

Appendix 3
Consultation Category C - Options for Change

Reference	Department	Title	Committee	EqIA required and undertaken	Page Number
C01	Adult Social Care, Health & Public Protection	Promoting independence in supported living and outreach services	Adult Social Care and Health Committee	Yes	1-4
C02	Adult Social Care, Health & Public Protection	Increase in Transport Charge	Adult Social Care and Health Committee	Yes	5-8
C03	Adult Social Care, Health & Public Protection	Promoting independent travel	Adult Social Care and Health Committee	Yes	9-14
C04	Adult Social Care, Health & Public Protection	Use of Direct Payments	Adult Social Care and Health Committee	Yes	15-18
C05	Adult Social Care, Health & Public Protection	New operating model for the social care pathway	Adult Social Care and Health Committee	Yes	19-22
C06	Adult Social Care, Health & Public Protection	Charge for Money Management Service	Adult Social Care and Health Committee	Yes	23-26
C07	Adult Social Care, Health & Public Protection	Targeted Reviews (Managed and Direct Payment Packages)	Adult Social Care and Health Committee	Yes	27-32
C08	Adult Social Care, Health & Public Protection	Further expansion of Assistive Technology (AT) to promote independence	Adult Social Care and Health Committee	Yes	33-36
C09	Adult Social Care, Health & Public Protection	Increase meal charges within Day Services	Adult Social Care and Health Committee	Yes	37-40
C10	Public Health	Public Health Grant Realignment Changes	Public Health Committee	Yes	41-46
C11	Children, Families & Cultural Services	To provide Statutory School Transport in relation to mainstream and Post 16 Transport	Children and Young People Committee	Yes	47-50
C12	Place	Reduction of provision of parking, traffic management and small-scale community works service.	Transport and Highways Committee	No	51-52

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	Option Ref	C01
1. Service Area	Adult Social Care, Health and Public Protection	
2. Option Title	Promoting independence in supported living and outreach services	
3. What we propose to do and how we propose to do it		
<p>This proposal is an extension to an existing savings project which started in 2014/15. The proposal assists providers of care support and enablement (supported living services or outreach support to people in their own homes) to reduce individuals' reliance on paid support, by enabling them to become more independent and play an active part in their communities.</p> <p>The proposal is to provide reviewing staff to look at individual support requirements and shared support to identify where reduced support hours may be appropriate. The reviewing staff will help providers consider where individuals can be supported in the short term to increase independence in the future, where assistive technology may help mitigate risks, and where there may be opportunities for greater use of shared support within a supported living environment for a number of service users, which then can result in lower levels of paid support whilst maintaining good outcomes for service users.</p> <p>Currently, providers are expected to identify where savings can be made themselves and as a result are allowed to keep any savings they make on package reductions in the year they make them. The Council then takes this funding in the next financial year as the saving.</p> <p>Some providers have been more innovative and proactive than others in this work. Workshops are being planned to look at sharing good practice and also to consider how to balance management of risk whilst also supporting people to become more independent. This approach is highlighted in the report 'Emerging Practice in Outcome Based Commissioning for Social Care' (<i>Institute of Public Care, April 2015</i>) as an area of good practice in the delivery of outcomes and in promoting independence.</p> <p>The new proposal would make savings from 2016/17.</p> <p>This proposal assumes that if we are more proactive in assisting providers, they will be better placed to deliver the savings year on year.</p>		
4. Why this option is being put forward		
<p>There are a lot of new supported living services being developed for people moving out of residential care or out of hospital, and we aim to support service users to become more independent and to become less reliant on high levels of 2:1 or 1:1 support.</p> <p>In some areas there is also the potential to further the promotion of independence for people with lower level needs who have background support/supervision where this may not always be required.</p> <p>This project proposes to extend the existing savings plan by a further year and increase the current final year target (2017/18) with the help of additional temporary resource.</p>		

5. What is the impact?

ON SERVICE USERS AND COMMUNITIES

Promotion of independence and reduction of reliance on paid staff. This approach would require a change of expectation for service users about how support is provided.

ON OTHER ORGANISATIONS / PARTNERS

Likely savings for health, especially around the transforming care packages.

ON OTHER PARTS OF THE COUNTY COUNCIL

No significant impact.

COULD THERE BE A DISPROPORTIONATE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS? Yes

This is likely to affect people with learning disabilities more than others. Existing commissioning arrangements have taken a different approach to managing risk with this service user group and have tended to involve taking less risks. Therefore the savings across care support and enablement are more likely to be realised from learning disability services rather than mental health, physical disabilities or Asperger's where risks are differently managed resulting in lower level packages of support.

DOES A FULL EQUALITY IMPACT ASSESSMENT ACCOMPANY THIS OPTION FOR CHANGE?

Y

6. Projected Net Savings to the Budget

WHAT IS THE PERMANENT BUDGET?

GROSS
£000

36,108

NET
£000

30,841

WHAT ARE THE PROJECTED NET SAVINGS TO THE BUDGET?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Gross Saving	250	500	250	1,000
LESS Loss of Income	0	0	0	0
LESS Costs of Reprovision	0	0	0	0
NET SAVING	250	500	250	1,000

WHAT ARE THE NET SAVINGS AS A % OF NET BUDGET?

3.2%

7. Estimated Implementation Costs

WHAT ARE THE ESTIMATED IMPLEMENTATION COSTS?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Capital Costs	0	0	0	0
Revenue Costs	98	98	0	196

Assumes 3 Band B staff for assessment and review and service modelling for 10 months in each year.

8. Projected Permanent FTE Reductions

WHAT IS THE CURRENT PERMANENT FTE STAFFING?

0.0

WHAT ARE THE PROJECTED PERMANENT FTE REDUCTIONS?

	2016/17	2017/18	2018/19
	0.0	0.0	0.0

0.0

9. Risks and mitigating actions

Concerns from service users and carers, as this will result in reductions in people's packages.

Mitigation – continue to promote the Adult Social Care Strategy and ethos of promoting independence, and involve carers and service users in changes to support plans, focussing on outcomes rather than hours of support. Ensure robust risk assessments and clear support plans.

Provider concerns as ultimately this will reduce their overall income. This is less of an issue for core providers who will be picking up new work but could make services unviable for some providers with small amounts of work.

Mitigation – we may need to re-provide the work to core providers. However, due to issues relating to staff recruitment this may come with its own risk, and possible savings in some areas may be delayed or not realised as a result.

Some providers have made significant savings as a result of the current work so it may be more difficult to find further savings from this new proposal.

Mitigation - target providers where further savings are more likely.

Increased safeguarding concerns - potentially reducing hours of support might mean some service users are more exposed to risk.

Mitigation - ensure robust risk assessments are in place and support is pulled back very slowly with the ability to reinstate should risks be considered too high.

Individuals with low level needs living in shared supported living who do not want to move into another property.

Mitigation - as the individuals have tenancy rights, separate to support, this could only be done where the individual wished to do so. Therefore it is important that we work with individuals to ensure strong support networks exist if they do move, and that this is seen as a positive step towards being more independent. In some cases it may be appropriate to help people find someone else to live with who also needs less support.

Voids created by moving people onto greater independence are difficult to fill.

Mitigation - the make-up of the other service users living in a property and whether they would easily be matched with another person needs to be taken into account when considering the cost effectiveness of encouraging people to move on.

10. Chief Officer Signoff

I confirm that in my opinion the option is realistic and achievable, and that known costs of implementation are included.	Signature	Date Signed
	David Pearson	Nov 2015



	Option Ref	C02
1. Service Area	Adult Social Care, Health & Public Protection	
2. Option Title	Increase in Transport Charge	
3. What we propose to do and how we propose to do it		
<p>The proposal is to increase the charge for service users who receive travel assistance in connection with attending services to meet their assessed needs by £1 per day in 2016/17 and 2017/18. This will mean the cost will increase to £8 per day in 2016/17 and £9 per day in 2017/18. Further increases in price will then be in line with inflation or full cost recovery.</p> <p>Service users who need assistance with transport are charged a flat-rate price each day irrespective of the distance of each journey. At the time of the need for assistance an assessment of the service user's ability to travel independently is made and only where essential should a service user be offered assistance with transport.</p> <p>991 service users receive assistance with transport and 2875 journeys are arranged per week. This proposal (along with projects already underway) will save money and ensure not only a balanced but a reduced budget.</p>		
4. Why this option is being put forward		
<p>These proposed price increases will bring the charges for these services closer to full cost recovery.</p>		
5. What is the impact?		
ON SERVICE USERS AND COMMUNITIES		
<p>The main impact will be on service users who will need to pay an increased rate where they need to be transported to receive services in connection with their needs.</p>		
ON OTHER ORGANISATIONS / PARTNERS		
<p>There is a risk that some service users might stop attending services delivered by other organisations on behalf of the Council.</p>		
ON OTHER PARTS OF THE COUNTY COUNCIL		
<p>There is a risk that some service users might stop attending services directly provided by the Council.</p>		

COULD THERE BE A DISPROPORTIONATE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS? (Y/N) (*age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation*) Y

There will potentially be an impact on two main groups who use transport. The majority of users are people with a learning disability. A smaller group are older people. However the Council will work with service users who require transport to ensure that a person's needs are appropriately met and they are supported to travel independently if possible or they are provided with transport in the most effective and efficient fashion. This is detailed fully in the accompanying Equality Impact Assessment.

DOES A FULL EQUALITY IMPACT ASSESSMENT ACCOMPANY THIS OPTION FOR CHANGE? (Y/N) Y

6. Projected Net Savings to the Budget

WHAT IS THE PERMANENT BUDGET? GROSS £000 NET £000

WHAT ARE THE PROJECTED NET SAVINGS TO THE BUDGET, OPTION A?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Gross Saving	80	80	0	160
LESS Loss of Income	0	0	0	0
LESS Costs of Reprovision	0	0	0	0
NET SAVING	80	80	0	160

WHAT ARE THE NET SAVINGS AS A % OF NET BUDGET?

