

Appendix B2 –  
Adults & Health  
Proposals for  
Change –  
For decision for 2019  
– 2022

## Proposal for Change:

### ASC1920-01 – Rationalisation of Extra Care Housing provision in Somerset

Reference:	ASC1920-01
Service Area:	Adults Social Care
Director:	Stephen Chandler
Strategic Manager	Steve Veevers
SAP Node	EHA

1. The proposal is to:	
	<b>Managing Demand</b> - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	<b>Increasing Productivity</b> - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
	<b>Service Delivery Models</b> - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
<b>X</b>	<b>Reductions in Services</b> - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

2. Outline of the proposed change:
<p>Extra Care Housing (ECH) is provision of accommodation-based care and support to people, allowing them to live independently. Effectively, it is having 24-hour carers based in a building, being on hand to respond to emergencies, planned care or provide group activities. When commissioned well, the model can be highly effective in helping people to stay independent and well for much longer in the community, reducing the need for more intensive settings like residential or nursing care. The presence of core support, as well as the benefit of friendships and networks with other residents are all positive factors for people's wellbeing on vibrant and busy schemes.</p> <p>Somerset County Council currently fund background, night and management staffing (Core) in 23 extra care schemes across the county, some are well utilised, but some have lower levels of care delivered in the schemes. A proportion of these are at a level where the investment in "core" support does not represent value for money or provide a reduction in the "paid for" care to people.</p> <p>The council's commissioners, information systems and recording of care delivery in Extra Care have been instrumental in the development of this proposal that has</p>

considered the usage within the schemes and provided an update of both assessed care (that which people are eligible to receive following a social care assessment) and core staffing (which may be preventing them needing further care or helping people stay independent).

There are a number of schemes where the assessed care delivery hours are considerably low, it is expected to have a minimum of 200 hours for a scheme to make it economically viable for the care provider. Also, some schemes within the current stock do not meet the recommended design for Extra Care Housing. Schemes need to be accessible, or be capable of being adapted, to facilitate the delivery of personal social and health care services. A number of the Somerset schemes have a dispersed bungalow setting over a large area that make it difficult for staff to deliver services effectively and raises concerns for night staff travelling alone.

The recommended model for Extra Care is a single building, with multi occupancy of approximately 40 or 50 units. Best practice research informs us that in order to have a vibrant and balanced community within an Extra Care scheme, residents should have a range of dependency needs, the general principle is that there will be mixed range of assessed care needs with a third of the population having low, another third having medium and the remaining third high.

The proposal would not mean that people need to move from their home, as their right to tenancy in the property will remain, but the proposal is to remove the core care component of the Extra Care Scheme where it is not currently value for money. However, due to the cumulative effect to the market of the removal of the core component across multiple schemes, this must happen in a phased approach to facilitate the transitional period, therefore, a clear programme would need to be developed to enable the savings whilst not overly disrupting the marketplace or providers.

The levels of investment by Somerset County Council vary by scheme, dependent on the number of units of accommodation. The net investment figure is offset by the client contribution of approximately 21% per scheme.

Adult Social Care (ASC) are proposing to remove the core component from 8 schemes in 2019/20 to generate a possible full year saving of £823,000 with 2019/20 savings totalling £604,000.

To ensure minimal disruption a programme will be developed and will be delivered over the year period that will ensure minimal risk to the Housing Provider market.

For clarity, the schemes will not close, but it is expected that they would continue as either general needs housing suitable for older people or specialist "sheltered housing" / assisted living.

It is expected that the residual schemes would be effective and at a level that would represent value for money.

## **2a. Confidence level**

100 %

Initial conversations “in principal” have already occurred with housing providers and care providers and commissioners are confident that the removal of the core component of the least financially viable ECH schemes would be possible to achieve.

This would not adversely affect the provision of specialist housing in Somerset and it is considered that demand for this type of services warrant this correction of this type of accommodation that does not meet the desired model of Extra Care.

The concern of commissioners is the de-stabilisation of the market which could potentially have severe impact on the sustainability of the Care and Housing providers, if the withdrawal is made too quickly.

## **3. Impact on residents, businesses and other organisations:**

Those people living in schemes that are identified for decommissioning will face the removal of the 24-hour care and support provision. Specifically, these schemes have been chosen as they currently have minimal use of the night support and little use of the background staffing. Replacing with a provision of home care, as if people were living in general needs housing, will continue to meet any assessed needs under the Care Act.

Providers who are providing the care under contract will suffer a loss of income and a change to the provision. This may impact on their staffing negatively, for example needing to make redundancies / redeployment of staff that were previously delivering this service. This may need to be taken into account for one off cost out of any saving proposals.

Landlords providing the housing will also have a loss of income from the grant from SCC, provided to them. As specialist Residential Social Landlords (RSL's) they will have social responsibilities to providing specialist accommodation. There may well be a reputational impact on these landlords, although some have already agreed in principal to changes set out.

Adult Social Care will also need to manage the relationship with District Councils who could be disengaged with the proposals due to the change in service being offered. This relationship will be managed by Commissioners to ensure that joint strategic aims are agreed, and any feedback or issues are listened to and resolved to both parties satisfaction.

Further information on impacts can be found in the Equalities Impact Assessment.

**4. Impact on other services we provide:**

This proposal may have an impact on other services, specifically if the current Extra Care Provider, when given notice, opts to not provide the assessed domiciliary / home care to people. If this was to occur then other providers will need to be found, more likely that not from current domiciliary care providers.

There will be also be an impact on operational social work teams in completing reviews or assessments of people that may have not been done recently.

No other impact on other services is expected.

