

**HEALTH, SOCIAL CARE AND INCLUSION
SCRUTINY AND PERFORMANCE PANEL**

DATE: 30 NOVEMBER 2009

Draft Revenue Budget 2010/11 for Social Care & Health Portfolio

Ward(s) All

Portfolio:

Councillor B McCracken – Social Care & Health

Summary of report

This report presents Cabinet's draft revenue budget proposals for 2010/11 for consultation with the panel and to provide an opportunity for the panel to make recommendations to Cabinet.

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Recommendation

The panel are recommended to consider the draft proposals in this report and make recommendations to Cabinet as appropriate.

Background papers

Various financial working papers.

Reason for scrutiny

To enable consultation and scrutiny of the draft budget proposals for 2010/11.



Margaret Willcox
Assistant Director Social Care & Inclusion
on behalf of Dave Martin – Executive Director

19 November 2009

Background: Vision and Priorities of Social Care and Health Inclusion Portfolio

The following section details the vision and priorities of the services within the Health, Social Care and Inclusion portfolio for consideration alongside the draft budget proposals.

Social Care and Inclusion Vision: *To make a positive difference to the lives of Walsall people*

The Portfolio Plan has been produced to reflect the **Council's Strategic Priorities** for 2009-10 which are summarised as:

- Creating opportunity and potential
- Improving health
- Reducing crime and feeling safe
- Developing strong and dynamic communities
- Improving education and skills
- Improving housing choice
- Improving the quality of our environment
- Reducing worklessness
- Increasing enterprise and making Walsall a vibrant borough
- Working smarter

Priorities of the Social Care and Health Portfolio

The **Portfolio's Objectives for 2009-10** address these priorities for all the services in the portfolio, budgetary determinations and all relevant specific service plans. In addressing the needs of the people of Walsall the portfolio will seek to:

- Optimise life chances, health and well-being by reducing inequalities, maximising autonomy and prevention, and minimising dependence
- Ensure safety and protection, while enabling and managing risk
- Ensure the availability of accessible services that are empowering, socially inclusive and responsive to user preference
- Ensure a high quality workforce in adults social care and inclusion
- Deliver more efficient business processes that free up resources to give choice and control to users of services and that respond to changes in levels of need
- Ensure effective collaborative working to produce good outcomes for service users and support delivery of our shared objectives

The **Service Initiatives** that underpin¹ these objectives assert:

- We will facilitate access to services which will promote the reduction of health inequalities
- We will continue to develop good partnerships, with the voluntary sector and others, to ensure delivery of improved quality of life outcomes
- We will ensure our services safeguard users and vulnerable people
- We will minimise the impact on service delivery of any major emergency or We will further develop high quality health and safety good practice with our staff disruptive challenge
- We will enable more people to live in their own home
- We will work with partners to increase the availability and access of housing to meet the needs of the borough
- We will continue to work closely with other Council services to ensure a holistic approach to meeting people's needs
- We will continue to develop services that are accessible to the specific needs of Black & ethnic minority citizens and will improve services

- We will work with partners to promote employment, life long learning, income maximisation for socially excluded and economically marginalised users and carers
- We will develop and implement a workforce development plan for the service
- We will make sure our office accommodation is fit for purpose and value for money
- We will develop a broader range of provision by commissioning for all in cooperation with partners and diverse providers
- We will ensure commissioned services are regularly reviewed offering the best quality and meeting the need of the borough
- We will develop our services ensuring the representation of the views, needs and aspirations of local people and service users and carers
- We will promote a culture of continuous improvement, underpinned by effective information and performance management, procurement and legal services
- We will develop more locally accessible services offering greater choice and more personalised care options
- We will deliver our assessments and services promptly
- We will continue to listen and respond to our staff to make sure they are able to provide the best service they can
- We will regularly review our business processes, and will design and implement a single pathway to directorate services and council activities
- We will continue to develop commissioning for all in order to deliver more integrated and co-ordinated services with health partners, private and voluntary sectors
- We will deliver our medium term operational strategies within budget and service parameters whilst ensuring annual efficiencies
- We will continue to manage demands and competing priorities

Resource and legal considerations

Cabinet on 18th November presented their draft budget proposals 2010/11 for consultation. These proposals include savings and investment proposals for the services within the remit of this pane. The proposals are presented to this panel for consultation and scrutiny and allow the panel to make recommendations to Cabinet.