7. Estimated Implementation Costs

WHAT ARE THE ESTIMATED IMPLEMENTATION COSTS?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Capital Costs	0	0	0	0
Revenue Costs	0	0	0	0

8. Projected Permanent FTE Reductions

WHAT IS THE CURRENT PERMANENT FTE STAFFING?

WHAT ARE THE PROJECTED PERMANENT FTE REDUCTIONS?

	2016/17	2017/18	2018/19	
	0.0	0.0	0.0	<input type="text" value="0.0"/>

9. Risks and mitigating actions

It is possible that some service users will stop using services due to the increased costs of transport. Social Care staff will work with impacted service users to assess all options.

10. Chief Officer Signoff

I confirm that in my opinion the option is realistic and achievable, and that known costs of implementation are included.	Signature	Date Signed
	<i>David Pearson</i>	Nov 2015

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Option Ref	C03
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1. Service Area	Adult Social Care, Health & Public Protection
2. Option Title	Promoting independent travel
3. What we propose to do and how we propose to do it	
<p>At present there are currently 991 Service Users who are being provided with travel assistance from the Council. It is proposed that all these Service Users are reviewed by the Reviewing Team to ensure they are travelling as independently as possible and to provide advice and guidance to those who could travel more independently. The Reviewing Team would be given additional resources to undertake this work.</p> <p>The gross budget for travel assistance to service users is £3.73m in 2015/16.</p> <p>As stated in the Adult Social Care Strategy, the Council has a responsibility to ensure effective and efficient use of its resources, and to focus resources on support that prevents delays and reduces the need for care and support. Promotion of independence is the cornerstone of the Strategy, which aims to increase people's ability to be self-reliant without the need for ongoing support from the authority.</p> <p>The Council has a written transport policy to help guide social care staff on Service User eligibility for assistance with transport. Access to transport services should be based on the need to promote independence and provide services as close to home as possible. At present Service Users who ask for assistance with transport to receive care and support services have to undertake a Transport Eligibility Assessment with a social care worker. The assessment will check if a Service User can reasonably be expected to get themselves to where they need to be. The assessment takes into account if the Service User can use Mobility Component of Disability Living Allowance (DLA) to pay for their own transport, have a Motability car, have their own car, can use a community transport scheme, public bus, walking/cycling etc. – if so then they would be expected to make their own arrangements for transport.</p> <p>From a sample of real cases, it appears that in most cases a Transport Eligibility Assessment will be done once and if eligible a new assessment is unlikely to be undertaken again if there no changes to a Service User's situation. Accordingly the Department could provide more encouragement to support Service Users' independence in travel or offering opportunities to improve in this area (with, for example, travel training).</p> <p>The Reviewing Team would work with the new Travel Solutions Hub Transport Planners to review current Service Users with transport with a view to helping them to become more independent in travel. The starting point of the reviews will be that Service Users will be supported to make more independent choices over travel to services, and where they are currently unable to do so options will be discussed and support provided to be more independent.</p>	

To support this process the current Transport Guidance will need to be updated to emphasise that responsibility for attending services is with Service Users, although the Council will offer support and guidance on the options available. The policy should emphasise the Council will provide support in a small number of complex cases. Specific guidance will include:

- Access to transport services should be based on the need to promote independence and provide services as close to home as possible.
- Where an individual has a Motability vehicle there should be an automatic presumption that this vehicle will be used to get to the service. If following an assessment this is deemed not appropriate, consideration will be given to support worker etc.
- Where a Service User has a concessionary travel pass or the mobility element of DLA and is capable of independent travel i.e. is not reliant on an escort for either physical or personal safety reasons, there will be a presumption that the Service User will make their own way to the day service/activity.
- Individuals with complex mobility problems would receive a door to door service.
- The test used in the assessment is what would happen if adult services did not provide transport i.e. are there other ways in which the Service User could reasonably be expected to attend day services making his/her own arrangements to get there.
- If an individual is assessed as having no mobility problems, or very limited mobility problems, they would be expected to use public transport or walk if it was less than half a mile from their home address.

As stated above there would specifically be a presumption that the Council will no longer provide or fund travel assistance to people who receive Mobility Component as part of the DLA/Personal Independence Payment (unless exceptional circumstances apply).

Mobility Component is specifically provided to enable disabled people to meet their additional transport needs, due to the nature of their disabilities (e.g. use of a wheelchair, need to have an escort for support in order to travel). Therefore, it could be argued, the Council is effectively duplicating the funding that has already been made available to some people with disabilities, through the benefit system.

668 (67%) of people with travel assistance from the Council are receiving Mobility Component, and of these Service Users 323 people (48%) are receiving the High level of the Component. In this proposal the specialist Reviewing Team would apply the Council's Transport Guidance with the presumption that where a person is in receipt of Mobility Component this would be used towards any travel needs the Service User has.

The Component is paid at 2 levels :

Lower – £21.80 pw – where people need guidance or supervision outdoors

Higher – £57.45 pw – where people have more severe needs, such as walking difficulty

At present, the Council's Travel Assistance for Adult Service Users' policy states that people who receive Mobility Component can still be eligible for receipt of travel assistance, if there is no viable means of transport available to them to get to a service that they have been assessed as needing. For example, some people use the Mobility Component to fund a Mobility Car. However, the family often argues that this car is used to get the main carer to work, so the car is not available when the person needs to travel to day services and the Council has to transport the Service User. Other arrangements would have to be made, if this proposal was approved.

The Council would need to ensure that there was a process for dealing with exceptional cases, where it might not be appropriate for the travel assistance to be withheld.

Savings

If transport assistance was withdrawn from all 991 travellers a saving of £3.73m would be made, although income of £0.83m would be lost. Further detailed assessment will be undertaken to analyse the numbers of Service Users who can be supported to travel more independently. This proposal works on the basis of an estimated cost reduction of 20% of the overall budget – less lost income.

This would mean:

20% of £3.73m = £0.75m

Less loss of income (20% of £0.83m) = £0.17m

Total saving = £0.58m

Notes :

- a) It is difficult to know how many exceptional cases there would be.
- b) The final amount of saving would depend on the type of transport that was being used and how easy it would be to withdraw it.

Charging for Transport

The issue of charging people for transport was raised at the Members Challenge Board in July 2014. The representative from the Institute of Public Care commented that many local authorities are charging people for transport and this payment is funded from the Mobility Component. Nottinghamshire County Council is already charging service users a flat rate of £7 per day for travel assistance provided. High Rate Mobility Component is sufficient to fund the charge in all cases for clients who receive it.

It is proposed elsewhere that the charge for transport should rise from £7 to £8 from 1st April 2016 and to £9 from 1st April 2017.

Comparison of transport volume funded by Nottinghamshire Council, compared to other comparative authorities

Based on information from the ATCO benchmarking survey on 2011/12 expenditure and journey detail for Adult Social Care clients Nottinghamshire is ranked as the third highest spending authority on Adult Social Care & Health (ASCH) transport, out of the 10 County Councils which have supplied expenditure data.

Information from Leicestershire is that the estimated number of adult social care Service Users provided with transport in 2013-14 was 2032. Total expenditure was £2,776,877 per year. This is significantly less than expenditure in 2011/12.

Information from Derbyshire is that the estimated number of adult social care Service Users provided with transport in 2013-14 was 800 people. Total expenditure was £2,481,358 (less than in 2011/12).

In 2015/16 Nottinghamshire expects to spend £3.73m on ASCH transport and as of August 2015, Nottinghamshire are transporting 991 adult social care Service Users on a regular basis.

In conclusion, Nottinghamshire does spend relatively more on ASCH transport than most other comparative authorities. This supports the aim of this savings proposal, which would reduce the overall volume of transport provided to ASCH Service Users.

4. Why this option is being put forward

Service Users should be appropriately supported to be independent in travel. This proposal will ensure Service Users have an individual assessment of their needs.

Where people are in receipt of welfare payments to support them with their transport costs, expenditure by the County Council on transport support is an inefficient use of resources, if it actually means that some people receive double-funding for their transport needs.

Long term reliance on the County Council for transport services does not promote people's independence nor does it help people become more resilient. We also know that expenditure on transport does not prevent delays and reduce long-term needs as effectively as targeted social care provision; it would be better for the Council to focus its spending on these front-line services and minimise transport expenditure as much as possible.

5. What is the impact?

ON SERVICE USERS AND COMMUNITIES

Significant impact on 991 people who have transport to services funded at the moment.

People would need to make their own way to the services that will meet their outcomes, unless they continue to be given travel assistance as exceptional cases. This might increase uptake of community transport schemes and public bus services. It may put more pressure on carers if they ended up providing the transport instead of the Council.

Carers and families of Service Users may need to make adjustments to their current daily lives, such as working arrangements and other family responsibilities

However the aim of the individual assessments of each Service User is to have a positive impact in working with Service Users to develop new independent skills. Support will be available from Transport Planners to identify new opportunities to be more independent in travel which Service Users might regard as positive.

ON OTHER ORGANISATIONS / PARTNERS

A withdrawal of transport might cause people to stop attending the services, or attend service for fewer days per week, so causing loss of income to the provider and possibly making those services unviable. Alternatively, the demand for local services might increase, as people have support from services that are closer to them.

ON OTHER PARTS OF THE COUNTY COUNCIL

There would be an impact on the passenger fleet if a significant proportion of clients stopped having this provision to get to the Council's day services.

COULD THERE BE A DISPROPORTIONATE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS? (Y/N) (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) - Yes

The biggest impact is likely to be on younger people with disabilities as these are the majority of people who are provided with transport.

