates to spend on WLA programme

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	50	0	0
Proposed staffing reduction (FTE)	0	0	0

Proposed savings

The WLA has redesigned its ASC programme to focus on core priorities and to do more through boroughs rather than a standalone team.

How would this affect users of this service?

There should be no impact on service users, this is a back office change.

Key milestones

WLA ASC Directors agreed new operating model – November 2014
WLA team implement prior to April 2015

Key consultations

This is not a change in policy and there should be no impact on service users, so no consultation required.

Key risks and mitigations

The key risks are that there is less joint working with WLA and more work falls on the ASC commissioning function. The ASC Directors are clear about the programme they want to work together on, and the ASC commissioning function has been designed to deliver with this reduced WLA input.

Equality impact screening

No impact

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	No
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

If the screening has identified a potentially disproportionate adverse impact, you will need to complete an Equality Impact Assessment. This assessment form and the guidance for its completion can be found at:

EIA required?:	No.
EIA to be completed by:	N/A

Lead officer for this proposal:	Amy Jones
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Budget options Information

Reference:	ASC7
Budget theme(s):	Direct Services Transformation
Service(s):	Direct Services
Lead Member(s):	Krupesh Hirani

Proposals:	The proposal is to close New Millennium and Kingsbury Resource Day Centres, subject to full consultation and instead provide these services for individuals in the independent sector. Options appraisals for the buildings will take place as part of the consultation process to identify the best use for them going forward. These could include: sale, re-use for supported living, or community hubs. In addition, subject to full consultation, we will remodel Tudor Gardens Residential home to Supported Living accommodation in line with the Council's Market Position Statement.
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2014/15	
Total budget for the service(s):	£5,703,000
Total post numbers in the services(s) (FTE):	

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	582	323	0
Proposed staffing reduction (FTE)			

Proposed savings

This is not a reduction in the service provided, it is a change in the way it is provided.

- For the day services, the saving will come from closing the day centres and instead provide the day support in a different way through the independent sector day opportunities market or Direct Payments.
- For Tudor Gardens the saving is generated by a difference in funding mechanisms. In residential care, ASC has to pay for all costs (care, accommodation, food). In supported living, ASC only has to pay for care costs. Accommodation and food costs are covered through housing and other benefits as they would be in the community.

It should be noted that in both cases, the proposals are subject to full consultation and then individual reviews of needs and support plans for all individual services users.

How would this affect users of this service?

There will be transition issues, but if the process is well communicated and well managed, and there is the right support in place to help with the transition the impact can be minimalized.

Key milestones

There are project plans for each of these 3 changes, which are built around the consultation and Cabinet decisions, but the expectation is that by October 2015 these changes could be fully implemented – subject to the consultation process.

Key consultations

Each of the 3 elements of these projects is subject to full consultation and a decision at Cabinet. This will involve service users, carers and staff in all cases. The process will start in early 2015 – exact dates to be confirmed in the project plans.

Key risks and mitigations

The key risks here relate to two things:

- Ensuring that there is sufficient choice in the market to mitigate the impact on individual service users and carers – this is a core responsibility of the department and not a specific issue for this project
- The impact on individual people who have been using these service for a long time – significant support will need to be in place to help some people manage the transition.

Equality impact screening

There will be an impact on disabled groups and older people, but this will be mitigated. There will be a slight diminution of choice in that these in house services will not remain, but the service options in the wider market will not change and the use of Direct Payments offers greater flexibility and choice.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

If the screening has identified a potentially disproportionate adverse impact, you will need to complete an Equality Impact Assessment. This assessment form and the guidance for its completion can be found at:

EIA required?:	Yes
EIA to be completed by:	TBC for each individual proposal in line with consultation
Deadline:	<i>TBC</i>
Lead officer for this proposal:	Nancie Alleyne

Budget options Information

Reference:	ASC8
Budget theme(s):	Reduction in community service provision
Service(s):	Commissioning, Reablement and Safeguarding, Support Planning and Review
Lead Member(s):	Krupesh Hirani

Proposals:

To review how day care provision is utilised to shrink the cost of the service by 20% taking into account the needs of the service users, to subsequently review how the service is provided to further shrink the cost of the service by an additional 20% looking at the demand for the service and taking into account the needs of the service users and carer.

2014/15	
Total budget for the service(s):	£12,021,000
Total post numbers in the services(s) (FTE):	0

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	520	520	0
Proposed staffing reduction (FTE)	0	0	0

Proposed savings

To rationalise our overall usage of day care by up to 40% over 2 years. The savings would need to be phased over 18 months to enable all customers to have a full review undertaken of their support plan as any reduction in service could only be applied following a review of the support plan that evidenced a reduction was achievable in line with assessed need.