Table 1 sets out the draft budget 2010/11 for the Social Care and Health Portfolio and changes in resources, compared to the approved budget for 2009/10.

Table 1

DRAFT NET BUDGET – SOCIAL CARE AND HEALTH

DETAILS	2010/11 £m
Budget brought forward from previous year	71.277
Inflation	1.527
Other budget refresh	0.157
Budget pressures : demographics, cost pressures, fall out of grant	0.758
Full year effect of 2009/10 growth	0.312
Efficiencies, savings and income generation	(4.994)
Full year effect of 2009/10 savings	(1.444)
Draft net budget requirement	67.593

Budget Pressures and Investment for Service Developments

The draft 2010/11 revenue budget for Social Care and Health includes £0.312m of growth which relates to investment decisions made by Council in February 2009 where a part year cost effect only was included in 2009/10. In addition further growth totalling £0.758m has been identified as a very high priority by Cabinet and as being essential to meeting cost pressures arising from demographic demand. A summary of growth is shown in **Table 2** and in more detail at **Appendix 1**.

Table 2 - Budget Pressures	Budget Demand Pressures £'m
Increase in demand within mental health services. Dementia statistics show this is a national issue not just at Walsall.	0.570
Increase in client demand within learning disabilities	0.045
Increase in demand within older peoples services	0.143
Total	0.758

Efficiencies, Savings and Fees and Charges Increases

The draft 2010/11 revenue budget for Social Care and Health includes £1.444m of savings which relate to decisions made by Council in February 2009 where a part year effect only was included in 2009/10.

In order to set a balanced budget, and after a review of available resources from Formula grant and council tax, and taking into account additional known and likely pressures, a council wide savings and efficiency target of just over £12m was set for services. Proposals were brought forward and considered by Cabinet and total budget reduction options (including efficiencies, savings and income generation) of £4.994m are included in the draft budget proposals for Social Care and Health within this report for consultation. This has enabled Cabinet to use available resources to target priority services, and allowed some targeted investment in high priority areas, such as increase in demand for services for clients with dementia.

Detail on individual savings is provided in **Appendix 2**.

A number of options require a formal decision by cabinet to proceed. Attached at **Appendix 3 (3a – 3e)** is further information on these items.

Citizen impact

The budget is aligned with service activity within service plans across the council. Investment is intended to be targeted at service improvement, stability and user demand. The report sets out the vision and priorities for the services within the remit of this panel.

Environmental impact

Services within the remit of this panel have a direct influence and impact on the environment.

Performance management

Financial performance is considered alongside service targets. Managers are required to deliver their service targets within budget, wherever possible. **Table 3** details the performance scorecard as at Quarter 2 for 2009/10

