

Resource Allocation 2016/17 to 2019/20: Draft Revenue Budget for Consultation

Ward(s) All

Portfolio: Councillor E Hughes
Councillor R Martin

Summary of report

This report outlines the portfolio plans for future service delivery for the Adult Social Care element of Care and Safeguarding portfolio and the Public Health and Wellbeing Portfolio. This includes Cabinet's draft revenue budget proposals for 2016/17 to 2019/20 for consultation, for the panel to consider and make recommendations to Cabinet if they so choose.

Recommendation

The panel are recommended to:-

1. Consider the portfolio plans for future service delivery, and draft revenue 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 portfolio plans and draft revenue budget proposals for 2016/17 to 2019/20.

Resource and legal considerations

Cabinet on 28 October 2015 presented their draft portfolio plans on future service delivery, including the draft revenue budget for 2016/17 to 2019/20 for consultation.

The full budget papers can be accessed with this link:

[Resource Allocation 2016/17 to 2019/20: Draft Revenue Budget for Consultation](#)

The report includes the context in which the draft budget has been set, including the reference to council priorities and consultation arrangements.

Attached to this report are the portfolio plans applicable to the remit of this panel.

Citizen impact

The budget is aligned with council priorities.

For Adult Social Care there are plans based upon the Care Act 2014 to only provide publicly funded care and support once all other avenues have been explored. The service will seek to work with users, carers and stakeholders in achieving better outcomes at lower costs. The report sets out the plans for future service delivery for the services within the remit of this panel.

Environmental impact

The impact on the environment is considered in all budget proposals.

Performance management

Financial performance is considered alongside service performance. Managers are required to deliver their services within budget and there are comprehensive arrangements in place to monitor and manage this.

Equality Implications

Service managers have regard to equalities in setting budgets and delivering services. Equality impact assessments will be undertaken as required prior to final recommendations being made to Council on the budget. The majority of the Adult Social Care budget reductions proposed are based upon individual assessments and reviews of needs and how they are met within statutory requirements.

Consultation

This is a specific meeting for scrutiny to consider the draft revenue budget for 2016/17 to 2019/20.

Consultation is an integral part of the corporate budget process and arrangements are in hand to consult with a wide range of stakeholders (i.e. councillors, residents, service users, business sector, voluntary and community organisations, etc.). This is outlined in the budget report to Cabinet on 28th October 2015.

An update on feedback from consultation will include scrutiny members' comments and will be presented to Cabinet on 16th December 2015 for their consideration.

Any changes to these proposals, following public consultation, will be reported to a future meeting of the panel, providing an opportunity to make further recommendations to Cabinet. Cabinet may wish to consider the feedback contained within this report in formulating their draft budget proposals

Contact Officers:

Keith Skerman, Interim Executive Director – Adult Social Care, ☎ 654700,

✉ Keith.Skerman@walsall.gov.uk

Simon Neilson – Executive Director Economy and Environment ☎ 652004,

✉ Simon.Neilson@walsall.gov.uk

Tracey Evans, Lead Accountant Adult Social Care ☎ 652329,

✉ Tracey_A.Evans@walsall.gov.uk

Chris Knowles, Services Finance Manager ☎ 650392,

✉ Chris.Knowles@walsall.gov.uk

PORTFOLIO: CARE AND SAFEGUARDING – ADULT SOCIAL CARE ONLY

The portfolio covers services for older people, people with learning disabilities, physical disabilities and mental health needs; health partnership; housing related support for vulnerable groups; safeguarding of vulnerable adults.

Adult Social Care

- Response, information, advice guidance and signposting
- Preventative services, community alarms, tele-care, tele-healthcare
- Enablement and reablement
- Assessment and review
- Resource allocation and support planning
- Safeguarding of vulnerable adults
- Whole sector workforce planning and development
- Commissioning of services including residential, nursing, day care, home care, extra care and the learning disability and integrated community equipment pooled budgets
- Shaping and development of adult social care market
- Quality assurance of services
- Direct service provision: reablement, response, day and respite care, adult placements
- Housing related support for vulnerable groups

Portfolio Objectives / Outcomes / Purpose

Adult Social Care

We want to work with the people of Walsall to reduce dependency and to be clear with them about what they can expect from the Council in promoting their wellbeing. We want people to have access to high quality information, advice and support to empower them to live healthy, independent lives; with access to high quality formal health and social care services when people are assessed as needing them.

We want to help people needing care and support fulfil their aspirations and overcome barriers through personal, family and community support.

Our primary focus is prevention and we provide information advice and guidance, signposting people to community or voluntary sector organisations to help them manage their health and care needs.

We aim to ensure that we deliver the optimum level of support rather than providing support based on a static assessment of need, delivering flexible responsive services to deliver agreed outcomes when needs fluctuate.

We aim to work with families to engage in lifelong planning for those young people with special educational and disability needs moving from Children's Services to Adult Social Care to ensure they have the best personal outcomes close to home.

We recognise that, regardless of age or disability, when people enter the Adult Social Care system they do not necessarily have to remain within that system but rather through review, to ensure that any care and/or support continues be at the appropriate level. We aim to have a system that prevents people becoming stuck in services and moves them onto successful independence.

Through our reablement services we will provide support for people to recover from ill health and hospital admissions, helping them to stay at or return home, regain and maintain their independence, delaying and reducing the need for formal care and support and, wherever possible, reducing the need for residential care.

Our underpinning principle is to maximise choice and personal centred solutions for people in Walsall and, in the event of safeguarding interventions, to ensure a personalised approach that enables safeguarding to be done with, and not to, people.

Financial summary

Table 1 details the revenue cash limits for the Care and Safeguarding Portfolio for the next four years. Full details of savings and efficiencies for 2016/17 and 2017/18 are shown in table 2.