How would this affect users of this service?

- This would affect users of the service because essentially this would mean a reduction in service through a reduction in day care session they had access to.
- This could also affect carers as when people attend day care this often allows carers to have a 'break' from their caring role or to undertake paid work.

Key milestones

If this proposal is agreed, a process of reviewing individual support plans would start – this would need to be resourced above and beyond the usual review process in the short term.

Key consultations

Starting in January 2015, there will be a process of engaging service users and carers as we countdown to the launch of Part 1 of the Care Act on 1 April 2015. As this is not a new policy, but would take part as part of the process of implementing the Care Act, a specific consultation is not planned. Any reduction in service would be carried out on an individual basis as a result of a change in need or circumstances upon reviewing individual support plans. Service users and carers would be central to and engaged/consulted as part of the review process.

Key risks and mitigations

There are significant risks with this proposal:

- Increased social isolation; day opportunity support provides an opportunity for people who would normally be very isolated within the home and who have little or no contact with others in the wider community and who do not have any other ways of socialising or accessing the community.
- Day opportunity support can mitigate significant pressure on carers also and gives them a break from their caring role. This is a particularly important service for carers of younger people with a learning disability with highly complex needs or for a partner of someone who is suffering with dementia. In both these scenarios day care allows people to continue to live at home whilst reducing the pressure on the caring role. If this regular support was not in place the home situation may break down, and the Council may need to commission more costly support
- Reputational damage – this is a significant risk that a reduction in day care session will be seen by users, carers and the wider public as a ‘cut’ in services that individuals still feel they need and have been receiving.
- To achieve this saving over the next 18 months, reviews being carried through the financial year 2015/16 will require a significant level of review activity. The number of reviews will not increase, but the difficulty and pace of them will. Negotiating a reduction of service, especially where it increases the risks, will take longer and be harder to negotiate. Therefore, it is not clear if this is achievable given the other proposal to reduce the level of capacity within assessment and care management teams, and therefore, it may take 2-3 years
- Destabilisation of the day care market with particular impact on community and voluntary sector providers who provide the majority of day care opportunities in Brent.
- There is also the risk that this saving is not achieved. Ultimately, our assessments and support plans have to meet our statutory requirements, which means that where individual eligible need is identified, it must be met.

The mitigations that will be put in place:

- We would ensure robust, comprehensive reviews of peoples support plans are completed, so we are confident that any reduction in service is in line with need, and the new requirements of the Care Act

- Ensure people are sign posted to other services in the community to ensure people aren't socially isolated; carers still get a break when needed e.g. befriending and mentoring services, community provision, dementia café for example. i.e. other, more cost effective ways of delivering assessed needs within the support plan.
- Ensure there is enough capacity within support planning and review teams to undertake reviews of support plans in required timescale
- Engage with day services providers early to ensure they are clear on what impact could be to give them an opportunity to remodel their services and to develop their 'self funder' market and support them with this.

Equality impact screening

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
Disabled people	YES
Particular ethnic groups	YES
Men or Women (include impacts due to pregnancy/maternity)	YES
People of particular sexual orientation/s	YES
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	YES
People in particular age groups	YES
Groups with particular faiths/beliefs	YES
Marriage / civil partnership	YES

If the screening has identified a potentially disproportionate adverse impact, you will need to complete an Equality Impact Assessment. This assessment form and the guidance for its completion can be found at:

EIA required?	YES
EIA to be completed by:	January 2015

Lead officer for this proposal:	Amy Jones
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Budget options Information

Reference:	ASC9
Budget theme(s):	Homecare
Service(s):	Commissioning, Reablement, Support Planning & Review, Mental Health
Lead Member(s):	Krupesh Hirani

Proposals:	Doubling the number of Direct Payments over the two years from 384 currently and significantly increasing the employment of Personal Assistants (PA) with a Direct Payment. A PA is usually a home carer directly employed by the service user. It means the service user can ensure their carer is the right person for them and that they get the same person for every call.
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2014/15	
Total budget for the service(s):	£12,021,000
Total post numbers in the services(s) (FTE):	0

Budget relates to 2014-15 gross expenditure allocation for home care and day care. The net budget is £13,023,370.

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	120	187	0
Proposed staffing reduction (FTE)	0	0	0

Proposed savings

The reality of Direct Payments is that the service user or their family does some of the work the Council used to do (in terms of setting up the service and making payments), this reduces transaction costs, but it will also cut out the overhead and profit costs attributed to home care agencies if someone employs a Personal Assistant directly.