**5. Impact on staff:**

No impact on SCC staff, however, there could be potential impact on provider staff if the service provision was reduced.

**6. Resources and support needed to make the change:**

Would require;

- Commercial and Procurement resource to agree contractual changes required.
- Commissioner resource will be required to agree and negotiate changes.
- Project & Change Manager to lead the delivery of the programme.

**7. Timescale to deliver and major milestones:**

Milestone	Date
Full Council Sign off	Feb 2019
Planning and preparation phase including comms to housing providers (ALL)	March 2019
<b>Tranche 1:</b> TBC de-commissioned schemes	March 2019
<b>Tranche 2:</b> TBC de-commissioned schemes	May 2019
<b>Tranche 3:</b> TBC de-commissioned schemes	July 2019
Delivery of in year savings	September 2019
Commencement of 100% in year savings	January 2020

**8. Risks and opportunities:**

Individual service users may need reviews to ensure continuity of care.

Any delay in the phasing of the decommissioning will reduce the level of savings able to be achieved.

Relationship with District Council maybe negatively impacted by changes.

**9. Dependencies:**

- Contract with care providers
- Grant Agreements with Landlords
- Work being undertaken through FIT.
- District Councils

All dependencies will be managed through the service.

**10. Initial Equality Impact Assessment:**

Please see separate Equalities Impact Assessment.

**11. Consultation and Communications plan:**

Formal Consultation on mitigation of the impact, will be undertaken for all schemes affected. A full consultation and communication plan is in place for each of the identified schemes, ready to be enacted.

**12. Legal Implications:**

There is no statutory duty to provide service, the changes are to be addressed through contractual and grant changes.

Also need to demonstrate how this decision is consistent with the wellbeing duty in the Care Act 2014. Must address market-shaping duty of the local authority under section 5(1) and 5(2)(f) Care Act 2014.

**13a. Financial Implications – net change to service budget in each year:**

Are the savings evidenced based?

Yes

If no, when is evidence expected?

N/A

Please note: these figures should be cumulative (as per the approach for MTFP and savings)

£s	Savings	Income	Growth/Costs	Total	Ongoing or One-off?
2019/20	£ 604,000	£	-£	£ 604,000	Ongoing
2020/21	£ 219,000	£	-£	£ 219,000	Ongoing
2021/22	£			£	
2022/23	£			£	
<b>Total</b>	<b>£ 823,000</b>	<b>£</b>	<b>-£</b>	<b>£ 823,000</b>	

**13b. One off project costs and income (not included in above):**

£s		
2018/19	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2019/20	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2020/21	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
<b>TOTAL</b>		<b>£</b>

# Somerset Equality Impact Assessment

Organisation prepared for	Somerset County Council		
Version	V1.0	Date Completed	19 <sup>th</sup> November

## Description of what is being impact assessed

**Rationalisation of Eight Extra Care Schemes to general needs housing**

Extra Care is seen as a valuable and arguably, essential resource for older people in Somerset to have a range of accommodation based support options, as people’s care needs and mobility needs increase. Good extra care allows for flexibility of delivery and wider community involvement. Extra Care Housing, when done well is provision of accommodation-based care and support to people, allowing them to live independently in a building purpose built.

Effectively, it is having carers based permanently in a building, being on hand to respond to emergencies, planned care or provide group activities, supported by a range of technology solutions, community activity and mutual encouragement from peers.

Effective use of the service would mean that people who reside in the schemes have a need for the care, which is not the case in some schemes in Somerset and has led to the decision to decommission some of the least efficient and furthest from the desired model.

The council’s information systems and recording on care delivery in Extra Care have been instrumental in the development of this proposal that has looked at the usage and update of both assessed care (that care which people are eligible to receive following a social care assessment) and core staffing (which may be preventing them needing further care or helping people stay independent)

The proposal would not mean that people need to move from their home, as the property will remain, but the proposal it to remove the core care component of the Extra Care Scheme and people will still retain their assessed care packages, as would anyone living in their own home or general tenancy in the community.

## Evidence

This information in care delivery reports, would indicate that in the identified schemes there is no or very low uptake on the provided “core” care, meaning that there would be little or no impact on the people living in these schemes of removing the core care. People will still be able to receive any care act eligible care or support that they require from a domiciliary care company for their assessed care as with any other person living in their own home in general housing (either rented, owned or from social landlords) This assessed care will be offered to the current care and support provider in the first instance to maintain continuity or support the transfer to another care provider if more appropriate.

Scheme A - currently delivering 35.75 assessed care hours per week  
Scheme B - currently delivering 85.75 assessed care hours per week  
Scheme C - currently delivering 62.25 assessed care hours per week  
Scheme D - currently delivering 34.25 assessed care hours per week  
Scheme E - currently delivering 67.25 assessed care hours per week  
Scheme F - currently delivering 63.50 assessed care hours per week  
Scheme G - currently delivering 84.25 assessed care hours per week  
Scheme H - currently delivering 103.50 assessed care hours per week

All of the 19 remaining ECH schemes have a higher proportion of women to men, due to the age component of the people living in them.

## Who have you consulted with to assess possible impact on protected groups?

The residents of the eight identified schemes will be engaged with before the removal of the care and following the decision for these schemes. This engagement is specifically about the impact and mitigations of the removal of this service on residents and families. For clarity, this is not a consultation on the decision to decommission the support but helping people to understand the impact of the removal of the care and support and what can help to implement the changes.

This engagement will take the form of letters to residents, engagement meetings in the schemes, information packs and questionnaires for residents and dedicated inbox and telephone number for correspondence.