Table 1: Care and Safeguarding Portfolio Cash limit 2016/17 – 2019/20 (Adult Social Care Only)				
	2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m
Opening cash limit	56.19	52.77	49.83	47.16
Investment required to deliver savings	0.66	(0.37)	0.00	0.00
Contractual inflation	0.20	0.21	0.21	0.22
Service pressure – living wage	1.29	1.30	1.31	1.32
Less: Savings / efficiencies - see table 2	(5.57)	(4.08)	(4.19)	(2.47)
Revised cash limit	52.77	49.83	47.16	46.23

Estimates for pay, pensions and contractual inflation costs are held centrally and will be allocated to services once confirmed.

Proposed revenue savings and efficiencies

The Adult Social Care directorate has currently identified ongoing financial pressures in the region of £9m (as detailed in the Corporate Financial Performance 2015/16 report to

Cabinet on 28 October 2015) due to the impact of the levels of demand for services that it is now seeing, which cannot currently be met from within existing resources.

The table below details £9.656m of proposed budget savings over the next 2 financial years which would represent a net reduction in the Adult Social Care cash limit. As set out above, there are some significant demand pressures, which are expected to require investment within the 2016/17 – 2019/20 draft budget. Prior to Cabinet recommending the final budget to Council in February 2016, an allocation of additional resources will be made which will therefore have the impact of decreasing the overall reduction in the directorates cash limit over the period set out in this report. This allocation is under review.

Table 2 details the revenue saving proposals for Care and Safeguarding Portfolio – Adult Social Care only for both 2016/17 and 2017/18.

Table 2 : Proposed savings and efficiencies			
Saving reference	Detail of saving / efficiency	2016/17 £	2017/18 £
2	Review of contractual inflation within adult social care	52,610	
3	Reduction in administration support costs through restructure in adult social care.	173,806	
4	Release of borrowing pay back budget	95,000	
7	Increased investment in adult social care from the Better Care Fund (Policy)	750,000	500,000
8	Reduction of adult social care transport budgets following review of individuals support requirements.	67,182	
9	Reduction in adult social care commissioning budgets for older people (Policy)	2,000,000	3,000,000
10	Reduction in adult social care commissioning budgets relating to the carers development fund	100,000	
11	Good practice reviews of clients with complex needs within adult social care (Policy)	250,000	250,000
12	Housing 21 contract review (Policy)		2,437
25	Through an integrated early intervention and prevention approach reduce residential and nursing care admissions. (Policy)		250,000
28	Increase of the community based charging policy to charge 100% of client's disposable income (current policy charges 90% of disposable income) (Policy)	350,000	
29	Review of mental health clients with a Section 117 aftercare status, with the aim of enabling these clients to be released from medical specialist oversight and thereby charged for social care services provided (Policy)	50,000	
33	Review of complex needs contracts within the voluntary sector to focus on commissioning those contracts with a	238,580	

	proven impact on reducing demand. (Policy)		
Saving reference	Detail of saving / efficiency	2016/17 £	2017/18 £
43	Review of external contracts with focus on utilisation of internal, Fallings Health, provision FYE of 2015/16	20,000	
44	Adult social care, employment and day opportunities review (Policy)	1,192,306	
45	Merger of safeguarding - adult social care and children's services	29,804	80,212
46	Review and restructure of management levels within adult social care	62,647	
47	Review of emergency duty team (EDT), vacant team manager post – adult social care	41,822	
48	Review of programme office within adult social care following the implementation of the Care Act and Children and Families Act.	100,000	
	Total	5,573,757	4,082,649

Where draft saving proposals are identified as 'policy' changes in the above table, these are supported by further details provided in the following pages.

Draft Proposal – Reference 7: Increased Investment in Adult Social Care from the Better Care Fund

Estimated Net Saving		
2016 / 2017	2017 / 2018	Implementation / Investment cost
£750,000	£500,000	-

1. Description of the Proposal

- 1.1 The Better Care Fund (BCF) is a government policy initiative whereby funding that was already within the council and the NHS has been pooled together in a single fund to be spent locally on the integration of health and social care services and improve outcomes for patients and service users. Multi-disciplinary teams of health and social care professionals are identifying older people at risk of being admitted to hospital or to a care home and providing support that enables them to remain at home.
- 1.2 There had a small element of growth from the government in the fund which went to social care (£1m) and the contingency (£1.05m) went to the acute sector. The plan is to release funding currently being used to pay for hospital services relating to older people being admitted in an emergency by reducing the number of emergency hospital admissions. If this is successful over the two year period, then it should be possible to use some of the funding to pay for social care services and develop community capacity to prevent hospital and care home admissions.

2. Implications Associated With Proposal

2.1 Corporate Plan

Supporting older people to remain independent at home instead of being admitted to hospital or to a care home matches the core aim of promoting health and well being of the Health and Wellbeing Board overseeing this pooled budget, and the commissioners' compliance with the Care Act.

2.2 Customers

The BCF is aimed at shifting the focus of investment in health and social care for those with long term conditions (mainly older people) away from institutional (hospital and care home) services to community based services that support them in their own homes.

2.3 Employees / Staffing

The overall aim of reducing the number of people entering hospital or a care home, if successful, will lead to different multi disciplinary settings and skills

development for those working in the community. Co-ordinated and co-located staff across disciplines is anticipated to lead to efficiencies and better outcomes.

2.4 Partners

Walsall Clinical Commissioning Group (CCG) currently provides the majority of funding in the Better Care Fund. There is agreement to align funding from both the CCG and the council to meet joint objectives and this proposal is aimed at ensuring social care can have ring fenced investment that secures these objectives. In order to achieve this, it is likely to mean that the CCG would have to align investments jointly across both health and social care (i.e. use contingency funding in upfront social care investment rather than acute).

2.5 Economic Implications

The health and social economy generates around 10,000 jobs in Walsall, so jointly commissioning across the sector will have an impact on these.

2.6 Environmental Implications

No direct implications.

2.7 Health and wellbeing implications

The BCF and related alignment of budgets is aimed at meeting the needs of the population through prevention and early intervention rather than crisis to promote wellbeing.

2.8 Other Council Services

There is a need for all of the services provided by the council to maintain awareness of how they can more effectively support those with long term conditions and older people to remain independent at home.