How would this affect users of this service?

Direct Payments should give people more choice and control, but as outlined above it will also transfer some of the addition transactions to the service user or their carer.

Key milestones

Redesign of the internal Direct Payments process to make it easier to set them up – March 2015

Work with Brent CVS to develop a independent Personal Assistant market – April 2015

Key consultations

This is not a change of policy, so we will continue to work with our service user and carer group to co-produce and design these changes, as ultimately their success will depend on how user friendly the system is. We are not proposing a formal consultation.

Key risks and mitigations

The key risk in this project is whether we can set up a thriving independent personal Assistant market. The mitigation will be to support more people to move to Direct Payments through providers.

Equality impact screening

The choice to take up a Direct Payment, should be a positive choice, so although these changes will be focused on disabled people and older people, there should not be a negative impact.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	No
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

EIA required?:	No. This is not a change in policy. It will still be a choice to take up Direct Payments, and if someone does take them up they will have more choice about the services and support they receive.
EIA to be completed by:	N/A

Lead officer for this proposal:	Amy Jones
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Budget options Information

Reference:	ASC 10
Budget theme(s):	Better Care Fund – Homecare
Service(s):	Across Adult Social Care
Lead Member(s):	Krupesh Hirani

Proposals:	As part of the Better Care Fund work, we are committed to delivering a 10% saving in home care through more joined up care including closer working between home carers and community nurses.
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2014/15	
Total budget for the service(s):	£12,021,000
Total post numbers in the services(s) (FTE):	0

The stated budget is the current allocation for the better care fund and the saving as stated represents 10% of this.

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	610	0	0
Proposed staffing reduction (FTE)			

Proposed savings

The savings will be delivered by better co-ordination across health and social care provision, by putting the service user/patient at the centre of services, and in particular through:

- Reductions in duplication of operational staff assessing need
- Reduction in duplication of provision – community nurses and care workers going in to see the same person at different times.

How would this affect users of this service?

The savings are transformational and therefore should be achieved without impacting on the quality of the service.

Key milestones

- 19 September 2014 – submission of next draft of BCF plan to NHS England
- 31 January 2015 - Detailed business cases developed
- 1 April 2015 – go live of new services

Key consultations

Service user and carer engagement has already begun, particularly through the Whole Systems Integrated Care Early Adopter. Healthwatch Brent and the CVS are leading on a piece of work to ensure all of the Better Care Fund proposals are developed through co-production with service users, carers and front line staff. The proposals have been an ongoing focus at Health partners events, and will continue to be.

Key risks and mitigations

The key risk is an operational one. To deliver this saving we need to break down health and social operational, cultural and structural boundaries – this is the right thing to do, but is difficult. These have been barriers to progress in the past, which is why the early planning has focused on the outcomes for people and the services (building a local consensus) rather than who is going to deliver it.

Equality impact screening

All business cases will have an EIA, but as this change is transformational there should not be a negative impact on disabled people or older people who are the main recipients of these services.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	Yes
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

If the screening has identified a potentially disproportionate adverse impact, you will need to complete an Equality Impact Assessment. This assessment form and the guidance for its completion can be found at:

EIA required?:	Yes
EIA to be completed by:	TBC as part of the business case process and to be done jointly with health.
Deadline:	December 2014

Lead officer for this proposal:	Phil Porter
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Budget options Information

Reference:	ASC11
Budget theme(s):	Reduction in Homecare provided
Service(s):	Home care
Lead Member(s):	Krupesh Hirani

Proposals:	All allocations of home care are agreed through a quality assurance process to ensure a consistent allocation of resources. However, we do not currently agree 15 minute home care calls – the shortest home care call is currently 30 minutes. This proposal would mean re-introducing 15 minute home care calls where it is appropriate and reasonable to do so subject to assessment of individual needs
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2014/15	
Total budget for the service(s):	£12,021,000
Total post numbers in the services(s) (FTE):	0

Gross budget for Homecare

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	600	620	0
Proposed staffing reduction (FTE)			

Proposed savings

This is a reduction in service and would be delivered by reducing the amount of home care we commission in the community. It would do this in two ways. The first is by re-introducing 15 minute calls. The Council currently does not commission 15 minutes, but would reintroduce them where they could meet the statutory need. Secondly, there would be a review of all other packages of homecare support to ensure appropriate allocation of resources.

How would this affect users of this service?

The Council would still meet its statutory duty however, through undertaking a review of support plans, but there would be an impact on some service users. A significant number of people could see their homecare reduced. This would mean care commissioned would be in-line with undertaking essential tasks only to meet assessed need, e.g. personal care, feeding and providing medication for example. But would leave less time for interaction with customers would be that essential

tasks only would be completed for customers. 15 minute calls would never be implemented where the purpose of the call is to support an individual with intimate care needs.