Table 3 - SOCIAL CARE AND HEALTH QUARTER 1-2 SCORECARD FOR 2009-10

Ind No.	Indicator Description	2007/08 Outturn	2008/09 Outturn	Current Qtr 1	Qtr 2	Target 2009/10	Qtr 2 compared to		RAG
							2008/09 Outturn	Previous Quarter	
C72	Admissions to residential / nursing care per 10,000 population aged 65+	88	88.89	64.48	86.13	<85	↑	↓	A
		N: 379 D: 43090	N: 386 D: 43423	N: 280 D: 43423	N: 374 D: 43423				
		???	???	???	???				
D37	Availability of single rooms	94.6%	95.6%	96.8%	94.2%	>95	↑	↓	A
		N: 123 D: 130	N:130 D:136	N: 30 D: 31	N: 65 D: 69				
		???	???	???	???				
D54	Equipment / adaptations delivered within 7 days	86.1%	70.2%	65.9%	67.9%	>85	↓	↑	R
		N: 7195 D: 8353	N:2398 D:3414	N: 411 D: 623	N:1894 D: 2789				
		???	???	???	???				
E47	Ethnicity of older people receiving an assessment	1.26	1.55	1.51	1.65	1<2	↔	↔	G
		N:0.058% D: 0.046%	N: 0.071 D: 0.046	N: 0.07 D: 0.046	N: 0.076 D: 0.046				
		???	???	???	???				
NI 130	Social care clients receiving Self Directed Support (direct payments and individual budgets) PAFC51 18+	N/A	251.9	6.19%	7.72%	20%	↓	↑	R
			489 clients	N: 378 D: 6105	N: 500 D: 6479				
NI 132	Timeliness of social care assessment. PAFD55 (18+ new clients)	N/A	91.2%	97.1%	97.0%	90.1%	↑	↔	G
			N: 3334 D: 3656	N: 949 D: 977	N: 1997 D: 2059				
NI 133	Timeliness of social care package PAFD56 (65+ new clients)	N/A	88%	94.5%	90.3%	90.1%	↑	↑	A
			N: 1737 D: 1977	N: 483 D: 511	N: 1062 D: 1176				
NI 135 LAA	Carers receiving needs assessment or review and a specific carer's service, or advice and information PAFC62	N/A	37.20%	14.6%	23.8%	24.5%	↑	↑	G
			N: 3088 D: 8303	N: 848 D: 5772	N:1395 D:5852				
NI 136 LAA	People supported to live independently through social services	N/A	2538	2572	2602.6	2600	↑	↑	G
CC1	% of complaints resolved within the timescale indicated on the complaint plan	NA	NA	75%	52%	70%	N/A	↓	A
				N: 15 D: 20	N:11 D: 21	TBC			
CC4	% investigated by the LGO following local authority investigation			0	0%	<5%	N/A	↔	G
				N:0 D:20	N: 0 D: 21	TBC			
CC5	At least 7% of complaints lead to changes in service delivery to service users			55%	5%	>7%	N/A	↓	G
				N:11 D:20	N:1 D: 21	TBC			
HR1	Staff turnover: % of SSD directly employed that left during the yr	8.3%	4.42%	5.79%	8.77%	8	↑	↓	G
			N: 44 D: 995	N: 56 D: 966	N:85 D: 969				
HR2	Staff vacancies: % of SSD directly employed posts vacant	24.1%	21.31%	21.53%	20.85%	20	↓	↓	A
			N: 212 D: 995	N: 208 D: 966	N: 200 D: 968				
141 LAA	Number of vulnerable people achieving independent living	83.90%	84.81%*	75.%*	82.69%	78%	↑	↑	G
142 LAA	% of service users supported to maintain independent living	98.89%	98.36%	96.11%	97.33%	98%	↓	↑	A

Rating for Social Care and Health

Adult Social care's 2007-08 rating: 1 star ***adequate outcomes and promising prospects for improvement*** formerly CPA 2. [The new 2008-09 embargoed rating was made available on October 21st and will be public on December 2nd]; and

Supporting People **programme is designated** *fair with excellent prospects for improvement* **formerly CPA 2.**

Key strengths identified in 2008-09:

The annual review process for services to adults in Walsall has noted the following key strengths:

- A strong leadership team with clarity of direction of travel
- The ability to deliver improvements at a time of resource challenges
- Increased opportunities for people to take part in community life
- Increases in Telecare support in the home
- Accessible information on health and wellbeing
- High quality learning disability health promotion and health action plans
- Supporting people outcomes show excellent improvement
- Engagement of Walsall people of in service delivery plans and design
- Increased numbers of people receiving assessments & reviews.
- Increases in direct payments for new people accessing services.
- Moving from traditional social services to personalisation agenda
- Integration of equality impact assessments
- Maximisation of income as an integral part of the assessment process.
- Adult Safeguarding training and joint working improving outcomes
- Initiatives to increase dignity and respect for people who use services
- Further development of corporate performance management
- Quality monitoring systems for people in residential & nursing home care.