DOES A FULL EQUALITY IMPACT ASSESSMENT ACCOMPANY THIS OPTION FOR CHANGE? (Y/N)

Y

6. Projected Net Savings to the Budget

WHAT IS THE PERMANENT BUDGET?

GROSS
£000

3,730

NET
£000

2,903

WHAT ARE THE PROJECTED NET SAVINGS TO THE BUDGET?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Gross Saving	191	389	0	580
LESS Loss of Income	0	0	0	0
LESS Costs of Reprovision	0	0	0	0
NET SAVING	191	389	0	580

WHAT ARE THE NET SAVINGS AS A % OF NET BUDGET?

20.0%

7. Estimated Implementation Costs

WHAT ARE THE ESTIMATED IMPLEMENTATION COSTS?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Capital Costs	0	0	0	0
Revenue Costs	93	186	0	279

There would be a cost of 4 Community Care Officer (CCO) posts for 18 months to review all the Service Users receiving transport. This would be a targeted approach e.g. reviewing those first who might be most likely to yield financial savings to the Council.

The cost of the CCOs would be £186k a year i.e. the total implementation costs would be £279k over 18 months.

There would also be a requirement for a Programme Officer from the Programmes & Projects Team for 2 days a week for 9 months.

8. Projected Permanent FTE Reductions

WHAT IS THE CURRENT PERMANENT FTE STAFFING?

0.0

2016/17 2017/18 2018/19

WHAT ARE THE PROJECTED PERMANENT FTE REDUCTIONS?

0.0 0.0 0.0

0.0

9. Risks and mitigating actions

There is a risk that Service Users will choose to reduce their use of services or cancel their use of services, because they choose not to fund their own transport to those services. This means that they will not be receiving the services that they have been assessed as requiring, to meet eligible needs.

There is a risk that a high proportion of people will be assessed as having “exceptional circumstances” so their transport funding is continued. In this situation, the amount of fleet transport that could be reduced may be marginal (e.g. if 2 seats are vacated but 12 remain occupied). There will still be direct savings to be made on individualised transport, where this is ceased.

However, the Council will be undertaking an individual review of each Service User’s circumstances and will work with any carers and Transport Planners to identify suitable and appropriate transport for each Service User. These individual assessments will aim to ensure that Service Users have viable options for transport that should allow them to continue to use whatever support services they currently access. In addition these individual reviews would aim to reduce the number of ‘exceptional circumstances’ by working in a holistic way with Service Users and carers to identify suitable transport solutions.

10. Chief Officer Signoff

I confirm that in my opinion the option is realistic and achievable, and that known costs of implementation are included.

Signature

David Pearson

Date Signed

Nov 2015

	Option Ref	C04
1. Service Area	Adult Social Care, Health and Public Protection	
2. Option Title	Use of Direct Payments	
3. What we propose to do and how we propose to do it		
<p>To review and re-launch the Council's strategy on the use and management of Direct Payments (DPs) focusing on the following:</p> <ol style="list-style-type: none"> 1. Continue to promote and Increase the take-up of DPs and the use of Personal Assistants (PAs) 2. Market development – stimulating the market to increase the availability of PAs and develop more cost effective options for people with DPs. 3. As a part of implementing the Adult Social Care (ASC) Strategy ensure that the assessment, support planning and commissioning of the appropriate level of care and support is done via a robust and transparent process. This will be done through a co-production approach with Service Users, ensuring their outcomes are identified, achieved and reviewed. 4. Develop a more integrated approach to providing managed care services and DP funded PA support to facilitate hospital discharge. 		
4. Why this option is being put forward		
<p>The Council has been very successful in promoting DPs as a realistic alternative to managed support services, and is the highest performing Council nationally with regards to the proportion of people that use a Direct Payment for their care and support needs. The speed at which this has taken place has meant that people have also used agencies for their support needs as the PA market has not been able to grow and keep pace with demand.</p> <p>There is the potential to enhance the PA market so that there is more diversity of provision and increased choice for Service Users. By supporting the PA market to grow there should be a gradual reduction in the use of agencies by people who manage their own care and support through a Direct Payment. In most cases, services delivered through the employment of PAs are much more cost effective than those provided by agencies.</p> <p>This will require developing, testing and establishing new systems and processes and developing a new model of PA and Direct Payments Support Services. This will require initial implementation costs and will require sufficient time for the new systems to become established. The following activities will be required:</p>		

Development of new internal Processes

- Developing and establishing robust processes for monitoring transactions and one-off costs to employ PAs
- Develop a system of vetting and barring of PAs to ensure the development of a safe and sustainable workforce
- Drive further the use of pre-paid debit cards to enable better auditing of accounts and management of budgets

Market Development

- Establishing a new model of service such as the 'Support with Confidence' model and learning from other examples of good practice
- Exploring options for PAs to collaborate within a recognised trading organisation such as a co-operative, Micro Provider or Community Interest Company (CIC). This could improve the quality of PAs care and help manage the turnover of care workers which would in turn improve care costs and sustainability
- Developing DP and PA services for people being discharged from hospital which focus on aiding recovery and promoting independence. This would give greater choice to individuals and help manage demand on the core home based services and care costs
- Levels of pay should match skills and competencies for PAs as in other areas of employment
- Developing a suite of providers who can offer pro-active re-ablement type services to maximise independence
- Liaison with officers involved in development of Pooled Budgets (as set out in the separate Continuing Health Care proposal) to enable an integrated Personal Health Budget (PHB) and DP model

Auditing and Quality Assurance processes

- Differentiating between type of service and what is included in the DP to meet costs i.e. complex personal care is more expensive than a befriending service and should be funded accordingly
- Develop internal processes to enable vetting and barring checks for all PAs
- Enhance monitoring and auditing of DP packages

5. What is the impact?

ON SERVICE USERS AND COMMUNITIES

- Improve choice of service options for Service Users
- Develop a more sustainable and safe market in terms of PAs
- May offer new employment opportunities for members of communities
- Positive impact on Service Users through the development of a more broad based, skilled and person centred workforce.
- Promote a clearer understanding of use and administration of DPs to Service Users

ON OTHER ORGANISATIONS / PARTNERS

- The work proposed in relation to market development will assist Clinical Commissioning Groups (CCGs) to meet service needs of people who want access to PHBs
- Positive impact on health partners through sharing of experience and skills in relation to PHBs

ON OTHER PARTS OF THE COUNTY COUNCIL

- To work with Economic Development where appropriate.

COULD THERE BE A DISPROPORTIONATE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS? (Y/N) (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation)No

- This proposal should not have a negative impact for service users.

DOES A FULL EQUALITY IMPACT ASSESSMENT ACCOMPANY THIS OPTION FOR CHANGE? (Y)

Y

6. Projected Net Savings to the Budget

WHAT IS THE PERMANENT BUDGET?

42,813

NET
£000

42,715

WHAT ARE THE PROJECTED NET SAVINGS TO THE BUDGET?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Gross Saving	151	580	1,280	2,011
LESS Loss of Income	0	0	0	0
LESS Costs of Reprovision	0	0	0	0
NET SAVING	151	580	1,280	2,011

WHAT ARE THE NET SAVINGS AS A % OF NET BUDGET?

4.7%

7. Estimated Implementation Costs

WHAT ARE THE ESTIMATED IMPLEMENTATION COSTS?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Capital Costs	0	0	0	0
Revenue Costs	106	159	53	318

Currently there is no capacity within the department to undertake the work to develop the PA market. This would be a new service development and will require the following resources to ensure successful delivery:

- 1 full time equivalent (FTE) Data Technician post, Grade 4, scp 23 (£26,493) for a 2 year period
- 1.5 FTE Market Development/Commissioning Officer posts Hay Band C –scp 44 – (total £79,290 per annum) for a 2 year period
- 2 x 1FTE Finance Officers, Grade 4 scp 23 (£52,985) –These are existing posts in ACFS funded until 2016/17) They would be required for a further 2 years (2017/18 – 2018/19)

8. Projected Permanent FTE Reductions

WHAT IS THE CURRENT PERMANENT FTE STAFFING?				0.0
	2016/17	2017/18	2018/19	
WHAT ARE THE PROJECTED PERMANENT FTE REDUCTIONS?	0.0	0.0	0.0	0.0

9. Risks and mitigating actions

Risk: PA market does not develop sufficiently to achieve the anticipated increase in Service Users choosing PAs as an alternative to agency support.

Mitigation: Employment of Commissioning Officer / Market Development Officers (x1.5 (FTE) to analyse current situation and stimulate the market through targeted programmes of activity.

Risk: The development of a more vibrant PA market may be to the detriment of a vibrant agency market, with good staff choosing to move to become PAs.

Mitigation: Commissioning Officer / Market Development Officer will need to have an overview of the entire market for care staff and aim to encourage more people into both sectors of the market (employed and self-employed). This might be done by working jointly with Optimum (Nottinghamshire County Council Workforce Development) Economic Development and such organisations as Skills for Care and the care agencies to develop a co-ordinated campaign. This includes options for developing a co-operative or Community Interest Company.

Risk: Savings are predicated on Service Users choosing to use DPs/PAs; this may not be the case, especially for older people, people with mental ill health and people from Black & Minority Ethnic (BME) communities.

Mitigation: Developing a DP Experts by Experience programme to promote use of DPs and PAs. In addition, market development work needs to encourage diversity in the care market.

Risk: The skill set of the current commissioning team may not be sufficiently business orientated to understand how to stimulate small businesses – so may require support on business enterprise.

Mitigation: Develop links with Economic Development, Nottingham Business Venture, Nottinghamshire Chamber of Commerce etc.

Risk: PAs and providers may be resistant to short term re-ablement work due to the need for them to maintain income to remain financially viable.

Mitigation: Demand for services continues to increase as a result of demographic pressures and so there will continue to be a high demand for PAs.