This will be conducted alongside stakeholder engagement with the care & support provider and landlord to ensure that a range of views are captured about the mitigation that might be needed and any individual residents that might need some specific alternative response.

**Analysis of impact on protected groups**

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
<b>Age</b>	<ul style="list-style-type: none"> <li>There will be a reduction in the number of specialist housing options for OLDER people with the removal of eight extra care schemes People who live in the effected Extra Care will experience a loss of formal support and wider social networks.</li> <li>People who wish or need to access extra care may need to move further from their current home.</li> </ul>	☒	☐	☐
<b>Disability</b>	<ul style="list-style-type: none"> <li>There will be a reduction in the number of specialist housing options for DISABLED people with the removal of eight extra care schemes People who live in the effected Extra Care will experience a loss of formal support and wider social networks.</li> <li>People who wish or need to access extra care may need to move further from their current home.</li> </ul>	☒	☐	☐
<b>Gender reassignment</b>	<ul style="list-style-type: none"> <li>All people have equal opportunity to access the remaining Extra Care schemes.</li> </ul>	☐	☒	☐
<b>Marriage and civil partnership</b>	<ul style="list-style-type: none"> <li>All people have equal opportunity to access the remaining Extra Care schemes.</li> </ul>	☐	☒	☐
<b>Pregnancy and maternity</b>	<ul style="list-style-type: none"> <li>Not an affected group</li> </ul>	☐	☐	☐

<b>Race and ethnicity</b>	<ul style="list-style-type: none"> <li>All people have equal opportunity to access the remaining Extra Care Schemes.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Religion or belief</b>	<ul style="list-style-type: none"> <li>All people have equal opportunity to access the remaining Extra Care</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Sex</b>	<ul style="list-style-type: none"> <li>A higher proportion of women than men live in extra care, currently at a proportion of 64% to 36%. This means that women may be impacted more than men.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sexual orientation</b>	<ul style="list-style-type: none"> <li>All people have equal opportunity to access the remaining Extra Care schemes.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other, e.g. carers, veterans, homeless, low income, rurality/isolation, etc.</b>	<ul style="list-style-type: none"> <li>With the removal of the background staffing in extra care schemes, people may experience greater social isolation with the loss of some interaction with paid staff.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Negative outcomes action plan</b>				
<b>Action taken/to be taken</b>	<b>Date</b>	<b>Person responsible</b>	<b>How will it be monitored?</b>	<b>Action complete</b>
Monitoring of numbers / demand for extra care	31/12/2018	Vicky Chipchase	Allocation meetings	<input type="checkbox"/>
Development of more modern, cost effective extra care to replace this and other losses. The reason for the long timescale on this action is due to the time it will take to raise funding, identify a site and housing partner and then physically build new extra care schemes.	01/04/2020	Steve Veevers	Extra Care development plan	<input type="checkbox"/>
With the loss of on site care providers, people may experience a reduction in the contact with other people, but Somerset is promoting the use of the “community connect” model, of supporting people to be more active and participative in their local areas.	31/05/2019	Pip Cannons	Community Connect data	<input checked="" type="checkbox"/>

Reviewing individual plans of those potentially affected by the changes.	31/03/2019	Vicky Chipchase	Monthly reviews	<input type="checkbox"/>
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<b>If negative impacts remain, please provide an explanation below.</b>	
The demography of the older population nationally, regionally and locally evidences that women live longer than their male counterparts, meaning that there is a larger older person population than men. This means that there is likely to always be a larger cohort of women than men that live in Extra Care and therefore likely to be disproportionately impacted by any changes.	
<b>Completed by:</b>	<b>Steve Veevers</b>
<b>Date</b>	<b>19<sup>th</sup> November 2018</b>
<b>Signed off by:</b>	<b>Stephen Chandler/Tom Rutland</b>
<b>Date</b>	<b>November 2018</b>
<b>Equality Lead/Manager sign off date:</b>	<b>November 2018</b>
<b>To be reviewed by: (officer name)</b>	<b>Steve Veevers</b>
<b>Review date:</b>	<b>March 2019</b>

## Proposal for Change: ASC1920-03 – Reviews of Care Packages

Corporate Plan Priority:	ASC1920-03
Service Area:	Adults
Director:	Stephen Chandler
Strategic Manager	Emily Fulbrook
SAP Node	EHA

1. The proposal is to:	
X	<b>Managing Demand</b> - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	<b>Increasing Productivity</b> - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
	<b>Service Delivery Models</b> - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
	<b>Reductions in Services</b> - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

2. Outline of the proposed change:
<p>Adult Social Care (ASC) have a statutory responsibility to carry out reviews under the Care Act on an annual basis. There are currently 6,832 people receiving care and support within the community.</p> <p>ASC are committed to improving individual lives by providing the right kind of support. We aim to raise people's ambitions about what they can achieve and help them to meet those aspirations. ASC have embedded a personalised, progression-based approach to individual reviews to enable people to be as independent as possible. We utilise Care Act guidance to determine assessed eligible need once all areas of natural support, assistive technology, equipment and community assets have been maximised.</p> <p>We will continue to use the methodology implemented in 2018/19 for reviews undertaken in 2019/20;</p> <ul style="list-style-type: none"> <li>• Individuals are involved and able to contribute to their review, if the individual is unable too then a family member will be involved, or a referral will be made for advocacy.</li> <li>• Reviews are holistic, adopting a strength-based approach with the underpinning strategy of 'Promoting Independence'.</li> </ul>

- Planned reviews will be tracked on a weekly basis by the appropriate Teams.
- Review trajectory will be set for monitoring and accountability to the appropriate teams.
- Financial validation will be completed on a fortnightly basis.
- Financial monthly profile target to be set each month.
- Review Tracker and financial validation will be completed by Senior Responsible Officer and Finance Lead.
- Quality Assurance Audits will take place to include individual, family and carer feedback surrounding the quality of review completed.
- Peer Forums provide robust challenge and scrutiny for any increases in Packages of Care or complex case discussions, to ensure that the responses ASC provide are proportionate, timely and meet our statutory obligations in the most effective way for the service and the service user.