3. Associated Risks / Opportunities

- 3.1 The main risk associated with this proposal is that the level of demand for emergency admissions of older people to hospital and care homes does not reduce. If that is the case then the CCG and the Council will have difficulties in sustainable funding to meet needs of local people.

4. Consultation and Customer feedback

- 4.1 Any additional funding that is aligned in the way proposed would be require endorsement of the Health and Wellbeing Board with recommendations to the Cabinet and Governing Body.

5. **Legal Implications**

- 5.1 The Council has a statutory duty to meet eligible social care needs as defined by the Care Act 2014.

6. **Equality Implications**

- 6.1 Any additional funding that may be aligned as proposed would support the investment to tackle health and social care inequalities

Draft Proposal – reference 9: Reduction in Adult Social Care Commissioning Budgets for Older People

Estimated Net Saving		
2016 / 2017	2017 / 2018	Implementation / Investment cost
£2,000,000	£3,000,000	£80,000

1. Description of the Proposal

- 1.1 The adult social care commissioning budget provides the funding for care and support for individuals who have been assessed as eligible for such care and support. This covers a range of services such as nursing/residential care and domiciliary care.
- 1.2 This proposal is focussed on reducing costs of packages of care and existing spend on commissioning budgets providing value for money in the purchase of commissioned services.
- 1.3 The Care Act 2014 places an expectation on Local Authorities to carry out assessments and reviews of those who are eligible for social care and support which are asset based. This means that existing support systems from family or community will be taken into consideration when developing support plans and that those plans will focus on outcomes to better meet the needs of individuals.
- 1.4 This expectation also highlights that, regardless of age or disability, when people enter the Adult Social Care system they do not necessarily have to remain within that system but rather through review, to ensure that any care and/or support continues to be at the appropriate level. The aim is to have a system that prevents people becoming stuck in services and moves them onto successful independence wherever appropriate.
- 1.5 There is no requirement for statutory consultation in respect of this proposal. Each assessment or review requires individual consultation with service users.

2. Implications Associated With Proposal

2.1 Corporate Plan

Supporting older people to remain independent at home instead of being admitted to hospital or to a care home matches the core aim of promoting health and well being and is Care Act compliant.

2.2 Customers

Under the Care Act the Local Authority has a duty to meet the assessed needs of service users. This proposal does not impact on that duty and focuses on ensuring that the care and support systems in place for individuals are regularly reviewed, are flexible to support as needs vary and do not over provide and as such create dependency. This proposal seeks to ensure all users of adult social care receive timely annual reviews as required.

2.3 Employees / Staffing

The implementation of this proposal requires investment of £80k for additional staffing resources to carry out assessments and reviews.

2.4 Partners

None.

2.5 Economic Implications

None.

2.6 Environmental Implications

None

2.7 Health and wellbeing implications

The council has a statutory duty under the Care Act 2014 to promote health and wellbeing. In assessing and reviewing the needs of service users wellbeing is central to the process.

2.8 Other Council Services

None.

3. Associated Risks / Opportunities

3.1 A risk is that market forces, such as an increase in living wage, result in an overall increase in commissioning costs.

3.2 A risk is that the current demand pressures on the social care workforce continue, impacting on capacity to carry out assessments and reviews.

4. Consultation and Customer feedback

4.1 Consultation will be on an individual basis with service users at the point of review and will be based on their needs at that time.

5. **Legal Implications**

- 5.1 The Care Act 2014 provides the legal framework for assessment and review of service users. Any assessments or review undertaken in the course of this proposal will be Care Act compliant.

6. **Equality Implications**

- 6.1 Equality impact assessments will be required.

Draft Proposal – reference 11: Good Practice Reviews of Clients with Complex Needs within Adult Social Care

Estimated Net Saving				
2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	Implementation / Investment cost
£250,000	£250,000	£500,000	£500,000	£80,000

1. Description of the Proposal

- 1.1 This proposes a programme of good practice reviews, within the legal framework of the Care Act 2014, of those individuals with learning disabilities and complex needs, ensuring better outcomes at a lower cost.
- 1.2 This proposal is focussed on providing community alternatives closer to home for those service users with learning disabilities and those with complex needs who are currently in high cost residential/nursing care. The alternative settings would be supported living schemes and shared lives schemes which provide service users with the opportunity to be part of the wider community rather than being in institutional care.
- 1.3 This proposal requires joint working with Health Trust colleagues.
- 1.4 There is no requirement for statutory consultation in respect of this proposal. Each assessment or review requires individual consultation with service users.
- 1.5 This proposal could be implemented immediately, in a phased programme over the next 12 months.

2. Implications Associated With Proposal

2.1 Corporate Plan

Supporting people with complex needs to live closer to home and in community settings promotes health and wellbeing which is a core aim of the corporate plan.

2.2 Customers

Under the Care Act the Local Authority has a duty to meet the assessed needs of service users. This proposal does not impact on that duty and focuses on ensuring that the care and support systems in place for individuals are regularly reviewed, are flexible to support as needs vary and do not over provide and as such create dependency. This proposal seeks to ensure users of adult social care have a timely assessment or review as required.

2.3 Employees / Staffing

The implementation of this proposal requires investment of £80k, for additional staffing resources, to ensure the assessments and reviews are carried out.

2.4 Partners

This proposal requires joint working with Health Trust colleagues.

2.5 Economic Implications

None.

2.6 Environmental Implications

None.

2.7 Health and wellbeing implications

The Council has a statutory duty under the Care Act 2014 to promote health and wellbeing. In assessing and reviewing the needs of service users wellbeing is central to the process.

2.8 Other Council Services

None.

3. Associated Risks / Opportunities

3.1 The risk associated with this proposal is that insufficient numbers of in borough supported living arrangements are in place and that the 'Shared Lives' scheme does not expand to meet the need. Work is being undertaken by commissioning colleagues to identify resources to source these services building on previous successful schemes.

3.2 A risk is that the current demand pressures on the social care workforce continue, impacting on capacity to carry out assessments and reviews.