Current challenges (September 2009) include:

There are some key emerging performance challenges which can be seen in the second quarter Scrutiny Performance Score Card which is shown at **Table 3** above, which include

- Potential upward pressures in admissions to residential / nursing care needs close monitoring
- The timeliness of the delivery of equipment and the establishing of packages of care still requiring corrective action
- Need to continue Directly supporting people by means of direct payments and individual budgets)
- The need to cut waiting times for major and minor adaptations
- Threat of service reduction across the performance agenda

Equality Implications



Services consider equality issues in setting budgets and delivering services. Irrespective of budgetary pressures the council must fulfil equal opportunities obligations

Consultation

This is the first of two meetings for scrutiny to consider Cabinets draft budget proposals. Proposals from the panel will be reported to Cabinet at its meeting on 16th December 2009 for their consideration. The second meeting on 18 January 2010 will include the impact of the final settlement and any other funding changes and any changes to the draft figures arising from budget consultation. It will also include Cabinets draft capital programme budget proposals.

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FYE OF PRIOR YEARS NEW INVESTMENT (2008/09)

No.	STRATEGIC CHOICE / INVESTMENT BID	FINANCIAL YEAR		
		2010/11	2011/12	2012/13
16	Older persons - Demographic Growth.	72,133	335,656	408,240
17	Learning Disability Demographic Growth - new cases 08/09.	240,000	480,000	480,000
TOTAL		312,133	815,656	888,240

DRAFT PORTFOLIO PROPOSALS : INVESTMENT

Invest't Category	INVESTMENT DESCRIPTION	SERVICE AREA	ANNUAL INVESTMENT		
			2010/11	2011/12	2012/13
			£	£	£
Demand	Increase in demand within mental health services. Dementia statistics show this is a national issue not just at Walsall.	Mental Health and Dementia	570,071	570,071	570,071
Demand	Increase in client demand within learning disabilities	Learning Disability	45,000	45,000	45,000
Demand	Increase in demand within older peoples services.	Older People	143,036	143,036	143,036
	TOTAL		758,107	758,107	758,107

Appendix 2

FULL YEAR EFFECT OF EFFICIENCIES / SAVINGS

No.	SAVING DESCRIPTION	ANNUAL NET COST		
		2010/11	2011/12	2012/13
45	YADS External Residential & Nursing Budgets	(357,256)	(545,803)	(545,803)
46	Reduction of posts of direct payments development manager, carers co-ordinators and user participation officer	(62,000)	(62,000)	(62,000)
47	Reduction in posts in the older people assessment & care management teams	(20,000)	(20,000)	(20,000)
48	20% reduction in Service Level Agreements (SLA) budgets for placements' of older people within third sector day centres	(10,092)	(10,092)	(10,092)
49	MH Admin posts	(9,000)	(9,000)	(9,000)
50	Learning disability efficiencies related to supported living packages.	(285,651)	(464,573)	(464,573)
51	Efficiencies within the external market for learning disability residential and nursing care	(571,302)	(929,146)	(929,146)
52	Major projects manager funded via social care reform grant	0	51,000	51,000
53	Reduction in ABG funding	(118,973)	0	0
TOTAL		(1,434,274)	(1,989,614)	(1,989,614)

FULL YEAR EFFECT OF FEES AND CHARGES

No.	SAVING DESCRIPTION	ANNUAL NET COST		
		2010/11	2011/12	2012/13
12	Standard charges income -	(8,537)	(17,245)	(17,245)
13	Home Care & Day Care - increase client charges from £4.88 for half hour to £5.19	(976)	(1,972)	(1,972)
14	Meals on Wheels - increase client charges from £2.49 to £2.75 per meal.	(532)	(1,074)	(1,074)