Through this approach we have improved Outcomes for individuals and are on track to achieve savings totalling £3.1M in 2018-19. This has resulted in a robust approach including:

- Monthly Review Target assigned across the service – 200 per month
- Performance Reporting to teams and managers – Weekly Basis
- Financial Validation of impact of changes – Fortnightly basis with monthly recording against profile target.
- Quality Assurance Audit – 25 per month across ASC
- Reviews presented at Peer Forum – All planned reviews

## **2a. Confidence level**

100 %

The review methodology and principles will be based on the work undertaken during 2018/19 to deliver target review savings. We therefore have a high level of confidence in being able to achieve the savings identified.

Since April 2018 ASC have completed 2,301 reviews and associated financial validation.

## **3. Impact on residents, businesses and other organisations:**

By completing person centred reviews under the Care Act there will be positive changes made to individual packages of support, by promoting people's independence and raising ambitions. ASC will continue to meet eligible needs, but we may meet them differently that may have a financial saving.

Individuals will be supported to maximise their own support network and develop and maintain community support options.

**4. Impact on other services we provide:**

By working differently and moving away from traditional models of support we will be utilising community options and resources. There may be an impact on community systems that support individuals, ASC have developed strong links with community systems and will be able to effectively monitor any impact.

Links will be made between Operational teams and Strategic Commissioner for Communities, to identify any pressure areas and support in continued market shaping for the future.

**5. Impact on staff:**

No impact on Somerset County Council staff.

**6. Resources and support needed to make the change:**

No additional resource requirements.

**7. Timescale to deliver and major milestones:**

Reviews will be monitored on a monthly basis.

**8. Risks and opportunities:**

As part of the review work being completed there may be individuals who's care, and support needs will increase where the assessed personal budget is not reflective of need and identified outcomes. Review tracking will be implemented as part of the methodology to monitor the financial impact.

**9. Dependencies:**

None

**10. Initial Equality Impact Assessment:**

Impact will be on all client groups across adult social care. No Equalities Impact Assessment required.

**11. Consultation and Communications plan:**

Following conversations with the Corporate Equalities Manager it was agreed that consultation was not required.

**12. Legal Implications:**

What SCC is required to do by law is:

- a. Assess the relevant adult to determine what needs s/he has.
- b. Where SCC is satisfied that on the basis of the needs assessment that the adult has needs for care and support or that a carer has needs for support, it must determine whether any of the needs meet the eligibility criteria under Care Act 2014. Having made this determination as to eligibility, must give the adult concerned a written record of the determination and the reasons for it.
- c. , SCC must
  - i. consider what could be done to meet those needs that do
  - ii. ascertain whether the adult wants to have those needs met by SCC

iii. establish whether the adult is ordinarily resident in Somerset

*Care Act legislation relating to CHC*

Section 22 of the Care Act 2014 places a limit on the care and support that can lawfully be provided to individuals by local authorities. That limit is set out in section 22(1) and is as follows:

*'A local authority may not meet needs under sections 18 to 20 by providing or arranging for the provision of a service or facility that is required to be provided under the National Health Service Act 2006 unless-*

*(a) doing so would be merely incidental or ancillary to doing something else to meet needs under those sections, and*

*(b) the service or facility in question would be of a nature that the local authority could be expected to provide'.*

**13a. Financial Savings – net change to service budget in each year:**

Savings are based on the following;

Since April 2018 ASC have completed 2,301 Care at Home and Direct Payment Reviews, the Full Year Effect savings that are mapped on the basis of savings achieved through this process is predicted at £3.1M

Are the savings evidenced based (evidence should be included with this template)?	Yes
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If no, when is the evidence expected?	N/A
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Please note: these figures should be cumulative

£'000's	Savings	Income Generated	Cost Involved (also see 13b)	Total	Ongoing or One-off?
2019/20	£1,100	£	-£	£1,100	Ongoing
2020/21	£	£	-£	£	
2021/22	£	£	-£	£	
2022/23	£	£	-£	£	
2023/24	£	£	-£	£	
<b>Total</b>	<b>£1,100</b>	<b>£</b>	<b>-£</b>	<b>£1,100</b>	Ongoing

**13b. One-off project costs and income (not included in above):**

£'000's		
2019/20	Capital Costs	-£
	Capital Receipts	£
	Estimate of Redundancy costs	-£
	Estimate of Resource costs to deliver	-£
	Sub-total	£
2020/21	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2021/22	Capital Costs	-£

	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
	TOTAL	£

## Proposal for Change: ASC1920-04 – Key Ring Grant Reduction

Corporate Plan Priority:	ASC1920-04
Service Area:	Adults
Director:	Stephen Chandler
Strategic Manager	Steve Veevers
SAP Node	EC

1. The proposal is to:	
	<b>Managing Demand</b> - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	<b>Increasing Productivity</b> - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
	<b>Service Delivery Models</b> - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
<b>X</b>	<b>Reductions in Services</b> - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