10. Chief Officer Signoff

I confirm that in my opinion the option is realistic and achievable, and that known costs of implementation are included.	Signature	Date Signed
	<i>David Pearson</i>	Nov 2015



	Option Ref	C05
1. Service Area	Adult Social Care, Health & Public Protection	
2. Option Title	New operating model for the social care pathway	
3. What we propose to do and how we propose to do it		
<p>The proposal will divert people who do not require formal care and support away from services by helping people to find their own solutions from within their own communities.</p> <p>Building upon the successful work at the first point of contact for social care (including advice, information, signposting and simple assessment), they will resolve enquiries through proactively signposting people to other sources of support making best use of web based information without the formal need for a referral for a social care assessment. The signposting activity is followed up with a survey to ensure that people got the right advice and information and made best use of it.</p> <p>Where enquiries cannot be resolved at the first point of contact, individuals will be offered an appointment at a clinic in their district and this builds upon the social care clinic pilots. If their needs cannot be met through advice and information, a community care assessment will be completed. Home visits will only be offered to people who cannot get to a clinic such as the housebound or where the situation requires an immediate response. This ensures valuable social worker time is used to best effect.</p> <p>The social care worker in the clinic will have good links with the local community such as health, housing, leisure, welfare services and the community/voluntary sector. The proposal would be keen to explore siting the clinics in General Practitioner (GP) surgeries, district offices or community venues and to test out a community and voluntary sector worker located in the clinic.</p> <p>To support this approach, all staff will have training in 'asset' based approaches and formal care and support will only be considered once all other options have been exhausted.</p> <p>This approach represents a delayering of the process that currently exists and would potentially allow for Adult Access Service staff to be utilised in clinics which would further increase community capacity and contribute to reduced waiting times.</p>		
4. Why this option is being put forward		
<ul style="list-style-type: none"> • This proposal supports the implementation of the Adult Social Care (ASC) strategy and is based on managing demand through promoting independence and responsibility; hence this project is largely achieving cost avoidance. • It also enables making best use of social care assessment resources to manage current demands and new responsibilities within existing staffing structures. • The project should realise some reduction in spend on community care budgets through both <ul style="list-style-type: none"> ○ a reduction in the number of people who receive a package of support ○ for people who require long term support, a reduction in the overall size of the package 		

Evidence shows that:

- Shropshire have delivered a new operating model for social care and are demonstrating a higher level of effective signposting at the front end, reduction in home visits and good relationships with the local voluntary sector
- In Shropshire 70% of calls are resolved at the front end with 38% effectively signposted. Only 7% of cases are referred to district teams and 23% are referred to a clinic. In Nottinghamshire 75% of calls are resolved at the front end with 36% provided with information, advice or signposting. The breakdown of this is shown below:

Date Range : 01/04/2015 to 31/08/2015

Interaction Type	Count	Percentage %
08-Providing information	8110	25.1%
L2-Signpost	2417	7.5%
L8-Literature Request	1084	3.4%
	11611	35.9%

This suggests there are further opportunities to build upon effective signposting.

- Initial results from the social care clinic pilot in Nottinghamshire shows that on average 4 assessments are being undertaken at each clinic, this is a marked increase in productivity per member of staff. It is aimed that all new service users and carers are seen within two weeks when clinic appropriate and presenting into the team

5. What is the impact?

ON SERVICE USERS AND COMMUNITIES

Service users would be expected to attend a clinic if they were able to attend a GP appointment but there would be exceptions

ON OTHER ORGANISATIONS / PARTNERS

Potential increase in demand for services from partners from appropriate signposting

ON OTHER PARTS OF THE COUNTY COUNCIL

COULD THERE BE A DISPROPORTIONATE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS? (Y/N) (*age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation*)

No

DOES A FULL EQUALITY IMPACT ASSESSMENT ACCOMPANY THIS OPTION FOR CHANGE? (Y/N)

Y

6. Projected Net Savings to the Budget

WHAT IS THE PERMANENT BUDGET? GROSS £000 **33,541** NET £000 **28,079**

WHAT ARE THE PROJECTED NET SAVINGS TO THE BUDGET?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Gross Saving	0	176	176	352
LESS Loss of Income	0	0	0	0
LESS Costs of Re provision	0	0	0	0
NET SAVING	0	176	176	352

WHAT ARE THE NET SAVINGS AS A % OF NET BUDGET? **1.3%**

7. Estimated Implementation Costs

WHAT ARE THE ESTIMATED IMPLEMENTATION COSTS?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Capital Costs	0	0	0	0
Revenue Costs	2	18	18	38

Venue/room hire costs.

8. Projected Permanent FTE Reductions

WHAT IS THE CURRENT PERMANENT FTE STAFFING? **0.0**

WHAT ARE THE PROJECTED PERMANENT FTE REDUCTIONS?

	2016/17	2017/18	2018/19	
	0.0	0.0	0.0	0.0

	Option Ref	C06
1. Service Area	Adult Social Care, Health & Public Protection	
2. Option Title	Charge for Money Management Service	
3. What we propose to do and how we propose to do it		
<p>The proposal is to levy a charge to all service users who receive a money management service from Adult Care Financial Services. It is proposed that this is levied incrementally at £6 per week, to be increased to £12 per week the following year.</p> <p>The money management service involves applying to the Department for Work and Pensions to become an appointee. Benefits are then redirected to the Council and care costs and household bills can then be paid. Those service users who use all their available funds or who are in debt would not be affected as the charge would only be levied to those individuals who have financial assets of £1,000 or above.</p>		
4. Why this option is being put forward		
<p>Appointeeship - Adult Care Financial Services (ACFS) currently acts as appointee for 643 service users. Appointeeship is only applied for where a service user doesn't have the capacity to manage their financial affairs and there are no relatives or friends who can act on their behalf.</p> <p>ACFS currently collects approximately £6 million per annum in benefits and private pensions on behalf of these service users.</p> <p>Deputyship – The Director of Adult Social Care, Health and Public Protection acts as a deputy through the Court of Protection for the property and affairs of 457 service users. ACFS staff manage approximately £8 million per year in income from benefits and assets for these service users.</p> <p>The Client Finance Team within ACFS manages these two services. The team comprises: 1 Team Leader; 4 Deputyship Officers; 4 Finance Assistants; 2 Business Support Assistants. The staffing cost for the team is £345,450 per annum. Advice from Finance colleagues is that the gross cost of the Client Finance Team is estimated at £397k per annum and further work is underway with finance officers to confirm this.</p> <p>The team ensures that service users are able to claim all of their state benefit entitlements. This in turn means that service users have the financial means to contribute to the cost of their care and support services. Of the total £14m per annum collected on behalf of service users across both the appointeeship and deputyship functions, approximately £6.6m of this is directly received by the Council as income through service user contributions.</p>		

Referrals for this service come from a number of sources:

- The Office of the Public Guardian refers case to the Council where, following its investigation, it requires an appropriate Deputy to act on behalf of the individual
- The Department of Work and Pensions refers cases to the Council where it is not able to find a suitable person to act or consider a current appointee is no longer appropriate
- The Court of Protection has been insistent on Councils taking on the deputyship role when it has been unable to find an alternative person or organisation that is willing to act on service user's behalf.

In relation to the deputyship function, the Council already receives income of approximately £140k per annum in Court of Protection fees which meets some of the cost of the service. The Council picks up the remaining costs attributed to the delivery of the service, at approximately £257k per annum.

By applying a charge for the money management service in relation to the appointeeship function, further income could enable the service to become cost neutral and allow the Council to cover its costs in line with emerging practice in other local authorities.

Income from a £6.00 per week charge would equate to £134k per annum.
Income from a £12.00 per week charge would equate to £268k per annum.

The level of charge required to cover the gross cost of the team would be approximately £11.38 per week.

If these services were no longer provided by the Council then it is anticipated that there could be vulnerable service users who would go without their entitlement to state benefits, and would also mean that some of the £6.6m will be at risk and small percentage reductions in this income would lead to a shortfall of several hundred thousand pounds.

If the Council ceased to provide these services then a best interest assessment would need to be undertaken in relation to the service users due to their lack of capacity. This would take a considerable amount of social work time and at significant cost to the Council. Applications would also have to be made for each of the 457 service users to the Court of Protection to cease the deputyship role, again requiring considerable council resources.

5. What is the impact?

ON SERVICE USERS AND COMMUNITIES

Service users would have to pay for a service that has previously been provided free of charge

ON OTHER ORGANISATIONS / PARTNERS

None

ON OTHER PARTS OF THE COUNTY COUNCIL

None

COULD THERE BE A DISPROPORTIONATE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS? (Y/N) (*age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation*)

Y

DOES A FULL EQUALITY IMPACT ASSESSMENT ACCOMPANY THIS OPTION FOR CHANGE? (Y/N)

Y

6. Projected Net Savings to the Budget

WHAT IS THE PERMANENT BUDGET? GROSS £000 NET £000

WHAT ARE THE PROJECTED NET SAVINGS TO THE BUDGET?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Gross Saving	112	112	0	224
LESS Loss of Income	0	0	0	0
LESS Costs of Re provision	0	0	0	0
NET SAVING	134	134	0	268

WHAT ARE THE NET SAVINGS AS A % OF NET BUDGET?

7. Estimated Implementation Costs

WHAT ARE THE ESTIMATED IMPLEMENTATION COSTS?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Capital Costs	0	0	0	0
Revenue Costs	0	0	0	0

8. Projected Permanent FTE Reductions s.24824Tc 0 Tw ()4 0

WHAT IS THE CURRENT PERMANENT FTE STAFFING?

11.0

WHAT ARE THE PROJECTED PERMANENT FTE REDUCTIONS?