TOTAL	(10,045)	(20,291)	(20,291)
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DRAFT PORTFOLIO PROPOSALS - EFFICIENCIES / SAVINGS / INCOME

REF NO	SAVING CATEGORY	SAVING DESCRIPTION	ANNUAL NET SAVING		
			2010/11	2011/12	2012/13
			£	£	£
151	EFFICIENCY	Establish the level of entitlement and review thresholds for clients receiving direct payments, day care, home care and residential and nursing care services. Implement a fair and equitable entitlements policy covering all client groups, types of care and ensuring cost reductions and ensuring more effective processes of block lower cost placements rather than one off spot rates which are more expensive on a unit cost basis	(3,196,053)	(3,711,463)	(3,736,463)
152	EFFICIENCY	Housing 21 income - surplus generated as part of ongoing and annually calculated affordability envelope	0	(310,000)	(24,000)
153	EFFICIENCY	Sharing local authority buildings with NHS Walsall and charging for their partial occupancy	(20,000)	(50,000)	(70,000)
TOTAL EFFICIENCIES			(3,216,053)	(4,071,463)	(3,830,463)
154	NEW INCOME	Review of, and increase in, non-residential care charges including incremental removal of meals subsidy and charging for community alarm rentals.	(266,000)	(276,000)	(286,000)
155	NEW INCOME	Maximising Continuing Health care co-ordination charges from NHS Walsall.	(102,000)	(102,000)	(102,000)
TOTAL INCOME			(368,000)	(378,000)	(388,000)
156	SERVICE REDESIGN	Working in partnership with voluntary organisations to provide more cost effective and adaptive services for Prevention and BME group liaison including supporting people programme	(900,000)	(900,000)	(900,000)
157	SERVICE REDESIGN	Implementation of new assessment and care management model which will reduce the numbers of social care staff required by streamlining processes	(200,000)	(200,000)	(200,000)
158	SERVICE REDESIGN	This is an invest to save bid which will improve day services for people with learning and physical disabilities and relies on Capital investment of £600k for Goscote. The closure of Brewer Street, scheduled for 2009, will bring in a capital receipt. Refurbishment of Goscote will facilitate the transfer of services from Pinfold, enabling the closure of day services at Pinfold and a further capital receipt from that site.	0	(150,000)	(150,000)
159	SERVICE REDESIGN	Review of community mental health services and rationalisation of team bases.	(50,000)	(50,000)	(50,000)
160	SERVICE REDESIGN	Access and Response Centre - Core hours of business to remain within current parameters of 9am-5pm Monday to Friday therefore delaying expansion of core service until budgetary restraints improve.	(160,000)	(160,000)	(160,000)
161	SERVICE REDESIGN	Redefining financial allocation currently allocated to preventing delayed discharges at Manor	(100,000)	(100,000)	(100,000)
TOTAL SERVICE REDESIGN SAVINGS			(1,410,000)	(1,560,000)	(1,560,000)

TOTAL SOCIAL CARE AND HEALTH PORTFOLIO PROPOSALS	(4,994,053)	(6,009,463)	(5,778,463)
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Appendix 3 a

2010/11 BUDGET PROCESS – SAVINGS PROPOSALS ADDITIONAL INFORMATION

151 - Review entitlement thresholds for all services.

Estimate Net Saving in £'000			
2010 / 2011	2011 / 2012	2012 / 2013	Implementation cost
£3.196	£3.711	£3.736	£0

1. **DESCRIPTION OF THE SAVINGS PROPOSAL**

This proposal sets out to review current levels of entitlement and establish revised thresholds for day care, homecare and direct payments, ensuring equity across all service areas. This will be benchmarked against all authorities in the West Midlands.

2. **IMPLICATIONS ASSOCIATED WITH SAVINGS PROPOSAL**

2.1 **Customers** – For many service users and carers, the introduction of entitlements will result in a reduction of service.