Key milestones

If the proposal is agreed the changes would be implemented from April 2015:

- Change the guidance of our quality assurance panel process, and the sign off at QA panel meetings, so people were able to put in 15 minute care calls where appropriate (currently ASC staff are instructed not to use 15 minute calls within support plans)
- Start reviews in March 2015 of current support plans for home care packages to assess where call reductions can be made in line with individual assessed care and support need. Apply reduction to calls where it is evidenced a reduction can be made

Key consultations

Starting in January 2015, there will be a process of engaging service users and carers as we countdown to the launch of Part 1 of the Care Act in April 2015. As this is not a new policy, but would be introduced as part of the process of implementing the Care Act, a specific consultation is not planned. Any reduction in service would be carried out on an individual basis as a result of reviewing individual support plans. Service users and carers would be central to and engaged/consulted as part of the review process.

Key risks and mitigations

There are significant risks in this proposal:

- There is likely to be an impact on quality of life for the people whose calls are reduced, as whilst we would be meeting need through the delivery of basic care tasks
- 15 minute calls are seen as poor commissioning practice nationally. The use of fifteen minute calls has received increasingly negative publicity, from the public, the care industry and pressure groups. Health Watch England has raised significant concerns about the use of fifteen minute calls in other LA's as poor practice as it is purported the use of 15 minute calls rushes customers; leading to the criticism that carers and customers have to choose between basic care tasks being completed such as being assisted to the toilet and getting a drink. Whilst we would manage this risk through the support plan review process and reductions would be in line with need, it would still be perceived as very negative by the public
- The number of reviews will not increase, but the difficulty of them will. Negotiating a reduction of service, especially where it increases the risks, will take longer and be harder to negotiate.
- There will be an impact on the Council's relationship with the market as it will reduce the level of home care required, and introduce 15 minute calls, which create additional challenges for providers as well. Providers may therefore view working with Brent as not financially viable, and the framework contract does not obligate them to work with Brent, so it could create capacity issues even if we are commissioning less support.

Key Mitigations

- Ensure robust, comprehensive reviews of peoples support plans are completed, so we are confident that any reduction in service is in line with need and the review evidences this should there be a legal challenge (although this only mitigates some of the financial risk associated with legal challenges)
- Ensure there is enough capacity within support planning and review teams to undertake reviews of support plans in required timescale
- Engage with providers early to ensure they are clear on what impact could be to give them an opportunity to remodel their services and to develop their 'self funder' market and support them with this also to work with the market to commission block contracts to mitigate the financial impact and risks to capacity
- Close working with customers and carers around reductions
- Utilisation of other community services e.g. befriending and mentoring.

Equality impact screening

There will need to be ongoing equalities monitoring to ensure the impact of this change is not only understood on an individual level, but also on a Brent level across groups with protected characteristics.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
Disabled people	Yes
Particular ethnic groups	Yes
Men or Women (include impacts due to pregnancy/maternity)	Yes
People of particular sexual orientation/s	Yes
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	Yes
People in particular age groups	Yes
Groups with particular faiths/beliefs	Yes
Marriage / civil partnership	Yes

EIA required?:	YES
EIA to be completed by:	TBC
Deadline:	TBC

Lead officer for this proposal:	Amy Jones
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Budget options Information

Reference:	ASC 12
Budget theme(s):	Mitigating demographic Growth
Service(s):	Across Adult Social Care
Lead Member(s):	Krupesh Hirani

Proposals:	Significant demographic pressures have been identified for adult social care: more people living longer with more complex conditions. This is evidenced by increased prevalence of dementia and the levels of support we provide to people with dementia. This proposal assumes that the adult social care department, working with partners, can continue to manage that increased demand within the current budget, and that there will be no increases to funding.
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2014/15	
Total budget for the service(s):	£73,401,000
Total post numbers in the services(s) (FTE):	0

Stated budget is Third Party Payment (Provision of Care)

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	2,297	0	0
Proposed staffing reduction (FTE)			

Proposed savings

The budgeted growth agreed in the Medium term financial strategy for 2015/16 to be retained corporately.

How would this affect users of this service?

There are a range of initiatives in place to manage demand and support people to be independent, and the department continues to focus on this and develop new services, for example, specific services to support people with a learning disability to become more independent. Service users and carers will continue to get a robust assessment and support plan, and from April 2015 this will be in line with the new Care Act requirements.