4. Consultation and Customer feedback

4.1 Consultation will be on an individual basis with service users at the point of review and will be based on their needs at that time.

5. Legal Implications

5.1 The Care Act 2014 provides the legal framework for assessment and review of service users. Any assessments or review undertaken in the course of this proposal will be Care Act compliant.

6. **Equality Implications**

6.1 Equality impact assessments will be required.

Draft Proposal – reference 12: Housing 21 Contract Review

Estimated Net Saving				
2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	Implementation / Investment cost
-	£2,437	£377,005	£377,005	£375,000

1. Description of the Proposal

- 1.1 Housing and Care 21 provide 280 units of extra care housing for older people which is accommodation together with care and support that aims to maintain the independence of older people. Alternative extra care and housing is currently being developed with other providers at reduced costs and so this proposal is for a gradual reduction in the use of the places in this contract with some risk arising from contract liabilities. Individuals in need of supported accommodation, meeting the social care eligibility thresholds, will continue to receive support, but in alternative settings to Housing and Care 21 provision (assuming provision by other providers is available within the marketplace).
- 1.2 This option is subject to discussion and mutual agreement with Housing and Care 21. There are a number of options to revise nomination rights to release savings over the next 4 years, and the figures shown in the table are subject to a further review of these options.
- 1.3 The aim would be to release the council from the 30 year funding agreement that the council holds with Housing and Care21 which provides the council with nomination rights to a number of their extra care placements within Walsall. The Housing and Care 21 contract allows the council to give up its nomination rights to blocks of extra care places on the annual anniversary of the contract (April each year) if the places are vacant at that point, and the unitary charge paid to Housing and Care 21 each year will then be reduced accordingly going forwards. A £375k investment would be required in 2016/17 to start the process of realising the level of voids in the accommodation to make the proposals feasible over the four year period.
- 1.4 Therefore this option seeks to direct new clients into alternate extra care provision allowing the vacant beds in the Housing and Care 21 contract to then be given up and a saving delivered. On average over the last 2 years there has been a turnover of circa 50 clients per year in the Housing and Care 21 placements, and this option assumes that instead of filling all of these vacancies, 25 clients per year over the next 4 years are directed to alternative providers (subject to sufficient alternate capacity being available in the marketplace).
- 1.5 As the contract with Housing and Care 21 sets out that the council has to pay for any void placements, until the nomination rights are given up, in effect there is an increase in costs in the first year, 2016/17, as the council will have to pay for all

the places in the Housing 21 contract and also the additional places that are secured with alternate providers.

- 1.6 All of the £375k investment relates to the costs of the alternate provision in 2016/17. This investment can then be paid back in 2017/18 once the first set of nomination rights have been given up, which is why the saving in 2017/18 shows a low value of £2k, with this increasing to around £377k per year for 2018/19 and a further £377k for 2019/20 once further nomination rights are given up.

2. Implications Associated With Proposal

2.1 Corporate Plan

The aim of extra care supported accommodation is to maintain older people as long as possible in their own homes which is a core aim of the Corporate Plan.

2.2 Customers

Older people will continue to be able to be supported in alternative extra care accommodation.

2.3 Employees / Staffing

There would be no direct impact on staff from this proposal.

2.4 Partners

This proposal can only proceed by mutual agreement with Housing and Care 21 and so there is a need for a negotiation to gain their agreement to the proposal.

2.5 Economic Implications

There are no direct economic implications of this proposal.

2.6 Environmental Implications

There are no direct environmental implications of this proposal.

2.7 Health and wellbeing implications

Extra care housing and accommodation is a means by which older people can be supported to remain independent within their own homes when they may previously have had to enter residential care. Experience shows that this is more likely to lead to improved health and well-being on the part of residents.

2.8 Other Council Services

There will be a need for the legal, procurement and finance teams to provide support to implement this proposal.

3. **Associated Risks / Opportunities**

- 3.1 There is no provision in the current contract for this proposal and so it can only proceed by mutual agreement with Housing and Care 21.

4. **Consultation and Customer feedback**

- 4.1 Given the requirement for a negotiation with Housing and Care 21 and for a Cabinet decision on the choice of possible options there has been no consultation to date with the current residents of Housing and Care 21 extra care schemes.

5. **Legal Implications**

- 5.1 The council will continue to meet its statutory duty to those people who are assessed as being eligible to receive social care support according to the Care Act 2014.

6. **Equality Implications**

- 6.1 Extra care housing can be available for all older people who choose to move to this kind of accommodation regardless of protected characteristics.

Draft Proposal – reference 25: Through an integrated early intervention and prevention approach reduce residential and nursing care admissions.

Estimated Net Saving				
2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	Implementation / Investment cost
-	£250,000	£250,000	£500,000	-

1. Description of the Proposal

- 1.1 Early intervention and prevention is an essential approach to maintaining people in their own homes for as long as possible, delaying and reducing the need for formal health and /or social care support. This approach, alongside working in an integrated manner, is supported by the general responsibilities and duties of the Care Act 2014.
- 1.2 The impact of adopting an early intervention and prevention focus would delay and reduce the numbers of individuals entering the formal care system. This would result in the reduction of pressures on the social care budget by £250k per year in 2017/18 and 2018/19, and by £500k in 2019/20 as the overall number of individuals both entering the system and being supported begins to reduce.
- 1.3 This option assumes that the current level of Better Care funding, which support a number of social work posts, continues and is not reduced or redirected into other services.
- 1.4 This proposal would not require a period of statutory consultation and therefore the proposal could be implemented immediately.

2. Implications Associated With Proposal

2.1 Corporate Plan

The aim of integrated intervention and prevention is to maintain older people as long as possible in their own homes which is a core aim of the Corporate Plan and is Care Act compliant.

2.2 Customers

Under the Care Act the Local Authority has a duty to meet the assessed needs of service users. It also has a responsibility to prevent and reduce the need for care. This proposal is concerned with maintaining people well and in the community for as long as possible.

2.3 Employees / Staffing

This proposal would result in closer working with health and other partners which would improve outcomes for service users.