2.2 **Employees** – Deletion of 20 posts, all of which will be vacant posts

2.3 **Partners** – Potentially could create demand in other services, particularly universal services in the third sector.

2.4 **Corporate Plan/Priorities** – A reduction in service could negatively impact on NI 136 performance indicator.

2.5 **Other Council Services** – No direct implications.

3. **ASSOCIATED RISKS**

Re-assessment of all service users and carers may result in higher assessed needs and therefore greater demand. A reduction in service provision could have an impact on carers.

4. **CONSULTATION**

All service users and carers will be reassessed and there will be an appeals process to ensure equitable application of thresholds.

5. **LEGAL IMPLICATION**

Legal support will be required as there may be challenges which could result in Judicial Review.

6. **EQUAL OPPORTUNITIES AND ENVIRONMENTAL IMPLICATIONS**

Adherence to the Fair Access to Care criteria and comprehensive assessment will ensure all citizens are treated equitably and according to need.

7. **EQUALITY IMPACT ASSESSMENT**

Individual need and circumstances will be reflected throughout the reassessment and care planning process and the impact of any change in service will be assessed as part of that process.

Appendix 3 b

2010/11 BUDGET PROCESS – SAVINGS PROPOSALS ADDITIONAL INFORMATION

154 – Review of and increase in non-residential care charges.

Estimate Net Saving in £'000			
2010 / 2011	2011 / 2012	2012 / 2013	Implementation cost
266	276	286	0

1. **DESCRIPTION OF THE SAVINGS PROPOSAL**

This proposal will incrementally remove the subsidy on meals on wheels by 10% in the first year and 5% in the 2 subsequent years. In addition, the charge for non-residential care services will increase by 10% and the subsidy we fund for community alarm rentals will be removed. These are discretionary charges.

2. **IMPLICATIONS ASSOCIATED WITH SAVINGS PROPOSAL**

- 2.1. **Customers** – Any increase in charges is likely to result in a rise in complaints and some service users may decline receiving a service.
- 2.2. **Employees** – No direct implications.
- 2.3. **Partners** – No direct implications.
- 2.4. **Corporate Plan/Priorities** – May have a negative impact on NI 130 and LAA NI 136 performance targets.
- 2.5. **Other Council Services** – May impact on Business Support in the introductory stage.

3. **ASSOCIATED RISKS**

- Decline in take up of lower level prevention services and alarms.
- Reduction in household disposable income for some service users.
- Could be perceived (erroneously) as directly related to personal budgets.

4. **CONSULTATION**

Existing consultation group have been involved in reviewing charging.

5. **LEGAL IMPLICATION**

None identified.

6. **EQUAL OPPORTUNITIES AND ENVIRONMENTAL IMPLICATIONS**

We will offer all service users benefits advice to maximise income.

7. **EQUALITY IMPACT ASSESSMENT**

Fair Access to Care ensures that people are charged according to their ability to pay and this will apply.

Appendix 3 c

2010/11 BUDGET PROCESS – SAVINGS PROPOSALS ADDITIONAL INFORMATION

157 – Implementation of new care management model.

Estimate Net Saving in £'000			
2010 / 2011	2011 / 2012	2012 / 2013	Implementation cost
200	200	200	0

1. **DESCRIPTION OF THE SAVINGS PROPOSAL**

This proposal refers to the implementation of a new model of care management as the next stage of the People First programme. The streamlined processes will reduce the number of social care staff required.

2. **IMPLICATIONS ASSOCIATED WITH SAVINGS PROPOSAL**

- 2.1 **Customers** – No direct implications although service users may be affected if lack of capacity results in longer waiting times.
- 2.2 **Employees** – Deletion of 6 posts, which are expected to be vacant.
- 2.3 **Partners** – The new processes will involve the transfer of some duties to health.
- 2.4 **Corporate Plan/Priorities** – May negatively impact on NI 132 and NI 133 performance indicators.
- 2.5 **Other Council Services** – HR support required.