Key milestones

Not directly applicable – this is core business across the department and underpins the joint work with health who also have to manage these pressures. Although examples would piloting of technology for people with dementia to support them to live at home (January 2015) and introduction of enablement service for Learning Disability (June 2015)

Key consultations

There are no specific consultations required, but all service developments will be co-produced with service users and carers to ensure they meet the needs.

Key risks and mitigations

The department is committed to manage the demand for services within the current cash limit. However, the positive facts are that people are living longer with more complex conditions. This increases the cost pressure on health and social care. The mitigation is stated above and relates to the constant innovation in services and support and the ongoing work with health.

Equality impact screening

As we introduce individual initiatives these will all have an EIA.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	Yes/No
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

EIA required?:	
EIA to be completed by:	
Deadline:	

Lead officer for this proposal:	
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Budget options Information

Reference:	ASC 13
Budget theme(s):	Inflationary pressures
Service(s):	Across Adult Social Care
Lead Member(s):	Krupesh Hirani

Proposals:	This proposal is not to plan for inflationary increases in the cost of residential and nursing care. This will be achieved through the redevelopment of the market (ASC 1), through joint work with procurement and the West London Alliance, closer working with the Clinical Commissioning Group (who also commission these services) and work with the residential and nursing care providers on their supply chain.
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2014/15	
Total budget for the service(s):	£73,401,000
Total post numbers in the services(s) (FTE):	0

Stated budget is Third Party Payment (Provision of Care)

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	776	0	0
Proposed staffing reduction (FTE)			

Proposed savings

The budgeted inflation agreed in the Medium term financial strategy (MTFS) for 2015/16 to be retained corporately.

How would this affect users of this service?

The actions identified above (joint work with procurement and the West London Alliance on supply chain costs, closer working with the Clinical Commissioning Group (who also commission these services) will mitigate the impact on service users by reducing the costs for providers, and therefore the price for the local authority.

Key milestones

There is an inflation process in place every year through the WLA in which providers are asked to submit their inflationary cost pressures. This starts in December 2014, and runs through to the new financial year.

Key consultations

The inflation process with providers is the main form of consultation.

Key risks and mitigations

The department has not given inflationary increases across home, residential and nursing care for 5 years. This will continue to be the position as we work with providers to try to maintain and reduce costs for example through the supply chain. However, there are increasing inflationary pressures, and there is a risk of challenge from providers, who may argue that they will not be able to stay in business at these cost levels, and a risk of these price freezes impacting on quality. The Commissioning function work very closely with providers and there are clear lines of communication to ensure that genuine pressures are articulated and evaluated. We also work closely with the Clinical Commissioning Group, Safeguarding Adults team, the Care Quality Commission and our service user and carer group who do 'enter and view' visits to ensure all quality issues are highlighted and acted on.

Equality impact screening

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	Yes/No
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

EIA required?:	
EIA to be completed by:	
Deadline:	

Lead officer for this proposal:	
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Budget options Information

Reference:	ASC 14
Budget theme(s):	Residential & Nursing Care
Service(s):	Support Planning & Review
Lead Member(s):	Krupesh Hirani

Proposals:	Continuing Health Care funding is a right for anyone whose needs are so complex that they have a 'primary health need'. Supporting people to access this funding will remain a priority, and so an additional target set for transferring financial responsibility for eligible care packages to CHC CCG funding has been included.
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2014/15	
Total budget for the service(s):	£73,401,000
Total post numbers in the services(s) (FTE):	0

"Stated budget is Third Party Payment (Provision of Care)"

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	400	0	0
Proposed staffing reduction (FTE)			

Proposed savings

The saving comes from the Clinical Commissioning Group funding care packages rather than the council. As the box at the top says, if a person's needs are so complex that it is a primary health need, the CCG should be funding it rather than the Council. If the CCG funds the care there is no financial charge – unlike social care.

How would this affect users of this service?

This should mean a better service because the CCG should fund complex needs as they commission providers specifically to meet these very complex needs. In the past the move to CHC funding meant you lost some of the choice and control you have with a social care package, but this is no longer the case as people can now have a Personal Health Budget.

Key milestones

This work is ongoing to ensure people whose needs become more complex access CHC funding.

Key consultations

There are no consultations for this work as it is about supporting people to get their already existing entitlement.

Key risks and mitigations

The key risks are:

- There are unintended consequences of the Care Act which change the eligibility requirements for CHC funding – this is being highlighted at a national level
- Brent CCG see this work as cost shunting. We have been clear with the CCG that this is about entitlement based on national criteria and we continue to work positively with them on this.