2.4 Partners

This proposal would result in further development of an integrated approach with health and other partners.

2.5 Economic Implications

There are no direct economic implications of this proposal.

2.6 Environmental Implications

There are no direct environmental implications of this proposal.

2.7 Health and wellbeing implications

The council has a statutory duty under the Care Act 2014 to promote health and wellbeing. Wellbeing is central to an early intervention and prevention approach.

2.8 Other Council Services

There are no direct implications from this proposal.

3. Associated Risks / Opportunities

- 3.1 Opportunities afforded by this proposal are for a joint approach with partners which will result in better outcomes for service users. A risk is that the current demand pressures on the social care workforce continue, impacting on capacity.

4. Consultation and Customer feedback

- 4.1 Consultation will be on an individual basis with service users at the point of intervention and will be based on their needs at that time.

5. Legal Implications

- 5.1 The Care Act 2014 provides the legal framework for preventing and delaying need for formal care and support. Any prevention focus taken in the course of this proposal will be Care Act compliant.

6. Equality Implications

- 6.1 An equality impact assessment will be required.

Draft Proposal – reference 28: Increase of the Community Based Charging Policy to Charge 100% of Client's Disposable Income (current policy charges 90% of disposable income)

Estimated Net Saving		
2016 / 2017	2017 / 2018	Implementation / Investment cost
£350,000	-	-

1. Description of the Proposal

- 1.1 Increase of the community based charging policy to charge 100% of client's disposable income (the current policy charges 90% of disposable income).

This would be subject to consultation and the impact would be to reduce the level of disposable income that individuals have available to meet their non-care costs. The saving amount is based on data currently available and the actual saving achievable will be subject to disposable income levels of each client at the point of implementation

- 1.2 This proposal could be delivered following completion of and outcomes analysis of statutory consultation. Implementation would be achieved by the revision of the calculation currently applied when determining an individual service user contribution to their care costs. Pragmatically, this means revising the disposable income element of the calculation from 90 to 100%. Notification to service users of changes to their contribution costs would be required. There may be a request to undertake a review of financial assessments.
- 1.3 The timing and sequencing of consultation would determine implementation dates, but it is anticipated that this could be implemented for the start of the financial year.

2. Implications Associated With Proposal

2.1 Corporate Plan

The corporate priority this proposal is aligned to the Improving Health and Wellbeing. In order to continue to ensure that Social Care provide levels of support in line with the assessed need for a person, the introduction of an increased disposal income level will contribute to the net revenue budget reduction delivery.

This increase means a reduction in household disposable income, however, recognising that a person's minimum income guarantee levels are preserved, alongside assessed care needs delivered.

Implementation of a revised Community Based Charging Policy ensured compliancy with the Care Act 2014 leading to a fairer and more transparent system of charging for adults in receipt of Social Care.

2.2 Customers

Meeting a person's assessed need post assessment completion is a statutory requirement.

2.3 Employees / Staffing

None.

2.4 Partners

None.

2.5 Economic Implications

Potential economic implication is the reduction in household disposable income which will reduce individual household spending levels.

2.6 Environmental Implications

None.

2.7 Health and wellbeing implications

The council has a statutory duty under the Care Act 2014 to promote health and wellbeing, in a fair and equitable manner for all people in Walsall. The policy applies to all people in Walsall regardless of income or savings, who request the council to manage their social care and are eligible. Prevention is a big part of promoting health and well being and the council commissions numerous services through Adult Social Care and Public Health.

2.8 Other Council Services

There is a potential impact on:

- Welfare rights team with an increased request for financial assessment reviews;
- Debt recovery team with increase in non-payment.

3. Associated Risks / Opportunities

- 3.1 The primary risk associated with this proposal is managing outcomes of service user consultation and the potential is that an increased cohort of users decline to make a contribution to their care costs. This in turn could result in an increase in debt recovery action.

4. **Consultation and Customer feedback**

- 4.1 Intelligence from consultation undertaken prior to the introduction of Community Based Charging in April 2014 indicated there was no overall majority consensus on what was deemed to be an 'appropriate' disposal income level that should be applied.
- 4.2 Full consultation would be required should these proposals be included in the draft budget, prior to implementation.

5. **Legal Implications**

- 5.1 The Care Act 2014 brought in a new charging framework for care and support. The current legal framework was repealed and many parts of the Care Act 2014 and associated regulations came into force from 1 April 2015.

6. **Equality Implications**

- 6.1 An equality impact assessment will be required.

Draft Proposal – reference 29: Review of mental health clients with a Section 117 aftercare status, with the aim of enabling these clients to be released from medical specialist oversight and thereby charged for social care services provided.

Estimated Net Saving		
2016 / 2017	2017 / 2018	Implementation / Investment cost
£50,000	-	-

1. **Description of the Proposal**

- 1.1 Services provided under S117 aftercare are only those which are provided directly via the local authority, CCG or indirectly commissioned to meet mental health needs after an acute hospital admission. It applies to patients who have been detained under any of the following sections of the Mental Health Act 1983 as outlined below:
 - 3 (admission for treatment)
 - 37 (hospital order made by the Magistrates Court or Crown Court – with or without a Section 41 restriction order)
 - 45A (hospital direction by the Crown Court in relation to an offender suffering from a psychopathic disorder)
 - 47 or 48 (transfer directions by the Home Secretary from prison to hospital)
- 1.2 Walsall council and CCG have a joint policy for S117 aftercare; eligibility, review, discharge, charging and funding arrangements.
- 1.3 This saving proposal requires the usual financial contribution following financial assessment from this cohort of service users that currently receive residential, nursing or community support free of charge, as per S117 aftercare arrangements which require specialist medical oversight.
- 1.4 By Dudley and Walsall Mental Health Trust (DWMHT) discharging S117 aftercare arrangements for these users, Walsall Council will receive financial contributions not previously received through usual social care charging.
- 1.5 A S117 aftercare discharge task and finish group to be established and commence November 2015. Monthly meetings to track and review all S117 clients currently open to mental health services with a view to amend care plans as appropriate. It is planned that by April 2016 a review of all relevant S117 clients receiving social care support can be assessed, reviewed and test applied for ongoing requirement of continued legal status arising from the Mental Health Act.
- 1.6 This work to review individual caps will be ongoing to ensure only appropriate clients should be granted S117 aftercare status and requires embedding in

frontline practice. DWMHT are to ensure all clients are reviewed in line with the agreed S117 policy.