	2016/17	2017/18	2018/19
	0.0	0.0	0.0

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Option for Change

Option Ref	C07
1. Service Area	Adult Social Care, Health and Public Protection
2. Option Title	Targeted Reviews (Managed and Direct Payment Packages)
3. What we propose to do and how we propose to do it	
<p>A temporary reviewing resource has been established in the Department since January 2011. It was originally established to reassess the needs and circumstances of existing service users and carers, check eligibility for support, renew levels of support, and move service users onto Personal Budgets. Since then, the priorities of the team and its configuration have changed to adapt to ongoing business requirements, and to support delivery of savings and efficiency projects that require reviewing resource.</p> <p>Since April 2014 the team has focussed on reducing the backlog of service users who had not been reviewed for two years, reviewing direct payment packages where a surplus has accumulated in service users' bank accounts and reviewing hospital discharge cases after six to eight weeks.</p> <p>At the same time, the Adult Social Care Strategy has been implemented since April 2014, which is changing commissioning behaviour so that new services provide support to promote independence and ensure support is only provided for as long as it is required. This now gives rise to the opportunity to re-focus review activity so that it is more pro-actively targeted, in alignment with the Adult Social Care Strategy, so as to ensure it has most impact.</p> <p>It is proposed that to support this work an analysis of the best practice amongst other Local Authorities who have a lower community care/direct payment cost per service user in terms of meeting needs with a more cost effective solution will be undertaken. .</p> <p>It is proposed that the Reviewing Teams focus reviews on:</p> <ol style="list-style-type: none"> 1) Targeted service users, e.g.: <ul style="list-style-type: none"> • Homecare packages 2 weeks post hospital discharge (excluding those who have been through Short-term Assessment & Reablement Team (START)); • Bringing forward reviews for people whose needs will reduce after 12-16 weeks, for example people who have had a hip or knee replacement. • Service users that have not received a reablement service through START. 2) Time-limited support plans with short-medium term and reablement goals, where it can be ensured that this will help someone back into living independently. Subsequent follow-up scheduled reviews will be undertaken at a pre-specified point in time, depending on the needs of the service user. Support plans for Direct Payment (DP) recipients will clearly set out what outcomes are to be achieved and what support is to be purchased with the DP to meet those outcomes. 3) Identifying service users who currently receive support from the Council who could 	

effectively be supported by more cost effective alternatives for support, including community-based provision. Such individuals would be provided with personal plans for social inclusion.

- 4) The above applies to both managed and DP support packages. In addition, specific to DP packages, it is proposed that targeted reviews are undertaken on service users receiving DPs who purchase support from agencies, with the aim of ensuring that the service is being delivered in the cost effective way.

The above will be supported through a programme of training, information and resource advice for relevant staff.

Given that the outcome of further research is not yet known, it is difficult to outline precisely the amount and source of savings. Given that the Department has undertaken a substantial review programme the savings are based on an assumption of a diminishing rate of return

4. Why this option is being put forward

- 1) Currently we review people at 6-12 weeks. Evidence from benchmarking and learning from the work of other Local Authorities have identified that further savings can be realised from undertaking targeted reviews at an appropriate point in the service users journey, rather than have a more 'rigid' approach of reviewing people at a set time. For example, the needs of service users leaving hospital with a package of support are likely to change.

This approach would also ensure that targeted reviews are undertaken according to the needs of the service user, which in turn will ensure that their needs are being met in the most cost effective way and supports people to remain living as independently as possible.

This would be in line with the Adult Social Care Strategy, where the Council's approach is to *'ensure that a person's entitlement to a personal budget is reviewed regularly to ensure that he/she is still eligible and that his/her outcomes are being met in the most cost effective way'*.

- 2) Following the current review after 6-12 weeks where possible our aim is to review people at least on an annual basis. Due to increased demands and operational pressures on team an annual review hasn't been undertaken in all cases. Currently there is a significant backlog of community and residential reviews.

With additional resources we would ensure that outstanding reviews are undertaken according to the needs of the service user, which in turn will ensure that their needs are being met in the most cost effective way and supports people to remain living as independently as possible

- 3) Time-limited support plans with short-medium term goals will help to ensure support is only provided for as long as it is required, and is focussed on promoting and maintaining an individual's independence as much as possible. The support plans will be based on each individual's need and ability to improve, recognising that for some, needs will deteriorate.

This approach also allows the Council to target resources on those people with on-going needs and those with the highest and most complex care needs.

- 4) Similarly, identifying service users who could effectively be supported by alternative community-based provision will ensure Council resources can be directed where they are most needed.
- 5) The Council has been successful in promoting DPs as realistic alternatives to managed services. We need to review existing DPs in line with the Adult Social Care Strategy and to '*ensure that a person's entitlement to a personal budget is reviewed regularly to ensure that he/she is still eligible and that his/her outcomes are being met in the most cost effective way*'. There are a range of options that will deliver greater cost effectiveness, some of which are proposed in a separate *Use of Direct Payments* proposal. As part of the service users review we need to:
 - a. Ensure that a personal budget / DP is expected to improve the individual's independence.
 - b. Ensure outcomes are being met in the most cost effective way, i.e. complex personal care is more expensive than a befriending service and should be funded accordingly.
 - c. Establish a clear process and expectation with DP recipients about the reviewing and monitoring of packages.

5. What is the impact?

ON SERVICE USERS AND COMMUNITIES

Some service users will be reviewed at an earlier point in time to ensure support is still appropriate for their needs and adjusted accordingly, i.e. for some it will increase and for others it will be reduced or ceased.

Time-limited support plans with short-medium term goals will help people back into living independently.

The Council will expect to share responsibility with individuals, families and communities to maintain their health and independence. The Council will only be responsible for meeting eligible needs for long as it is required and in the most cost-effective way. The responsibility for meeting non-eligible needs and providing support beyond when it needs to be delivered by the Council will become the responsibility for the individual or their carers.

Some service users may receive support in a different way e.g. community based support, Assistive Technology (AT) or equipment. Community resources may not be equally spread across the county which may mean that individuals will need to purchase this from the independent sector.

DP recipients will be clearer on how their DP allocation can be used to meet their defined outcomes. Support will be provided to identify and use cost effective alternatives to traditional services.

ON OTHER ORGANISATIONS / PARTNERS

There will be a reliance on community/voluntary organisations to provide resources which may increase the demand on some community/voluntary sector services and/or highlight gaps in provision.

Providers may have a reduction in income if the number of people needing ongoing long-term support is reduced. However, this should release capacity to meet the needs of people who have longer-term eligible needs.

This release of capacity will have a positive impact on Health colleagues. Where packages of support are jointly funded with Health, they will also benefit from any savings realised.

ON OTHER PARTS OF THE COUNTY COUNCIL

No significant direct impact envisaged at this stage.

COULD THERE BE A DISPROPORTIONATE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS? (Y) (*age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation*) Y

It is anticipated that there could be a disproportionate impact on older people aged 65+ and those with a disability. Further information is provided in the accompanying Equality Impact Assessment.

DOES A FULL EQUALITY IMPACT ASSESSMENT ACCOMPANY THIS OPTION FOR CHANGE?

Y

6. Projected Net Savings to the Budget

WHAT IS THE PERMANENT BUDGET?

GROSS
£000

100,053

NET
£000

85,457

WHAT ARE THE PROJECTED NET SAVINGS TO THE BUDGET?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Gross Saving	480	1,010	1,010	2,500
LESS Loss of Income	0	0	0	0
LESS Costs of Reprovision	0	0	0	0
NET SAVING	480	1,010	1,010	2,500

WHAT ARE THE NET SAVINGS AS A % OF NET BUDGET?

2.9%

7. Estimated Implementation Costs

WHAT ARE THE ESTIMATED IMPLEMENTATION COSTS?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Capital Costs	0	0	0	0
Revenue Costs	150	150	0	300

The Central Review Team is the main resource required to deliver this proposal and this is funded corporately.

In order to review people in a timely manner the work of the central reviewing team will be supported by the use of agency staff. A central procurement exercise is being completed to procure an Occupational Therapy (OT) and Social work agency who will be paid at a per assessment rate at a cost of £250 per assessment 1,200 reviews will cost £300,000.

8. Projected Permanent FTE Reductions

WHAT IS THE CURRENT PERMANENT FTE STAFFING?

0.0

WHAT ARE THE PROJECTED PERMANENT FTE REDUCTIONS?

	2016/17	2017/18	2018/19
0.0	0.0	0.0	0.0

0.0

9. Risks and mitigating actions

1. Risk: Double counting with other project savings

Cause: scope, budgets and service users overlap with other existing savings projects or new proposals. Biggest risk applies to Direct Payments (DP), Transport and AT projects / proposals. See also interdependencies section.

Event: Lack of clarity over scope/boundaries of individual projects/proposals and project tracking methods (i.e. capturing and validating savings)

Effect: Over inflated projected savings targets set and over-reporting of savings.

Mitigation: mapping of the scope, budgets and target groups for each proposal to avoid overlap. Methods for tracking savings from individual projects / proposals to be established as part of Benefits Realisation Plans that are required for each project. This will include mechanism for avoiding double counting.

2. Risk: reviewing resource not directed where it is most effective.

Cause: Central Review Team resource diverted to other operational priorities or reviews are not focussed on areas that will deliver the greatest returns.

Event: Volumes of review activity that generate savings start to reduce.

Effect: Reduced savings and target not met.

Mitigation: clarity regarding priorities for the Central Reviewing Team. Discover and analyse phase will ensure that they're targeting the right areas.

3. Risk: Assumptions about target setting prove to be incorrect

Cause: Insufficient baseline information, insufficient viable service users to review, current trend can't be sustained.

Event: cannot meet savings target.

Effect: either will take longer to achieve savings (slippage) or, more likely, savings will be compromised.