3. **ASSOCIATED RISKS**

If the benefits of the new model are not realised, the loss of posts will result in increased volumes of work for the remaining staff. A hold on recruitment to vacancies will be required until the six posts can be deleted.

4. **CONSULTATION**

Social Care JNC have been involved in developing the People First agenda and are aware of the implications.

5. **LEGAL IMPLICATION**

None identified.

6. **EQUAL OPPORTUNITIES AND ENVIRONMENTAL IMPLICATIONS**

Will result in fewer choices of employment opportunities in adult social care.

7. **EQUALITY IMPACT ASSESSMENT**

Impact of the distribution of work and the capacity to meet demand will be managed.

2010/11 BUDGET PROCESS – SAVINGS PROPOSALS ADDITIONAL INFORMATION

158 – Day Services Learning Disability and Physical Disability.

Estimate Net Saving in £'000			
2010 / 2011	2011 / 2012	2012 / 2013	Implementation cost
0	150	150	0

1. **DESCRIPTION OF THE SAVINGS PROPOSAL**

This proposal is an invest to save action dependent on capital investment monies for Goscote. The refurbishment of Goscote will facilitate the transfer of services from Pinfold which, together with the closure of Brewer Street, will bring in 2 capital receipts.

2. **IMPLICATIONS ASSOCIATED WITH SAVINGS PROPOSAL**

- 2.1 **Customers** – Service for people with severe levels of disability will improve but the closure of Pinfold will result in the cessation of a support service to people currently attending Pinfold.
- 2.2 **Employees** – No direct implications.
- 2.3 **Partners** – Will create capacity for partners in health.
- 2.4 **Corporate Plan/Priorities** – May have a negative impact on NI 136 performance indicator.
- 2.5 **Other Council Services** – No direct implications.

3. **ASSOCIATED RISKS**

A reduction in service provision could have an impact on carers. Commissioning will address the need to develop alternative services to Pinfold.

4. **CONSULTATION**

Formal consultation will be required.

5. **LEGAL IMPLICATION**

None identified.

6. **EQUAL OPPORTUNITIES AND ENVIRONMENTAL IMPLICATIONS**

Refurbishment of Goscote will result in improved environmental efficiencies.

7. **EQUALITY IMPACT ASSESSMENT**

Assessment for the new services at Goscote will include all aspects of need and individual circumstances. Services commissioned as alternatives will have an equality impact assessment.

Appendix 3 e

2010/11 BUDGET PROCESS – SAVINGS PROPOSALS ADDITIONAL INFORMATION

159 - Review of mental health team bases.

Estimate Net Saving in £'000			
2010 / 2011	2011 / 2012	2012 / 2013	Implementation cost
50	50	50	0

1. **DESCRIPTION OF THE SAVINGS PROPOSAL**

This proposal requires a review of the current provision and location of mental health teams, resulting in a reduction of one base and associated management costs.

2. **IMPLICATIONS ASSOCIATED WITH SAVINGS PROPOSAL**

2.1 **Customers** – Changing the location of a team will result in some service users travelling further to attend appointments.

2.2 **Employees** – Deletion of 2 posts.

2.3 **Partners** – Proposal has been made in conjunction with health partners.

2.4 **Corporate Plan/Priorities** – Could impact on performance.

2.5 **Other Council Services** – No direct implications.

3. **ASSOCIATED RISKS**

Service is also charged with health savings so may fail to meet national targets.

4. **CONSULTATION**

As this action is part of a wider review being undertaken by the Mental Health Trust, service users, carers and staff will be formally consulted.

5. **LEGAL IMPLICATION**

None identified.

6. **EQUAL OPPORTUNITIES AND ENVIRONMENTAL IMPLICATIONS**

A reduction in the number of team bases will bring environmental efficiencies.

7. **EQUALITY IMPACT ASSESSMENT**

Consultation will include the identification of team locations that meet the diverse needs of the community and options will be equality impact assessed.