- 1.7 An average financial contribution from an older adult towards their residential/nursing package is in the region of £120 per week. This equates to £6,240 per year and requires eight such clients to be identified and pay a full years contribution toward their care costs, to achieve the target of £50,000 in 2016/17, out of a potential 500 people currently on S117.

2. Implications Associated With Proposal

2.1 Corporate Plan – (relevant areas listed)

- *Improving Health and well being, including independence for older people and the protection of vulnerable people* - by reviewing service users more frequently for their S117 aftercare status we can ensure appropriate personalised support, and ensure greater independence is achieved.
- *Creating Safe, Sustainable and Inclusive Communities* - by reviewing S117 aftercare arrangements we can ensure safety of vulnerable adults, as well as enable users to live a more independent lifestyle accessing community opportunities.
- *Improving Safeguarding, Learning and the Life Chances for Children and Young People, raising aspirations* - by reviewing S117 aftercare arrangements we can ensure safety of vulnerable adults, and promote full recovery, with independence from mental health services and move forward with meaningful life opportunities.
- *Create a modern, dynamic and efficient workforce designed around what Residents need* - by reviewing and challenging previous practice, and adopting a fresh approach to reviewing care and support, we can grow a modern social work culture that better meets the demands and expectations of present and future service users.

2.2 Customers and statutory requirements

Services are required to be provided under the Care Act 2014.

2.3 Employees / Staffing

Enlisted staff seconded to the Dudley and Walsall Mental Health Trust will undertake the work.

2.4 Partners

DWMHT will need to provide support to this project to establish user needs.

2.5 **Economic Implications**

No direct effect on local economy other than income generation for the local authority.

2.6 **Environmental Implications**

No environmental implications.

2.7 **Health and wellbeing implications**

By offering more frequent and assertive reviews users will have their needs more appropriately supported. This will result in improved health and wellbeing whilst offering more independence from statutory services.

2.8 **Other Council Services**

Finance colleagues will be informed of any potential changes required to I.T. systems.

3. **Associated Risks / Opportunities**

- 3.1 Demand for aftercare under S117 outgrows the reductions planned. This is instigated by adjustments in staff priorities.

4. **Consultation and Customer feedback**

- 4.1 A S117 policy is already in existence which states how discharge should be applied. This will include any user/carer consultation.

5. **Legal Implications**

- 5.1 Legal guidance has been previously sought on S117 policy including discharge and approved. Any future discharges will be considered with advice from legal representatives.

6. **Equality Implications**

- 6.1 An equality impact assessment has not been undertaken. Consequences to the user group are known, and will have an adverse effect on their future financial circumstances.

Draft Proposal – reference 33: Review of Complex Needs Contracts

Estimated Net Saving		
2016 / 2017	2017 / 2018	Implementation / Investment cost
£238,580	-	-

1. Description of the Proposal

- 1.1 Reduced investment in schemes not proven to reduce demand within Complex Needs contracts. There is a need to ensure that both directorate and corporate investment in third sector is effective. Funding is focussed on those areas with proven levels of impact on reducing demand for complex needs services.
- 1.2 We are coming to the end of a three year plan to redesign prevention contracts within Complex Needs and establish savings. The effect of this work in 2016/17 will release savings of £238,580. The saving can be delivered from 1st April 2016.

2. Implications Associated With Proposal

2.1 Corporate Plan

The proposals have supported local businesses with a number of new services and Supported Employment working with regeneration has enabled adults with disabilities into paid work. All new service developments have been achieved through efficiencies within existing contracts and no new monies. In particular we have had to address the needs of adults with autistic spectrum disorder who had no services prior to the changes; all services are aimed at improving Health and Well Being and empowering vulnerable people with a disability.

In particular our new empowerment services are linked to asset based community development and in doing so help create Safe, Sustainable and Inclusive Communities.

2.2 Customers

All the changes of the last three years have ensured that we meet the requirements of the Care Act, Autism Strategy and Statutory guidance and link to the Children and Families Act where applicable.

All the services link to the Adult Social Care Outcomes Framework and build upon Commissioning for better Outcomes.

2.3 Employees / Staffing

There is no impact on council staff. There has been some impact on staff in the private and third sectors which are offset by TUPE and opportunities through newly tendered services.

2.4 Partners

The tendered services have provided opportunities and we continue to work in partnership across the sectors. In learning disabilities where we have a pooled budget the changes have contributed to our CCG commissioning intentions.

2.5 Economic Implications

The delivery of Supported Employment services is being carried out with regeneration which enables us to maximise European funding and new opportunities.

2.6 Environmental Implications

None.

2.7 Health and wellbeing implications

All the services are Care Act compliant in promoting Health and Well Being and both improving and preventing any deterioration in current levels. There is also indirect respite to carers and families which enhances their own well being.

2.8 Other Council Services

Resources were required from procurement and legal services this has been completed as part of the strategic planning.

3. Associated Risks / Opportunities

- 3.1 The strategy is now completed and all risks mitigated. In 2016/17 the only risk that could be carried forward is if we fail to appoint to a service or we have a service failure. This is mitigated through our Market and Provider failure model and our contract management framework. At time of completion we have failed to appoint to a Housing Support Tender and are implementing short term actions while we plan arrangements. All other services have been delivered on time to budget. None of the above impacts on the ability to achieve the savings target.

4. Consultation and Customer feedback

- 4.1 We have consulted with Carers, User Groups, and Professionals e.g. Social workers on service gaps, and regional and national engagement and consultation

in relation to the Care Act, Making it real for Carers, Transforming Care and Autism National strategy. This has been achieved through Workshops, engagement Events and presentations and discussions with User Groups and Learning Disability Partnership Board.