2. Outline of the proposed change:
<p>The KeyRing network provides a variety of accommodation and housing related support for clients with a learning disability and / or low-level Mental Health needs. There are two KeyRing networks currently in Somerset, one in Frome which is well used and utilised and a second that covers Glastonbury &amp; Street which is not well utilised. Support is based on tenants (network members) living in their own homes but sharing their skills and talents with each other and with their local communities, with the help of volunteers and community members.</p> <p>Each KeyRing network consist of a community living volunteer and up to 9 individual units or flats which the tenants will individually rent from Housing providers. The network also has Community Support Workers and Supported Living Managers who make sure that members get the support that they need.</p> <p>However, moving forward Adult Social Care are looking to re-provide the support that is currently given to the few members in the Glastonbury/Street area to a different cohort of people, supported by the leaving care team. Data supports that the KeyRing scheme in Glastonbury/Street is not sufficiently utilised and therefore, is not warranted as value for money.</p> <p>With this in mind Adult Social Care are proposing to reduce the grant money to KeyRing. Each of the networks has a maximum 9 units and has a total cost of</p>

£32,000, this proposal is therefore committing to save the authority £15,000. Savings can commence once reviews have been completed which could be before December 2018 but will be completed before the start of the financial year.

**2a. Confidence level**

100 %

Evidence from discussion with KeyRing and those using the service have confirmed it is not value for money and that there is no impact on the end user by reducing the grant in half.

Individual reviews of people currently accessing service are occurring and alternative, low or no cost options are being explored and implemented for people.

**3. Impact on residents, businesses and other organisations:**

The five people currently accessing the KeyRing Scheme will experience a change in service as they are being reassessed, with an emphasis on greater independence, choice and control over their lives. KeyRing is in support of this and assisting in accessing alternative community provision.

**4. Impact on other services we provide:**

No other impact is expected on other services that are provided, apart from the “business as usual” social work intervention of assessment and review.

**5. Impact on staff:**

There is no expected impact on county council staff.

**6. Resources and support needed to make the change:**

Commissioners consider that the changes are able to be made within the current resources but will need a modest level of assistance from contracts and procurement to enact the changes to the grant.

**7. Timescale to deliver and major milestones:**

	<b>Milestone</b>	<b>Date</b>
	Reviews of all people to be completed.	December 2018
	Grant to be adjusted	March 2019

**8. Risks and opportunities:**

Adult Social Care has been supporting and advising Children’s Social Care on the use of a KeyRing scheme to support a group of young care leavers to have a better outcome than their current residential care.

This will have a positive outcome for their lives as well as the use of high cost residential placements for people.

**9. Dependencies:**

No dependencies.

**10. Initial Equality Impact Assessment:**

The Corporate Equalities Manager has advised that he does not consider the equality duty relevant to this, as a detailed Impact Assessment is being conducted under the People Too workstream in Children's services.

Each of the people currently in receipt of support will be reviewed by a member of Adult Social Care and if there is any ongoing need, this will be assessed and provided for.

**11. Consultation and Communications plan:**

Individual work and assessment is happening with all the people currently using the Glastonbury/Street KeyRing scheme. Alternative provision will be discussed and progressed through this route.

**12. Legal Implications:**

Legal implications will be considered to ensure SCC continues to fulfil its statutory duties in relation to asylum seekers, clients with a learning disability or low-level Mental Health needs, and its duty to prevent needs for care and support (section 2 Care Act 2014).

A variation to the current grant agreement will need to be done, via the contracts team and legal services.

**13a. Financial Savings – net change to service budget in each year:**

Are the savings evidenced based (evidence should be included with this template)?	Yes
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If no, when is the evidence expected?	N/A
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Please note: these figures should be cumulative

£s	Savings	Income Generated	Cost Involved (also see 13b)	Total	Ongoing or One-off?
2019/20	£15,000	£	-£	£15,000	Ongoing
2020/21	£	£	-£	£	
2021/22	£	£	-£	£	
2022/23	£	£	-£	£	
2023/24	£	£	-£	£	
<b>Total</b>	<b>£15,000</b>	<b>£</b>	<b>-£</b>	<b>£15,000</b>	Ongoing

**13b. One-off project costs and income (not included in above):**

£s		
2019/20	Capital Costs	-£
	Capital Receipts	£
	Estimate of Redundancy costs	-£
	Estimate of Resource costs to deliver	-£
	Sub-total	£
2020/21	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£

	Estimate of resource costs to deliver	-£
	Sub-total	£
2021/22	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
	TOTAL	£0

# Proposal for Change: ASC1920-08 – Recommissioning Care Home Dementia Support

Corporate Plan Priority:	ASC1920-08
Service Area:	Adults
Director:	Stephen Chandler
Strategic Manager	Mel Lock
SAP Node	EHA

1. The proposal is to:	
	<b>Managing Demand</b> - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	<b>Increasing Productivity</b> - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
X	<b>Service Delivery Models</b> - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
X	<b>Reductions in Services</b> - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

2. Outline of the proposed change:	
<p>The proposal will review existing high cost complex mental health cases who have complex dementia to identify the most appropriate care required for each individual and to ensure value for money is being achieved in relation to the associated costs of each package of care. Alongside this we will be looking to recommission alternative delivery models for this client group that supports them to be independent.</p> <p>The primary output of this project will be a shared whole system understanding of all individuals receiving complex packages of care and assurance that their needs are being met and funded in the most appropriate manner</p> <p>This will be accomplished by first scoping the range of people being supported by high cost packages of care: where they are; when they were last reviewed; what the costs are; and the appropriateness of the delivery model of support via a review – prior to the case being re-presented to the complex case panel.</p> <p>There is an expectation that through this process there will be a rebalancing of the commissioning funding streams to be more in line with national policies rather than local historic arrangements, (e.g. the Out of Area Treatment (OAT) budget should only be used for active treatments not s117 after care and vice versa, along with more informed views regarding the proportion of health and social care spend for</p>	

each case, and when Continuing Health Care (CHC) needs considered as the primary funding route.) There is also an expectation of a reduced overall spend on such cases. Where this is achieved the released benefits will be retained by the respective commissioning agencies proportionate to the original investment ratios.