Equality impact screening

Not accessing this funding could be seen to be a negative impact for disabled people and older people primarily.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	No
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

If the screening has identified a potentially disproportionate adverse impact, you will need to complete an Equality Impact Assessment. This assessment form and the guidance for its completion can be found at:

EIA required?:	No
EIA to be completed by:	N/A
Deadline:	N/A

Lead officer for this proposal:	Helen Duncan-Turnbull
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Budget options Information

Reference:	ASC15
Budget theme(s):	Central Costs
Service(s):	Central Costs
Lead Member(s):	Krupesh Hirani

Proposals:	The service holds a bad debt provision to offset any debts that are written off in the year. The assumption is that the new debt recovery process within the Council will reduce the reliance on the provision being needed to write off uncollectable debt.
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2014/15	
Total budget for the service(s):	£1,155,000
Total post numbers in the services(s) (FTE):	0

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	1,155	0	0
Proposed staffing reduction (FTE)			

Proposed savings

The saving will be achieved in two ways:

- To reduce the reserve allocated to bad debt in Adult Social Care
- To continue to focus on improving the way we financially assess and communicate the need for contributions to all clients to reduce the need for debt recovery and the reserve.

How would this affect users of this service?

There is no change in policy, this is about continuing to improve the way that policy is implemented. This does mean that some service users will start to pay earlier (but only in line with the current financial contributions policy) and people will need to repay debt earlier with fewer legal interventions. It will mean service users get their bills more promptly, so they will start paying earlier (in line with current policy), but it will not change the amount they have to pay per month.

Key milestones

There is a detailed project in place, new process have already been implemented, now it is about tracking progress and refining the new approach.

Key consultations

This is business as usual, targets have been set for the team responsible and they are implementing them.

Key risks and mitigations

The provision is used to write off uncollectable debt from deceased service users. Collection of client contribution for Social Care services has historically been a challenging activity. With the implementation of the Adult Social Care debt recovery team in 2013/14 it is anticipated that the level of debt that would have historically been written off would reduce considerably. There is a risk to the Client Affairs team, the team accountable for the delivery of this target work with other teams in the department and they depend on assessment and care management teams for supply of information. This is being managed through the departments management team and the project put in place to deliver these changes.

Equality impact screening

There is no change to policy.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	No
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

EIA required?:	No
EIA to be completed by:	N/A
Deadline:	N/A

Lead officer for this proposal:	Nancie Alleyne
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Budget options Information

Reference:	ASC 16
Budget theme(s):	Operational and Purchasing Costs
Service(s):	Mental Health
Lead Member(s):	Krupesh Hirani

Proposals:	Phase 2 of the Mental Health redesign project will re-design the workforce and the operating model for mental health social care and will present options for saving £750k as part of this process.
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2014/15	
Total budget for the service(s):	£8,527,000
Total post numbers in the services(s) (FTE):	73.82

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	500	250	0
Proposed staffing reduction (FTE)			

Proposed savings

There are two main areas in the Mental Health budget:

- Purchasing budget, of which the majority of spend is on residential care
- Operational budget, staffing.

The focus until now has been on driving down the residential care costs (through implementation of a recovery model so fewer people are in residential care, and cost negotiations with providers). This work will continue, but there is also a more fundamental piece of work being done with the Clinical Commissioning Group (CCG) to redesign the operating model to ensure that we meet the needs of people as effectively and efficiently as we can. This means looking at the way MH teams are structured to ensure they are fit for purpose.

How would this affect users of this service?

The full detail of the changes will be proposed in a report to Cabinet in February and this will set out different options for changes and different savings. The aim of this project and approach and joint working with health is to transform the service and

therefore mitigate any cost reductions through a more efficient and integrated model of health and social care support.

Key milestones

The key milestones are set out in detail in the Mental Health Phase 2 concept paper and PID, but it is important to note:

- December 2014 – new operating model and joint commissioning intentions with the CCG
- April 2015 – new operating model goes live

Key consultations

Service user and carer groups and staff are being involved in the Phase 2 project, but full consultation will be needed on the draft proposals in December 2014.

Key risks and mitigations

The key risks are:

- sustaining the reductions in residential care – cost and numbers of people. If we are not able to continue to drive down residential care costs, it will create a cost pressure. Crucial to this is not only having the right Supported Living accommodation (see NAIL project), but also good access to mainstream housing which is a problem at the moment
- The new operating model (as defined by the design principles) will be a significant change for staff, so there will be risks implementing this model – these will be managed through a clear change management plan.