5. **Legal Implications**

5.1 Implementation of the Care Act and Autism Strategy Statutory Guidance.

6. **Equality Implications**

6.1 An equality impact assessment has been completed for Housing Support Services. As we are addressing gaps across all Complex Needs groups we are addressing equality and diversity with Adults with Complex Needs within Walsall.

Draft Proposal – reference 44: Adult Social Care, Employment and Day Opportunities Review

Estimated Net Saving		
2016 / 2017	2017 / 2018	Implementation / Investment cost
£1,192,306	-	£50k capital on Goscote and Fallings Heath included in draft capital programme.

1. Description of the Proposal

1.1 On the 24th June 2015 Cabinet gave the Executive Director permission to carry on the process of in-house service reviews, having started the process with Fallings Heath in 2013/14. The remit was threefold:

- To assess the service's ability to respond to the recommendations of the Care Act
- To carry out service user reviews on an annual basis as a result of the above
- To make services as efficient as possible without affecting the service offer for those who are eligible.

1.2 The saving will be delivered via a restructure and efficiency programme, partially achieved by a management restructure but reliant upon the Cabinet key decision of focusing employment and opportunity services across two centres; at Goscote Greenacres and Fallings Heath. This will also allow savings from rental agreements.

1.3 Ideally the implementation date would be 1/4/16 however with Fallings Heath the consultation process slipped into May because of the in depth consultation process. Therefore the achievement may be 11/12th of the saving should this project similarly slip a month in 2016.

2. Implications Associated With Proposal

2.1 Corporate Plan

- Supporting Business to Thrive and Supporting Local People into Work;

Re-focusing employment support (to ensure there is a robust pathway for adults with a disability) can only help this corporate priority by increasing the range of opportunities offered to people with disabilities within a range of businesses. Whilst Links To Work, Recruitability and Recruitability Plus have supported people into paid employment over the years, the new advantages of linking into colleges and new forms of funding can only help increase placements, and training funding, for smaller organisations who would wish to employ someone with a disability.

- Improving Health and Wellbeing, including Independence for Older People

Employment opportunities for younger adults who have struggled to find placements will only help their well-being. In turn, many have older carers, so ensuring that their loved ones have a support plan that best meets their needs, can only add security.

- Improving Safeguarding, Learning and the Life Chances for Children and Young People – Recognising that a person's early years crucially help determine what kind of future they will have.

Close links with colleges, voluntary sector organisations and national training partners can only enhance the learning opportunities for the people of Walsall who might need an employment service.

2.2 Customers

Day opportunities and employment services are not a statutory function, but these services contribute to a statutory support plan for those who are eligible: therefore the reduction in these services may have an adverse affect upon the nature and cost of their support. This can be mitigated by partnerships with voluntary sector organisations who will be readily available to tap into funding for employment services the council may not be able to.

2.3 Employees / Staffing

Approximately 42 posts; dependent on the uptake of voluntary redundancy and the key decision from Cabinet to reconfigure, as suggested, in the Cabinet paper.

2.4 Partners

There will be an expectation that partners from the voluntary sector will contribute to the delivery of support to those who need an employment pathway.

Some of the day satellite site landlords may have a reduction in their rent receipts.

2.5 Economic Implications

Investment and the supply of training resources should help the local economy. If individuals with a learning disability can therefore receive a wage in line with their benefits, they will also have an impact upon the local economy through their own spending. In addition some will want to live independently in supported living or assured tenancies which should stimulate the housing market.

2.6 Environmental Implications

No implications at present.

2.7 **Health and wellbeing implications**

See 2.1 above.

2.8 **Other Council Services**

There is a realisation that community services may be required to help build the capacity of community associations in order for them to respond more to deliver preventative services. One of the impacts of the eligibility review is that a percentage of the current service users may be ineligible for social care, therefore we need to work with partners on the preventative pathways as part of transitional planning, for those who have had social care services but are no longer eligible.

3. **Associated Risks / Opportunities**

- 3.1 Should the decision not meet the expectation of the report then the savings will not be achieved.
- 3.2 Mitigation would involve scoping savings from another source or trying to achieve as much of the savings plan as possible through efficient working, although this is unlikely to meet the £1.19m.

4. **Consultation and Customer feedback**

- 4.1 A full consultation plan exists for this project as stated in the original cabinet paper.

5. **Legal Implications**

- 5.1 There are no legal implications other than the statutory adherence to the Care Act guidance.

6. **Equality Implications**

- 6.1 An equality impact assessment exists for this project.

PORTFOLIO: PUBLIC HEALTH AND WELLBEING**Summary of services within the portfolio****Health Improvement:**

- Sexual health services - contraception
- Sexual health services - advice, prevention and promotion
- NHS health check programme
- Programmes and services to reduce levels of adult obesity
- Programmes and services to reduce levels of childhood obesity
- National child measurement programme
- Nutrition initiatives including promotion of breastfeeding
- Programmes and services to increase adult physical activity levels
- Programmes and services to increase children's physical activity levels
- Adult Drug misuse - prevention and treatment programmes
- Adult Alcohol misuse - prevention and treatment programmes
- Drug and alcohol prevention and treatment services – young people
- Smoking and tobacco - Stop smoking services and interventions
- Smoking and tobacco - Wider tobacco control
- Children 5–19 public health programmes including the School Nursing Service
- Health and work, including the Healthy Workplace Programme
- Programmes to prevent accidents including falls prevention
- Public mental health promotion
- Dental public health promotion
- Water fluoridation

Health Protection:

- Sexual health services– Sexually transmitted infection testing and treatment
- Local authority role in health protection
- Local authority role in surveillance and control of infectious disease
- Public health aspects of environmental hazards protection
- Health emergency planning including cold weather and heat wave planning

Healthcare Public Health:

- Interventions to identify and reduce risk of disease by screening
- Actions to mitigate poor physical and mental health
- Actions to reduce long term disability and loss of independence
- Specialist public health advice
- Improving primary care

General prevention activities

- Community safety, violence prevention and social exclusion
- Local initiatives to reduce excess deaths from seasonal mortality
- Population level interventions to reduce and prevent birth defects (supporting role)
- Wider determinants of health

Information and Intelligence

- Population needs assessment and strategy

Portfolio Objectives / Outcomes / Purpose

Walsall Council receives a ring fenced grant from the Department of Health, via Public Health England (PHE), to enable the council to discharge its statutory duty to achieve population level improvements in public health. In 2015/16 the council received an allocation of £15.8 million.