Mitigation: proposal builds in discover and analyse phase which will ensure baseline information is robust and reviews targeted where it will be most effective.

4. Risk: Savings not sustained

Cause: Changed needs or the changes to packages were unsustainable

Event: On validation, package costs will have increased post review

Effect: Savings not sustained over the longer-term

Mitigation: due to the nature of some of the target group, i.e. Older Adults, there is always going to be a constant change in Service User need. However, by utilising the existing knowledge and experience built up by the Central Reviewing Teams, and information to be gleaned from the discover and analyse phase, this should help manage this risk.

5. Risk: Service users, circles of support and providers may not support the changes proposed.

Cause: stakeholders being resistant to the changes proposed.

Event: In some cases stakeholders may dispute decisions to change care packages, and there may be potential legal challenge.

Effect: delays. As a last resource, some support may need to be re-commissioned unless the service user wishes to pay the difference where they choose care and support which is more expensive than care that can be procured by the Council.

Mitigation: reviews will be underpinned by the support planning process, which will ensure that any decisions to change care packages are informed by current service user needs and are appropriate.

6. Risk: Lack of capacity within the community to provide alternatives.

Cause: community and/or voluntary sector groups are unable to offer support.

Event: The demand for alternative support may out-strip the capacity of the voluntary and community sector which may result in needs not being met or the Council having to commission services.

Effect: This may result in individuals' needs not being met or the Council having to commission higher cost services.

Mitigation: Work will be undertaken with voluntary and community organisations as part of the independent sector to stimulate and develop the market.

10. Chief Officer Signoff

I confirm that in my opinion the option is realistic and achievable, and that known costs of implementation are included.	Signature	Date Signed
	David Pearson	Nov 2015

	Option Ref	C08
1. Service Area	Adult Social Care, Health & Public Protection	
2. Option Title	Further expansion of Assistive Technology (AT) to promote independence	
3. What we propose to do and how we propose to do it		
<p>This proposal is based on further investment in Assistive Technology (AT) equipment, which will be targeted to ensure that more people are able to remain independent at home. Benchmarking data from 25 local authorities shows the average saving on care costs is £2.94 for each £1 invested in AT. The Council's current spend on AT equipment is 60% of the average, but figures show there is an above average rate of return on investment.</p> <p>Chartered Institute of Public Finance and Accountancy (CIPFA) benchmarking data from 2013/14 shows that the County Council's return on investment in AT equipment was 19% above average, and it is proposed that an extra £89k per year investment in AT equipment is carefully targeted at the most vulnerable people to ensure that this higher than average rate of return is maintained. More specifically it is proposed to:</p> <ol style="list-style-type: none"> 1. provide short term intensive AT staff input to the Short-term Assessment & Reablement Team (START), Older Adult and Reviewing Teams to embed cultural change around use of AT, initially piloting this approach in one locality. 2. undertake targeted reviews of some of the 2500 low cost care packages to identify AT solutions to help people self-manage aspects of their care, in line with the Adult Social Care Strategy. 3. provide short term intensive AT service support to carers and families to set up and embed use of devices to support self-management of daily living activities for people with dementia and other cognitive impairments. 4. use lifestyle monitoring systems (which to date have been used by the Council for short term assessment purposes only) to enable tailored care management of people with dementia and provide reassurance to families. For example, using monitoring technology to determine if a person with dementia who receives a home care call to prompt them to bed, has already gone to bed, and therefore is best left undisturbed. <p>Approval of this proposal will be subject to an interim evaluation of the deliverables from the current AT project.</p>		
4. Why this option is being put forward		
<p>Evidence from CIPFA benchmarking data of 25 comparator local authorities shows that average return on investment in AT is £2.94 for each £1 spent. The Council's investment in AT equipment is 60% of the average of benchmarked authorities, indicating that there are opportunities for further savings from AT if additional resources are carefully targeted at social care needs.</p>		

Additional investment in specialist AT staff has already been agreed as part of a previous proposal, and this will be focused on supporting the more intensive targeted approach outlined in the previous section. However, the extra demand this will create will require an estimated additional £89k per annum investment in AT equipment to support vulnerable Service Users.

5. What is the impact?

ON SERVICE USERS AND COMMUNITIES

The proposal will lead to changes in the way that care and support is delivered to some vulnerable people, notably people with dementia. The aim of this will be to increase independence and reduce intrusive and unnecessary care visits. This approach is consistent with the aims of the current Adult Social Care Strategy and the Care Act.

ON OTHER ORGANISATIONS / PARTNERS

None specifically.

ON OTHER PARTS OF THE COUNTY COUNCIL

The impact of this option should be achievable within current authority capacity.

COULD THERE BE A DISPROPORTIONATE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS? (Y/N) (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation)

Yes

DOES A FULL EQUALITY IMPACT ASSESSMENT ACCOMPANY THIS OPTION FOR CHANGE? (Y/N)

Y

6. Projected Net Savings to the Budget

WHAT IS THE PERMANENT BUDGET?

GROSS £000	90,244	NET £000	77,079
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WHAT ARE THE PROJECTED NET SAVINGS TO THE BUDGET?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Gross Saving	129	129	129	387
LESS Loss of Income	0	0	0	0
LESS Costs of Reprovision	-89	-89	-89	-267
NET SAVING	40	40	40	120

WHAT ARE THE NET SAVINGS AS A % OF NET BUDGET?

0.2%

7. Estimated Implementation Costs

WHAT ARE THE ESTIMATED IMPLEMENTATION COSTS?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Capital Costs	0	0	0	0
Revenue Costs	0	0	0	0

8. Projected Permanent FTE Reductions

WHAT IS THE CURRENT PERMANENT FTE STAFFING?					0.0
	2016/17	2017/18	2018/19		
WHAT ARE THE PROJECTED PERMANENT FTE REDUCTIONS?	0.0	0.0	0.0		0.0

9. Risks and mitigating actions

1. Some return on investment benchmarking data from other Local Authorities may be estimates, rather than actuals, undermining the projected savings.

Mitigating Action: The Council's savings data is based on evaluation using a method approved by the East Midlands Regional Joint Improvement Programme. Implementation of the current AT savings option will be subject to a review before this further proposal is approved. The additional investment and intensive support approach outlined above will be piloted in one locality first to enable analysis of the return on investment before a decision is made to roll out the approach countywide.

2. Further adoption of AT solutions by staff and Service Users does not progress in line with the additional investment.

Mitigating Action: There is already agreement in place to temporarily increase staffing in the AT Team which will enable more intensive support to be provided to key staff teams and Service Users. The intensive support approach will be piloted in one locality initially to assess impact on investment return.

10. Chief Officer Signoff

I confirm that in my opinion the option is realistic and achievable, and that known costs of implementation are included.	Signature	Date Signed
	<i>David Pearson</i>	Nov 2015

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Option Ref

C09

1. Service Area

Adult Social Care, Health & Public Protection

2. Option Title

Increase meal charges within Day Services

3. What we propose to do and how we propose to do it

Day Services offer Service Users the opportunity to purchase a freshly cooked two course lunch for £3.95. We propose to increase the cost of this meal by 30p (a 7.5% increase), and charge £4.25 per lunch with effect from April 2016.

We also propose to keep further charges in line with inflationary pressure as it arises.

4. Why this option is being put forward

The Council recognises the significant health benefits associated with eating well - both from a nutritional perspective as well as the social benefits gained from sharing a meal in a communal setting. The provision of meals within Day Service is a very important aspect of the service, as it may be the only time when a vulnerable person has a freshly cooked meal.

Whilst recognising the importance of these meals, we have a duty to ensure that they provide good value for money for both Service Users and the Council. The Council currently subsidises the cost of catering within Day Services. The subsidy for Day Services' catering for 2014-15 was £152,743 and the budgeted subsidy for 2015-16 is £133,770.

Furthermore, the Council has not increased the cost of meals since 2011 - the last increase was from £3.75 to £3.95 - and therefore believes this increase is justifiable.

This proposal therefore supports the long-term sustainability of offering this valuable element of Day Service provision on a cost effective footing and helps ensure Service Users can continue to benefit from the choice and convenience of meal provision, whilst providing additional reassurance for families and carers.

5. What is the impact?

ON SERVICE USERS AND COMMUNITIES

Service Users (in conjunction with families and carers) would need to decide whether they are happy to pay the additional cost. If they do not wish to do so, alternative arrangements would need to be made to ensure adequate hydration and nourishment is accessed. This could include Service Users purchasing drinks and snacks from the coffee bars, or bringing a packed lunch.

ON OTHER ORGANISATIONS / PARTNERS

Not applicable.

ON OTHER PARTS OF THE COUNTY COUNCIL

Not applicable.

COULD THERE BE A DISPROPORTIONATE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS? (Y) (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation)

Yes. This proposal will affect Older Adults and Younger Adults with disabilities (physical disabilities, learning difficulties and mental health conditions). The Equality Impact Assessment outlines mitigating action for any disproportionate, adverse or negative impact this proposal may have on these client groups.

DOES A FULL EQUALITY IMPACT ASSESSMENT ACCOMPANY THIS OPTION FOR CHANGE? (Y/N)

Y

6. Projected Net Savings to the Budget**WHAT IS THE PERMANENT BUDGET?**

GROSS £000	416	NET £000	134
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WHAT ARE THE PROJECTED NET SAVINGS TO THE BUDGET?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Gross Saving	19	0	0	19
LESS Loss of Income	0	0	0	0
LESS Costs of Re provision	0	0	0	0
NET SAVING	19	0	0	19

WHAT ARE THE NET SAVINGS AS A % OF NET BUDGET?

14.2%

7. Estimated Implementation Costs**WHAT ARE THE ESTIMATED IMPLEMENTATION COSTS?**

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Capital Costs	0	0	0	0
Revenue Costs	0	0	0	0

8. Projected Permanent FTE Reductions

WHAT IS THE CURRENT PERMANENT FTE STAFFING?