Equality impact screening

This will need to be completed when the detailed proposals are put forward.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	Yes
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

EIA required?:	Yes
EIA to be completed by:	Andrew Davies
Deadline:	December 2014

Lead officer for this proposal:	Helen Duncan-Turnbull
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Budget options Information

Reference:	ASC 17
Budget theme(s):	Staff Costs
Service(s):	Support Planning & Review and Reablement
Lead Member(s):	Cllr Hirani

Proposals:	20% saving (over two years) in front line social work staff employed in Brent Adult Social Care
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2014/15	
Total budget for the service(s):	£8,908,000
Total post numbers in the services(s) (FTE):	90

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	450	450	0
Proposed staffing reduction (FTE)	9	9	0

Proposed savings

These savings would be achieved by reducing the number of social worker and social care assessor capacity by 18 FTE posts

How would this affect users of this service?

A reduction in front line assessment, support planning and review capacity will lead to an increase in waiting time for assessment, support planning and reviews for people, unless we are able to mitigate the full impact of additional pressures outlined below in the key risks and achieve further streamlining of front line processes.

Key milestones

- Determine service structure required to accommodate loss of 18 FTE posts, whilst maintaining service level
- Undertake formal staff consultation with staff 'at risk'
- Complete staff consultation and review outcome
- Undertake redundancies based on new service structure required and following staff consultation.
- Implement new service structure

Key consultations

This is not about a fundamental change in the model of service delivery or a proposal to reduce the service offer and therefore does not require us to undertake a formal public consultation.

To achieve the reduction of 18 FTE frontline staff, we would endeavour to manage this process through holding vacancies, but there may be a need to make redundancies. Formal consultation with staff will therefore be required as part of this process.

Key risks and mitigations

There are significant actual and potential pressures on demand for adults social care, which heighten the risks in this proposal:

- A high court ruling in April 2014 significantly lowered the bar for Deprivation of Liberty Safeguards, and has led to an increase from 20 Best Interest Assessments (BIAs) a year to 200 in the first six months of 2014/15. BIAs are not standard assessments, they have to be undertaken by a specially trained social worker and a Section 12 doctor. On average they take 3 days to complete compared to 1 day for a standard social care assessment
- The first part of the Care Act goes live in April 2015. It introduces new eligibility criteria and a new, legal requirement not only to assess carers but also to provide support where there is an identified need – this will increase the number of assessments we need to complete
- The second part of the Care Act goes live in April 2016, when this goes live we will not only need to assess people who have recourse to public funding, but also anyone with a social care need who requests an assessment. The national transition criteria have not been confirmed, but it is likely that people will be able to approach us for an assessment from October 2015. This could double the number of assessments we have a legal duty to complete and the adult social care customer base as a whole. The risk is that we reduce our staff base 6-9 months before a significant increase in demand.

Therefore, the key risk is that there will be an increase in customer waiting times for assessments and reviews.

The key mitigation focuses on two things:

- Streamlining process, for example, an increased focus on self assessment as a key part of the process to reduce the time spent with ASC staff, streamlining processes with the introduction of the new case management system (MOSAIC)
- Prioritising responses based on risk assessment of impact of any increase in the waiting time for vulnerable adults in receiving an assessment, support plan or review; to ensure any delay would not have an adverse or negative impact on an individual or their carer through implementing clear measures to mitigate any risk.

Equality impact screening

This proposal will have an impact on disabled people and older people. This will need to be monitored based on decision on the final level of savings required and

the impact of the Care Act in April 2015. The implications for staff will be defined by the vacancies and the need for redundancies (any change will be carried out in line with Council procedures) and this will need to be monitored.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	YES
Disabled people	YES
Particular ethnic groups	YES
Men or Women (include impacts due to pregnancy/maternity)	YES
People of particular sexual orientation/s	YES
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	YES
People in particular age groups	YES
Groups with particular faiths/beliefs	YES
Marriage / civil partnership	YES

EIA required?:	Yes
EIA to be completed by:	Helen Duncan-Turnbull
Deadline:	<i>January 2015</i>

Lead officer for this proposal:	Helen Duncan-Turnbull
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Budget options Information

Reference:	ASC18
Budget theme(s):	Operational
Service(s):	Commissioning
Lead Member(s):	Krupesh Hirani

Proposals:	Bringing together the commissioning functions for people services across the council (Children and Young People, Adult Social Care and Public Health), developing a new model which delivers at a reduced cost.
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2014/15	
Total budget for the service(s):	£8,908,000
Total post numbers in the services(s) (FTE):	39.5

The stated budget represents the full Commissioning budget allocation for 2014/15 together with the full budgeted establishment. But this does not take account of Children's and Public Health Commissioning costs which would also contribute to this saving.