The primary output of this project will be a shared whole system understanding of all individuals receiving complex packages of care and assurance that their needs are being met and funded in the most appropriate manner.

Once this shared data base has been established, (with the appropriate information governance issues in place), a filtration process will be undertaken to identify the priority cases for review.

The criteria for this prioritisation process will include those packages of care that have:

- The highest costs
- The highest levels of individual 1-2-1 support
- Not been reviewed for >12 months (taken in order of highest cost first)

It is anticipated that through unifying patient lists into one single database and applying a structured review process, savings will be identified through the appropriate scrutiny placed on packages of care that may not have been reviewed in a number of years. This will not only release savings but will also ensure that review is undertaken of the care package in place and whether it continues to meet the needs appropriately of the patient

At present the service spends £1m annually, following implementation of the above proposal it is believed that there will be a 10% saving totalling £100,000 savings for 2019/20. 10% because and for illustration purposes, the current spend on the top 10 highest costing complex cases amounts to a gross system cost of £1.145m.

The existing funding apportionment between Somerset CCG and Somerset County Council agreed at the point of funding the patient will be used to apportion the savings provided to the CCG and SCC. For example, if patient x was funded 25% by CCG and 75% by SCC the savings would therefore be apportioned to the same value.

## **2a. Confidence level**

100%

1. The team have been identified and plans in place to start before Christmas.
2. Providers negotiations planned for December 2018.
3. New model of delivery trial started.

## **3. Impact on residents, businesses and other organisations:**

A change in service model will be beneficial to customers and financially beneficial to the health and social care system. There will be no negative consequential impact on residents, businesses or other organisations.

**4. Impact on other services we provide:**

There will be no impact on other services currently provided by Somerset County Council, NHS or Clinical Commissioning Group.

**5. Impact on staff:**

There will be no staffing implications.

**6. Resources and support needed to make the change:**

To undertake this piece of work there is the following resource requirements;

- Commissioner to undertake the scoping and cross referencing of the lists of patients held by the 3 organisations to complete one single agreed list of those patients funded
- 2 Social workers released to undertake the reviews required of the patients
- 1 Community Psychiatric Nurse (CPN) to provide the clinical review (interim basis employed by SCC).

All resource has already been agreed and will be as Business as Usual so no additional costs.

**7. Timescale to deliver and major milestones:**

	Milestone	Date
Provider Negotiations		December 2018
Presentation of the first 5 case to the complex case panel following review		January 2019
Checkpoint meeting following first 5 reviews		January 2019
Review of projects success to inform next steps, if any		June 2019

**8. Risks and opportunities:**

The following risks have been highlighted with mitigation proposed;

Risk	Description	Mitigating actions
This programme of work may not release the savings outlined	It is unclear at present the level of savings that will be released by this process and so a true understanding of this will be identified as the reviews happen.	Fortnightly reviews of the project's success will be undertaken at the complex case panel. Progress will be monitored as part of the ASC MTFP board
Information governance and sharing of information	During this piece of work information on individuals placement/cost will need to be shared in order to enable the review to be undertaken	Ensure that only information which needs to be shared is appropriately shared. Patient Identifiers are removed and coding applied where the database needs to be shared outside the organisation.
Recruitment of CPN	To provide appropriate clinical challenge to the review process, a credible clinician needs to be part of the decision-making process – however recruitment of CPNs is a challenge.	There are a number of retired CPNs within the locality who will be approached to undertake this work on a temporary basis. If this is not successful alternative CPNs will be sought from existing partners.

**9. Dependencies:**

For this proposal to succeed Somerset County Council will need to work in close partnership and formerly acknowledge/manage dependencies with the following;

- NHS
- Clinical Commissioning Group
- Somerset Partnership Foundation Trust
- Provider Market

**10. Initial Equality Impact Assessment (EIA):**

Following consultation with the Equality Impact Manager it was agreed that an EIA was not required. The decision was made based on the fact there will no impact on customers and that this proposal is about recommissioning a new services model that would better meet individuals needs and is cost effective for the health and social care system.

**11. Consultation and Communications plan:**

Following discussions with the Consultation Manager it was agreed that Consultation was not required.

**12. Legal Implications:**

Following agreement from Somerset County Council's Senior Solicitor it was agreed that there would be no Legal implications as a result of this savings proposal.

**13a. Financial Savings – net change to service budget in each year:**

Are the savings evidenced based (evidence should be included with this template)?	Yes
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If no, when is the evidence expected?	N/A
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Please note: these figures should be cumulative

£s	Savings	Income Generated	Cost Involved (also see 13b)	Total	Ongoing or One-off?
2019/20	£ 100,000	£	-£	£100,000	Ongoing
2020/21	£	£	-£	£	
2021/22	£	£	-£	£	
2022/23	£	£	-£	£	
2023/24	£	£	-£	£	
<b>Total</b>	<b>£100,000</b>	<b>£</b>	<b>-£</b>	<b>£100,000</b>	

**13b. One-off project costs and income (not included in above):**

£s		
2019/20	Capital Costs	-£
	Capital Receipts	£
	Estimate of Redundancy costs	-£
	Estimate of Resource costs to deliver	-£
	Sub-total	£