10.4

WHAT ARE THE PROJECTED PERMANENT FTE REDUCTIONS?

	2016/17	2017/18	2018/19
	0.0	0.0	0.0

0.0

Please note this full time equivalent (FTE) reflects that of Day Services' catering staff (Cooks and Catering Assistants only).

9. Risks and mitigating actions

Risk: The price increase may have a detrimental impact on the number of meals purchased by Service Users.

Mitigation: When communicating the price increase to service users (if approved), ensure that the multiple benefits of this service are emphasised.

10. Chief Officer Signoff

I confirm that in my opinion the option is realistic and achievable, and that known costs of implementation are included.

Signature

David Pearson

Date Signed

Nov 2015

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Option Ref	C10
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1. Service Area	Public Health
2. Option Title	Public Health Grant Realignment Changes
3. What we propose to do and how we propose to do it	

The Public Health grant released £8m through a combination of staffing reductions, contract efficiencies, and some reductions in commissioned services during the period 2013-15. This resource was used to support other services of the Council which were identified as having potential to deliver Public Health outcomes, and so was considered to be a valid use of Public Health grant.

All of the budget lines benefitting from this realigned money have been reviewed and changes are proposed as set out in the tables below. The total maximum saving that could be delivered from these proposals is £1.65m. This proposal is still subject to further discussion with the relevant Departments.

Proposal 1 – 7.8% reduction

<i>Activities</i>	<i>Total Public Health Realignment</i>	<i>Proposed reduction</i>	<i>Reason/ Impact</i>
Handy Persons Adaptation Scheme	95,000	7,410	Proportionate 7.8% reduction Comparatively small
Older People Early intervention service	165,000	12,870	As above
Information Prescriptions	28,000	2,184	As above
Stroke	13,000	1,014	As above
Supporting people: Homelessness Support	1,000,000	78,000*	Reduction is 7.8% of realigned Public Health grant but could impact on service
Children's Centres	2,490,000	194,220*	Reduction is 7.8% of realigned Public Health grant but could impact on service
Family Nurse Partnership	100,000	7,800	Proportionate 7.8% reduction Comparatively small
Supported accommodation for young people	460,000	35,880	As above
Young Carers Children, Families and Cultural Services	100,000	7,800	As above

C Card Scheme	80,000	6,240	As above
<i>Sub-totals</i>	<i>4,531,000</i>	<i>353,418</i>	

Proposal 2 – removal of underspends.

<i>Activities</i>	<i>Total Public Health Realignment</i>	<i>Proposed reduction</i>	<i>Reason/ Impact</i>
Community Resources to Support People	200,000	150,000	Removal of underspend – no impact
Substance misuse	420,000	420,000	Removal of underspend – no impact
Young Carers Adult Social Care & Health	240,000	150,000	Removal of underspend – no impact anticipated
<i>Sub-total</i>	<i>860,000</i>	<i>720,000</i>	

Proposal 3 - reduce four realignment lines where there are concerns about whether the activities deliver Public Health outcomes.

<i>Activities</i>	<i>Total Public Health Realignment</i>	<i>Proposed reduction</i>	<i>Reason/ Impact</i>
Mental Health Coproduction service	206,000	67,716*	Uncertainty over delivery of Public Health outcomes. Would have service impact.
Moving Forward Service	800,000	270,866*	Uncertainty over delivery of Public Health outcomes. Would have service impact.
Youth Offending Team	380,000	190,000*	Uncertainty over delivery of Public Health outcomes. Would have service impact.
Substance misuse (young people)	48,000	48,000	Uncertainty over delivery of Public Health outcomes. Would have service impact.
<i>Sub-total</i>	<i>1,434,000</i>	<i>576,582</i>	

The proposals are still subject to detailed discussion with Departments who would be affected by these changes to the realigned funding.

For the reductions marked with * in the tables above, the amounts that are planned to be reduced in 2016/17 will be offset by contributions from reserves so that the reductions are from 2017/18. This is to enable the timescale for implementation to be deferred for one year.

4. Why this option is being put forward

Public Health transferred into the Council on 1 April 2013 along with associated financial resources in the form of £36m of ring-fenced Public Health grant. The grant was ring-fenced, and is only to be spent on activities which would deliver Public Health outcomes. The Public Health service supported the Council's budget reductions targets through the release of efficiencies from recommissioning services. The total level of savings delivered (£8m) was about 25% of Public Health grant.

The £8m released savings were used as follows:

- £1.1m of costs from other parts of the Council were absorbed into Public Health contracts (domestic violence services).
- £6.9m was realigned to other parts of the Council. The realignment was to a range of Council services assessed as having potential to deliver Public Health outcomes. The realignment was always identified as being subject to performance in delivery of Public Health outcomes, and also contingent on the level of Public Health grant remaining at the same level.

The Public Health budget of £36m has been reduced by £2.6m (or 6.2%) in 2015/16, as part of a national reduction to the grant of £200m. 5% of the Public Health grant has also had to be returned to the NHS Clinical Commissioning Groups (CCGs) as part of a rebasing adjustment. The majority of the Public Health grant is spent on services delivered through commissioning, where contracts have either been let, or budget envelopes have been set in response to market testing and analysis. It will be difficult to achieve further reductions on top of the 25% savings already identified and removed from these services, especially since so many contracts are let on a payment by results methodology.

Additional savings have already been identified in Public Health proposals related to contract efficiencies and a staffing restructure, leaving only realignment budget lines to explore for further savings.

5. What is the impact?

ON SERVICE USERS AND COMMUNITIES

Reductions in realignment lines would potentially impact directly on service users and communities, since the realignment lines are being used to pay for direct services. The scale of the impact varies by realignment line.

Proposal 1 - Most lines will have a proportionate 7.8% reduction, which is relatively small. The following activities would have this relatively small reduction:

Handy Persons Adaptation Service
Older People Early intervention service
Information Prescriptions
Stroke

Supporting people: Homelessness support
Children's Centres
Family Nurse Partnership
Supported accommodation for young people
Young Carers Children, Families and Cultural Services (CFCS)
C Card Scheme

Proposal 2 - For three realignment lines, it is proposed to remove significant underspends which have occurred over the last couple of years. Removal of underspend will not affect service users.

Community Resources to Support People – it is proposed to reduce this budget from £200,000 to £50,000. Staff have spent two years exploring options and piloting small scale approaches, but not yet identified a value for money approach and are currently in discussion with local CCGs who are also keen to pilot evidence based options. Planning is affected by a lack of evidence over initiatives which will address the issue and which will also lead to future cost savings. Mitigating actions: none proposed. The Joint Strategic Needs Assessment (JSNA) for loneliness will summarise the evidence and make recommendations on the way forward. The £50,000 proposed to remain for allocation against this line will enable some further development work to take place.

Substance misuse - £420,000 of activity originally delivered by Adult Social Care and Health (ASCH) Department has since been subsumed into the Public Health substance misuse contract and so is no longer required from realignment. No effect on service users

Young Carers ASCH – It is proposed to reduce the allocation by £150,000, as it has been underspent owing to the availability of personal budgets to meet requirements. No effect anticipated on service users.

Proposal 3 - there are four realignment lines where there are concerns about whether these activities deliver Public Health outcomes. It is proposed to reduce realignment funding to these lines. This has potential to have a major effect on the services concerned, depending on how significant the realignment element was as a proportion of the budget for the affected services, and whether there were alternative budgets that could be drawn on to meet the costs, for example use of personal budgets instead of Realignment funding. The activities affected are:

Mental Health CoProduction
Moving Forward Service
Youth Offending Team
Substance misuse (young people)

ON OTHER ORGANISATIONS / PARTNERS

Some of the identified realignment lines for reduction are used to deliver partnership services, support external providers, or third sector organisations. Reduction or removal of this funding would negatively impact on those partners, providers or organisations.

A positive impact of the proposal is that it would concentrate the realigned resources on areas which demonstrably deliver Public Health outcomes and hence fulfils the obligations of Public Health grant

ON OTHER PARTS OF THE COUNTY COUNCIL

Reductions in realignment lines will affect the identified parts of the Council. The reductions imply additional cost pressures, or they could potentially lead to redundancies.

COULD THERE BE A DISPROPORTIONATE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS? (Y/N) (*age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation*)

Y

Depends on the individual realignment lines, but some are used to pay for services for older people or for pregnant women, or women with children. If the impact of removing realignment was the cessation or reduction of services, there would be disproportionate impact.

DOES A FULL EQUALITY IMPACT ASSESSMENT ACCOMPANY THIS OPTION FOR CHANGE? (Y/N)

Y

6. Projected Net Savings to the Budget

WHAT IS THE PERMANENT BUDGET?

GROSS	<input type="text" value="6,825"/>	NET	<input type="text" value="6,825"/>
£000		£000	

WHAT ARE THE PROJECTED NET SAVINGS TO THE BUDGET?

	2016/17	2017/18	2018/19	TOTAL
	£000	£000	£000	£000
Gross Saving	1,650	0	0	1,650
LESS Loss of Income	0	0	0	0
LESS Costs of Reprovision	0	0	0	0
NET SAVING	1,650	0	0	1,650

WHAT ARE THE NET SAVINGS AS A % OF NET BUDGET?

7. Estimated Implementation Costs

WHAT ARE THE ESTIMATED IMPLEMENTATION COSTS?

	2016/17	2017/18	2018/19	TOTAL
	£000	£000	£000	£000
Capital Costs	0	0	0	0
Revenue Costs	0	0	0	0

8. Projected Permanent FTE Reductions

WHAT IS THE CURRENT PERMANENT FTE STAFFING?