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	500	0	0
Proposed staffing reduction (FTE)			

Proposed savings

The objective is to bring together the staff delivering these functions, reducing the overall head count, but also delivering savings through more effective service design and procurement.

How would this affect users of this service?

This should not negatively impact services users. This should deliver better value for money.

Key milestones

Review of the 3 commissioning functions

Design new model to align with the new corporate Strategic Commissioning function

Key consultations

The key consultations will be staff impacted by the changes.

Key risks and mitigations

The key risk is the delivery of this proposal in the timescale. The three areas have very different commissioning functions and these need to be reviewed and a single model agreed and implemented for delivery of the saving in 2015/6.

Equality impact screening

There should be no implications for service users and carers, the implications for staff will be defined by the proposal, but any change will be carried out in line with Council procedures.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	TBC
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

If the screening has identified a potentially disproportionate adverse impact, you will need to complete an Equality Impact Assessment. This assessment form and the guidance for its completion can be found at:

EIA required?:	Yes as part of the re-design process
EIA to be completed by:	TBC
Deadline:	<i>February 2015</i>

Lead officer for this proposal:	Phil Porter
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Budget options Information

Reference:	ASC19
Budget theme(s):	Direct Services
Service(s):	Direct Services
Lead Member(s):	Krupesh Hirani

Proposals:	There are two options for delivering this saving: full cost recovery for the in house service, or signposting to other organisations to undertake the functions. There will be a review process including those affected.
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2014/15	
Total budget for the service(s):	£8,908,000
Total post numbers in the services(s) (FTE):	2

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	60	0	0
Proposed staffing reduction (FTE)			

Proposed savings

The saving comes either from full cost recovery for the in house service, or signposting to other organisations to undertake the functions. There will be a review process including those affected.

How would this affect users of this service?

As long as it is well implemented, there will be minimal impact for service users. They will have to pay for the full cost of the service, but they already pay for the service.

Key milestones

December 2014 – review and finalisation of all current deputyship arrangements
 January 2014 – proposal for implementing this change
 February 2015 – consultation with all current clients and representatives
 April 2015 – implementation

Key consultations

As this is not a change in policy or service level, it is a change in cost or provider, the main consultation will be with the individuals themselves and their carers.

Key risks and mitigations

The key risk is the link between assessment and care management and the new service provider and ensuring this is robust and roles and responsibilities are clear, so there is no risk of financial disadvantage for these vulnerable adults.

Equality impact screening

This proposal is focused on disabled people and older people, and particularly those people who do not have the capacity to manage their finances. There may be an increase in the cost of this service, but this will only be achieved if the person has the available income, so any financial impact will be mitigated.

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	No
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

If the screening has identified a potentially disproportionate adverse impact, you will need to complete an Equality Impact Assessment. This assessment form and the guidance for its completion can be found at:

EIA required?:	TBC depending on option
EIA to be completed by:	TBC
Deadline:	TBC

Lead officer for this proposal:	Nancie Alleyne
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Budget options Information

Reference:	ASC20
Budget theme(s):	Learning and Development
Service(s):	Commissioning
Lead Member(s):	Krupesh Hirani

Proposals:	Stopping all Learning and Development apart from the required statutory learning and development unless it can be delivered through external funding.
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2014/15	
Total budget for the service(s):	£8,908,000
Total post numbers in the services(s) (FTE):	0

	2015/16	2016/17 Additional	Future years Additional
	£'000	£'000	£'000
Proposed saving:	125	0	0
Proposed staffing reduction (FTE)			

Proposed savings

The departmental learning and development budget would be significantly reduced. We would ensure that we purchase core statutory training, but other development would need to be done either through peer learning and other peer development opportunities, or through sourcing external funding opportunities.

How would this affect users of this service?

We would seek to minimise any impact on service users through the use of peer learning and development to ensure our staff continues to deliver a high quality service.

Key milestones

Development of 2015/16 learning and development plan – based on this consultation process and the corporate and borough priorities – March 2015

Key consultations

We would work with all staff to develop this plan.

Key risks and mitigations

The key risk is reduced focus on the development of staff and this may make Brent Council a less attractive employer. However, all councils are facing similar cuts and it is expected that all Councils, will need to make similar changes to staff development.

Equality impact screening

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	No
Disabled people	
Particular ethnic groups	
Men or Women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation/s	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People in particular age groups	
Groups with particular faiths/beliefs	
Marriage / civil partnership	

If the screening has identified a potentially disproportionate adverse impact, you will need to complete an Equality Impact Assessment. This assessment form and the guidance for its completion can be found at:

EIA required?:	No
EIA to be completed by:	N/A
Deadline:	

Lead officer for this proposal:	Amy Jones
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