2020/21	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2021/22	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
TOTAL		£

**Proposal for Change:  
ASC1920-09 – Managing Demand / Reduction in placements in  
residential and nursing care**

Corporate Plan Priority:	ASC1920-09
Service Area:	Adults
Director:	Stephen Chandler
Strategic Manager	Mel Lock
SAP Node	EHA

<b>1. The proposal is to:</b>	
<b>X</b>	<b>Managing Demand</b> - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	<b>Increasing Productivity</b> - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
	<b>Service Delivery Models</b> - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
	<b>Reductions in Services</b> - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

<b>2. Outline of the proposed change:</b>
<p>Adult Services in Somerset work to support, promote and enhance strong communities in order that people can live their lives as successfully, safely and independently as possible.</p> <p>Maintaining independence makes people happier, healthier, and helps reduce the need for future services. We believe that people themselves are best placed to determine what help they need and what goals they wish to achieve. The Adult Social Care (ASC) strategy is about promoting individual's wellbeing and independence.</p> <p>The nationally and Somerset picture is that people are choosing to stay in their own homes for as long as possible resulting less people going into residential and nursing care. To support this preferred model of delivery the Somerset Home First model is predicated on supporting people to return home following a hospital admission.</p> <p>This proposal is aligned to the reduction we have seen in in placements in residential and nursing care and over the last few years and the continued change of approach within the ASC sector. The cultural change across ASC has already</p>

seen a reduction in bed-based care in 2017/18 that equated to a saving of 1.012m This was made up of a 1.8% reduction in Residential spend (£0.273m) and a 4.0% reduction in Nursing (£0.739m).

### **2018/19 Modelling**

For 2019/20 the proposal is to continue to reduce the necessary demand by again reducing spend by 6% across both nursing and residential therefore generating the £1,068,000 target that has been put forward. The approach will be the same followed for 2018/19 but with improvements following a review of the approach and discussions around how it could be improved.

As we have this year locality teams, hospital systems and Mental Health Teams will monitor their admissions to residential/nursing care on a weekly/monthly basis against the individual targets. This is monitored through the weekly performance report, monthly performance Improvement meeting and Medium Term Financial Plan delivery board.

### **2a. Confidence level**

100%

2018/19 work has provided evidence that a reduction in demand and therefore cost is viable for 2019/20.

### **3. Impact on residents, businesses and other organisations:**

No impact on residents, business or other organisations.

### **4. Impact on other services we provide:**

No impact on services currently provided by Somerset County Council.

### **5. Impact on staff:**

No staffing implications.

### **6. Resources and support needed to make the change:**

Will continue to monitor via weekly / monthly reports as Business as Usual.

### **7. Timescale to deliver and major milestones:**

**To include date of implementation, key decision points and governance meetings**

N.A - admissions to res/nursing care on a weekly/monthly basis against the individual targets. This is monitored through the weekly performance report, monthly performance Improvement meeting and MTFP delivery board.

### **8. Risks and opportunities:**

Have identified the following risks;

- Over supply of residential and nursing in the market, as we reduce the demand there is a risk of destabilising the market, but opportunity is different models for delivery so the market change.

### **9. Dependencies:**

No dependencies

**10. Initial Equality Impact Assessment:**

Following agreement from the Corporate Equalities Manager it was agreed that an Equalities Impact Assessment was not required.

**11. Consultation and Communications plan:**

Following agreement from the Consultation Manager it was agreed that an Consultation was not required.

**12. Legal Implications:**

Operational team will need clear and robust guidelines on how to identify the appropriate care package to ensure that each service user receives care consistent with their need and therefore that SCC has properly carried out the needs assessment (section 9 Care Act 2014) and determined whether any of the needs meet the eligibility criteria (section 13 Care Act 2014).

**13a. Financial Savings – net change to service budget in each year:**

Are the savings evidenced based (evidence should be included with this template)? Yes

If no, when is the evidence expected? N/A

Please note: these figures should be cumulative

£s	Savings	Income Generated	Cost Involved (also see 13b)	Total	Ongoing or One-off?
2019/20	£1,068,000	£	-£	£1,068,000	Ongoing
2020/21	£	£	-£	£	
2021/22	£	£	-£	£	
2022/23	£	£	-£	£	
2023/24	£	£	-£	£	
<b>Total</b>	<b>£1,068,000</b>	<b>£</b>	<b>-£</b>	<b>£1,068,000</b>	<b>Ongoing</b>

**13b. One-off project costs and income (not included in above):**

£s		
2019/20	Capital Costs	-£
	Capital Receipts	£
	Estimate of Redundancy costs	-£
	Estimate of Resource costs to deliver	-£
	Sub-total	£
2020/21	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2021/22	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£

TOTAL | £

## Proposal for Change: ASC1920-10 – Reduction of Independent Assessor support in the Deprivation of Liberty safeguards service

Corporate Plan Priority:	ASC1920-010
Service Area:	Adults
Director:	Stephen Chandler
Strategic Manager	Mel Lock (Lynn Stephens)
SAP Node	EHA

### 1. The proposal is to:

	<b>Managing Demand</b> - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	<b>Increasing Productivity</b> - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
	<b>Service Delivery Models</b> - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
x	<b>Reductions in Services</b> - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

### 2. Outline of the proposed change:

The Deprivation of Liberty Safeguards (DoLS) require local authorities to carry out a prescribed set of assessments for people in care homes and hospitals who are not able to give consent to their care or treatment arrangements. Most often these are people who have dementia or a learning disability. The assessments require two assessors to consider different aspects of the person's situation, one being a doctor with mental health training, the other being a Best Interests Assessor (BIA), usually a social worker.