	2016/17	2017/18	2018/19	
WHAT ARE THE PROJECTED PERMANENT FTE REDUCTIONS?	0.0	0.0	0.0	<input type="text" value="0.0"/>

9. Risks and mitigating actions

1. Withdrawal or reduction in services. Mitigating actions: explore with departments; consider use of Public Health reserves as temporary measure to cushion the impact, so that reductions can be tapered to allow time for further planning and resource reallocation.
2. Reputational risk. Mitigation: explore with departments; consider use of Public Health reserves as temporary measure to cushion the impact, so that reductions can be tapered to allow time for further planning and resource reallocation.

10. Chief Officer Signoff

I confirm that in my opinion the option is realistic and achievable, and that known costs of implementation are included	Signature	Date Signed
	David Pearson	Nov 2015



		Option Ref	C11
1. Service Area	Support to Schools – Home to School Transport		
2. Option Title	To provide Statutory School Transport only in relation to mainstream and Post 16 Transport		
3. What we propose to do and how we propose to do it			
<p>It is proposed from 2018/19 academic year to make significant savings on the Home to School Transport budget by ceasing to provide discretionary travel services, this proposal will save a total of £770k.</p> <p>The Council would continue to fulfil its statutory duty and provide travel assistance for those children who are assessed as having an entitlement.</p> <p>The new service proposed will provide home to school transport for those children who have a statutory entitlement. The transport for these children will be provided using the most cost effective method which will include a combination of local and school bus contracts, tickets on commercial services, taxis and parental reimbursements.</p> <p>Children from low income families have additional statutory entitlements which will be protected under these proposals. For primary school pupils, free travel will be provided for all children travelling beyond 2 miles to their catchment or nearest available school.</p> <p>For secondary age children, free travel will be provided to 1 of 3 nearest qualifying schools between 2 and 6 miles from their home. For children attending their nearest suitable school preferred on grounds of faith, they will receive free travel where the school is between 2 and 20 miles (primary) or 2 and 25 miles (secondary) from their home.</p> <p>As part of this proposal it is proposed that £100k of the savings are used to establish a hardship fund, which can be used on a discretionary basis to support parents and families affected by this proposal.</p> <p>The savings time scale will be linked to the cessation of the Preferred Travel Scheme.</p>			
4. Why this option is being put forward			
<p>Nottinghamshire County Council has continued to provide home to school travel support to children and young people that exceeds the statutory minimum that is required in law. In the current financial climate the Council is challenged to provide services within a decreasing budget and is therefore focussing the majority of expenditure on statutory services and provision for the most vulnerable in society.</p> <p>The proposed option will fulfil the statutory obligation of the Council with regards to home to school transport provision and will also meet the current objectives of the Council.</p> <p>Several Councils, including some of our neighbouring authorities have reduced their transport provision over the past 3 years and now provide the statutory minimum.</p>			

5. What is the impact?

ON SERVICE USERS AND COMMUNITIES

(incl. considerations relating to vulnerable people and communities & equality)

There will be an impact on pupils currently accessing school transport who are not entitled to free statutory travel. This will affect pupils attending a preferred school including preferred faith schools and any child living under the statutory walking distance attending their designated school but who are still using school transport.

- The Council will not continue to provide bus services that do not carry statutory travellers. Where transport is provided to a school, the capacity on this transport will be reduced to accommodate only statutory travellers.

Post 16 students will have no access to local authority funded school bus services as these will be restricted to under 16 statutory travellers.

ON OTHER ORGANISATIONS / PARTNERS

- Some bus services may be withdrawn and capacity on routes reduced.
- Removing free or subsidised travel may alter where parents choose to send their children to school.

ON OTHER PARTS OF THE COUNTY COUNCIL

- Proposals build on continued network efficiency savings led by the Council's Transport and Travel Services (TTS). Children Families and Cultural Services and TTS will work in collaboration to further scope cost and implement any decisions following these proposals

COULD THERE BE A DISPROPORTIONATE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS? (Y/N) (*age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation*)

Y – age and religion. This is detailed fully in the accompanying Equality Impact Assessment.

DOES A FULL EQUALITY IMPACT ASSESSMENT ACCOMPANY THIS OPTION FOR CHANGE? (Y/N)

Y

6. Projected Net Savings to the Budget

WHAT IS THE PERMANENT BUDGET?	GROSS £000	6,217	NET £000	5,947
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WHAT ARE THE PROJECTED NET SAVINGS TO THE BUDGET?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Gross Saving	99	0	952	1,051
LESS Loss of Income	-15	0	-194	-209
LESS Costs of Reprovision	0	0	-72	-72
NET SAVING	84	0	686	770

WHAT ARE THE NET SAVINGS AS A % OF NET BUDGET? 12.9%

2018/19 savings reflect the full saving; however, it is proposed that the policy is implemented with effect from 2018/19 academic year after the preferred travel scheme is fully phased out (July 2018). Therefore the full saving will not be met until 2019/20. Re-provision costs are administration costs for the contract changes.

7. Estimated Implementation Costs

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Capital Costs	0	0	0	0
Revenue Costs	0	0	23	23

Revenue costs are staff costs for undertaking route planning and surveys.

8. Projected Permanent FTE Reductions

WHAT IS THE CURRENT PERMANENT FTE STAFFING? 2.0

	2016/17	2017/18	2018/19	
WHAT ARE THE PROJECTED PERMANENT FTE REDUCTIONS?	0.0	0.0	0.0	0.0

9. Risks and Mitigating Actions

Risk: Legal challenge.

Mitigating Action: The post 16 travel scheme proposal could only go forward following legal advice regarding the duty of the County Council in this area. Ensure processes including consultation are followed correctly to mitigate legal challenge.

Risk: Financial impact on families.

Mitigating Action: Ensure all low income families are aware of their entitlements through communications with parents and schools.

Risk: Charges could impact on school or college attendance. (NB The Home to School Transport Policy ensures that the statutory entitlements of children and young people are met, including some provision for low income families).

Mitigating Action: Work with the Council's schools and academies, in some circumstances helping/enabling schools to take ownership of school transport to their school providing their own subsidised services to enable non statutory travellers to attend their school (already implemented in 4 schools in the County). Ensure parents are well informed during the admissions process regarding travel entitlements to their preferred school choices.

Risk: Post 16 – rise in cost of travel may make studying at an appropriate establishment prohibitive.

Mitigating Action: Ensure all low income families are aware of their entitlements through communications with parents and schools.

Risk: Changes could see journey times increase.

Mitigating Action: Proposals to reduce / alter routes would be subject to individual risk assessment prior to recommendation.

10. Chief Officer Signoff

I confirm that in my opinion the option is realistic and achievable, and that known costs of implementation are included.	Signature	Date Signed
		17/11/15



	Option Ref	C12
1. Service Area	Highways	
2. Option Title	Reduction of provision of parking, traffic management and small-scale community works service.	
3. What we propose to do and how we propose to do it		
<p>Nearly 9,000 customer requests are received each year to investigate and provide small-scale parking, traffic management or community works. These range from; minor kerbing or drainage works, tidying-up small areas of landscaping, white lines around parking areas or double yellow lines. Many of these requests come from Elected Members following representations from individuals or local communities.</p> <p>This proposal would reduce the funding for this service by 19% and mean that a number of customer requests for schemes such as double yellow lines would have to be considered for priority as part of a future year's Local Transport Plan Integrated Transport Measures Capital programme.</p>		
4. Why this option is being put forward		
<p>There is some overlap between this Community Works revenue budget and the Local Transport Plan Integrated Transport Measures Capital programme for the provision of small-scale improvements such as double yellow lines and parking schemes.</p>		
5. What is the impact?		
<p>ON SERVICE USERS AND COMMUNITIES Small-scale works are often important within local communities.</p> <p>ON OTHER ORGANISATIONS / PARTNERS Small-scale works to assist businesses such as double yellow lines to facilitate access to industrial areas, or changes to limited waiting would have to compete for priority with other Integrated Transport Measures as part of a future year's programme.</p> <p>COULD THERE BE A DISPROPORTIONATE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS? (Y/N) (<i>age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation</i>)</p> <p>No disproportionate adverse or negative impact envisaged.</p>		
DOES A FULL EQUALITY IMPACT ASSESSMENT ACCOMPANY THIS OPTION FOR CHANGE? (Y/N)		N

6. Projected Net Savings to the Budget

WHAT IS THE PERMANENT BUDGET? GROSS £000 368 NET £000 368

WHAT ARE THE PROJECTED NET SAVINGS TO THE BUDGET?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Gross Saving	0	70	0	70
LESS Loss of Income	0	0	0	0
LESS Costs of Re provision	0	0	0	0
NET SAVING	0	70	0	70

WHAT ARE THE NET SAVINGS AS A % OF NET BUDGET? 19.0%

7. Estimated Implementation Costs

WHAT ARE THE ESTIMATED IMPLEMENTATION COSTS?

	2016/17 £000	2017/18 £000	2018/19 £000	TOTAL £000
Capital Costs	0	0	0	0
Revenue Costs	0	0	0	0

8. Projected Permanent FTE Reductions

WHAT IS THE CURRENT PERMANENT FTE STAFFING? 16.0

WHAT ARE THE PROJECTED PERMANENT FTE REDUCTIONS?

	2016/17	2017/18	2018/19	
	0.0	1.5	0.0	1.5

9. Risks and mitigating actions

- Additional pressure on the existing recently reduced Integrated Transport Measures allocation.
- Lack of community support – could be mitigated by improving information on the website about what works can be funded e.g. large-scale works and highway maintenance schemes and the need to prioritise small-scale improvements as part of a future year’s programme.

10. Chief Officer Signoff

I confirm that in my opinion the option is realistic and achievable, and that known costs of implementation are included.	Signature	Date Signed
		17.11.15