Following a 2014 judgement in the Supreme Court (known as 'Cheshire West') the numbers of referrals for this type of assessment increased massively. (In Somerset from 100 in 2013/14 to 1200 in 2014/15 and 2400 in 2015/16) Local authority resources for this work have not been able to keep up with this increase. SCC, in common with many other local authorities has chosen to use independent BIAs to add to its own staffing capacity. Even with this kind of approach, most local authorities including Somerset are only able to carry out a proportion of the overall assessments in a limited number of cases. The Somerset DoLS team receive 40-50 referrals each week and has been able to allocate about 15 referrals for assessment. We therefore have a system for identifying the highest priority cases.

This proposal sets out to reduce reliance upon external independent Best Interest Assessors (BIAs) and ensure maximum effectiveness of our in-house assessors. SCC currently has a team of 6.4 whole time equivalents in house Best Interest Assessors but have used Independent Assessors to assist in managing demand. The service believes that it is possible to reconsider which assessments, we choose to prioritise, and this can reduce the need for assessment further. As we know the national picture is one of Council's being unable to fulfil demand for Deprivation of Liberty assessments following the change to practice after the Cheshire West judgement in 2014.

The estimated assessment totals in 2018/19 is expected to be 646 assessments and 290 of these would be undertaken by Independent assessors.

Assuming similar activity in 2019/20 through redesigning further the approach to prioritisation and assessments a £50,000 saving can be achieved through a reduction of 115 assessments by Independent Assessors from 290 to 175.

Our in-house assessors will constantly see to improve further effectiveness however with a robust reconsideration and risk management of applications we hope to reduce the activity required.

#### **2a. Confidence level**

100%

Reducing use of Independent BIAs is fully within Somerset County Council's control so confidence to achieve this is 100%.

The only factor that could impact upon reduction is if there is an unprecedented number of applications for people who are in the position to legally challenge the Council in relation to having an unlawful deprivation and Council unable to allocate in house resources to cover this eventuality. However, this is a significantly unlikely eventuality.

#### **3. Impact on residents, businesses and other organisations:**

Possible impact on those requiring assessments due to a reduction in capacity to complete Best Interest assessment demand through an amended prioritisation process in allocation of resources.

This could also mean assessments could take longer to be allocated although team would try to ensure those with highest risk are afforded priority. Those with an obvious element of objection would be prioritised to reduce risk of unlawful deprivation.

Impact on care providers that referrals made for their residents who are potentially being deprived of their liberty will not be acted on, therefore the providers will be unlawfully depriving some residents of their liberty. However, this is the current situation in many cases that are not prioritised.

**4. Impact on other services?**

Potential impact on Legal services with risk of additional challenges to unauthorised deprivation of liberties particularly in cases where families and individuals are unhappy about the arrangements made for them.

**5. Impact on staff:**

No risk to substantive Council posts.

Current in-house best interest assessors have work load audited to ensure they are working to full capacity consistent with current workloads due to reprioritisation of assessments.

**6. Resources and support needed to make the change:**

No additional resource requirement.

**7. Timescale to deliver and major milestones:**

**To include date of implementation, key decision points and governance meetings**

To be implemented at April 2019.

Revised prioritisation guidance to be developed by 2<sup>nd</sup> January 2019.

**8. Risks and opportunities:**

Increased risk of unlawful deprivations of liberty occurring as we further streamline the prioritisation process, this has legal costliness and insurance implications. However, the Council along with most councils nationally are currently working with this risk and has been since 2014. The unmanageability of the current system has been widely recognised nationally and new procedures are being planned for launch in 2019.

Mitigation is that DoLS service is only able to partially fulfil its statutory obligation with over 2000 outstanding DoLS applications, so we are currently managing this risk.

Risk of reducing our use of Independent BIAs is that if we provide them with insufficient assessment work they will find working for Somerset will no longer be financially viable for them and they may choose not to undertake any assessments for us. They are under no contractual obligation to Somerset County Council. Therefore, there is a potential risk of a more significant reduction in activity than we have anticipated.

**9. Dependencies:**

No dependencies

**10. Initial Equality Impact Assessment:**

Following conversations with the Corporate Equalities Manager it was agreed that an Equalities Impact Assessment was not required.

**11. Consultation and Communications plan:**

Following conversations with the Consultation Manager it was agreed that a Consultation process was not required.

**12. Legal Implications:**

The only factor that could impact upon reduction is if there is an unprecedented number of applications for people who are in the position to legally challenge the Council in relation to having an unlawful deprivation and Council unable to allocate in house resources to cover this eventuality. However, this is a significantly unlikely eventuality.

**13a. Financial Savings – net change to service budget in each year:**

Are the savings evidenced based (evidence should be included with this template)? Yes

If no, when is the evidence expected? N/A

Please note: these figures should be cumulative

£s	Savings	Income Generated	Cost Involved (also see 13b)	Total	Ongoing or One-off?
2019/20	£50,000	£	-£	£50,000	Ongoing
2020/21	£	£	-£	£	
2021/22	£	£	-£	£	
2022/23	£	£	-£	£	
2023/24	£	£	-£	£	
<b>Total</b>	<b>£50,000</b>	<b>£</b>	<b>-£</b>	<b>£50,000</b>	Ongoing

**13b. One-off project costs and income (not included in above):**

£s		
2019/20	Capital Costs	-£
	Capital Receipts	£
	Estimate of Redundancy costs	-£
	Estimate of Resource costs to deliver	-£
	Sub-total	£
2020/21	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2021/22	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
<b>TOTAL</b>		<b>£</b>