The Public Health grant is provided to the council to discharge its responsibilities to:

- Improve significantly the health and wellbeing of local populations
- Carry out health protection and health improvement functions delegated from the Secretary of State
- Reduce health inequalities across the life course, including within hard to reach groups
- Ensure the provision of population healthcare advice.

Our key priorities, informed by the Joint Strategic Needs Assessment and outlined in the Walsall Health and Wellbeing Strategy, are to:

1. Improve health and wellbeing in Walsall
2. Reduce health inequalities
3. Give every child the best start in life
4. Improve health and wellbeing through healthy lifestyles: Making 'healthier choices easier'
5. Reduce the burden of preventable disease, disability and death
6. Promote healthy ageing and independent living

In 2015/16, £1.3m of the Public Health grant was released into a Transformation Fund, through a process of disinvestment in some existing Public Health services. This was in addition to £1m investment in 2014/15. Money released in this way has been reinvested across council service areas and has been commissioned to deliver Public Health outcomes.

The Public Health Transformation Fund aims to:

- Support the delivery of priority local health and wellbeing activities
- Facilitate collaborative and integrated approaches to population health and wellbeing
- Improve value for money by evaluating the outcomes of activities and the associated impact on Walsall residents, the Council and its partners.
- Leverage wider public health benefits across the far larger spend of Walsall Council.

Financial summary

Confirmation has been received that the 2016/17 grant allocation will not be subject to a financial uplift, however we have not been advised of whether the as yet unconfirmed 2015/16 level of reduction (expected to be £1.1m) will be a recurrent one or not.

Table 1 details the revenue cash limits for the Public Health and Wellbeing Portfolio for the next four years. Full details of savings and efficiencies for 2016/17 and 2017/18 are shown in table 2.

Table 1: Public Health and Wellbeing Portfolio Cash limit 2016/17 – 2019/20				
	2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m
Opening cash limit	0.00	0.00	(1.08)	(2.01)
Base budget adjustment	1.10	0.00	0.00	0.00
Less: Savings / efficiencies - see <i>table 2</i>	(1.10)	(1.08)	(0.93)	(0.54)
Revised cash limit	0.00	(1.08)	(2.01)	(2.55)

Estimates for pay, pensions and contractual inflation costs are held centrally and will be allocated to services once confirmed.

Proposed revenue savings and efficiencies

Table 2 details the revenue saving and efficiencies for Public Health and Wellbeing Portfolio for both 2016/17 and 2017/18.

Table 2 : Proposed savings and efficiencies			
Saving reference	Detail of saving / efficiency	2016/17 £	2017/18 £
173	NHS health checks programme – efficiencies via IT software and programme support	5,000	
174	Drugs and alcohol - reduce capacity of services	70,000	150,000
175	Lifestyle services - procure more integrated model of service delivery (Policy)	260,000	
176	Sexual health reprocurement - demand management and integration of services	350,000	
177	Reduce spend on public health services in schools e.g. school nursing, mental health, sexual health programmes (Policy)	79,000	225,000
178	Recommissioning of 0 - 5 years service (Policy)	15,000	400,000
179	Decommission services provided by domestic violence forum (linked to proposal 24 & 26)	30,000	
180	Achieve efficiencies through proposal to establish a charitable body to deliver welfare advice and support (linked with proposal 184)	40,000	75,000
181	Generate efficiencies in current transformation fund schemes	86,350	225,000
182	Generate income from public health advice and intelligence services / reduce staffing	100,000	

Saving reference	Detail of saving / efficiency	2016/17 £	2017/18 £
183	General efficiencies from admin, training, IT licences etc.	70,000	
	Total	1,105,350	1,075,000

Where draft saving proposals are identified as 'policy' changes in the above table, these are supported by further details provided in the following pages.

Draft Proposal – reference 175: Lifestyles Services - Procure a more Integrated Model of Service Delivery

Estimated Net Saving		
2016 / 2017	2017 / 2018	Implementation / Investment cost
£260,000	-	-

1. Description of the Proposal

- 1.1 To commission an integrated lifestyle service to increase activity, be more cost effective and sustainable.
- 1.2 The procurement of a more integrated model of services delivery with a tiered approach of universal and targeted lifestyle support for adults and children in Walsall (e.g. those at highest risk of long term conditions) includes children's weight, physical activity, mental health and well being, workplace health, diet and nutrition and sustained behaviour change. Exclusions from the project include recently procured lifestyle services: Weight management for adults, smoking cessation and drugs and alcohol.
- 1.3 Redesigning the services will reduce health inequalities and promote equity, increase sustained employment, improve the management of mental health and musculoskeletal issues, promote healthy weight and increase physical activity within a smaller financial envelope.
- 1.4 Desired outcomes include:
 - Reduced employment and support allowance (ESA) claimants – Network and Operation Management Information System (NOMIS)
 - Reduced ESA claimants - mental health
 - Reduced ESA claimants - musculoskeletal
 - Increase sustained employability
 - Reduce prevalence of excess weight in reception and year 6 children - National Child Measurement Programme (NCMP)
 - Increase fruit and vegetables consumption in children and adults
 - Increase physical activity in children and adults
 - Supporting the most vulnerable families to provide the best start in life for children (0-5yrs)
 - Improve educational attainment at all key stages
 - Increasing male life expectancy

2. Implications Associated With Proposal

2.1 Corporate Plan

- *Supporting business to thrive and supporting local people into work* – health related support will continue to be offered to businesses helping their staff

to be more productive and improving their ability to sustain employment into older age.

- *Improving health and well being, including independence for older people and the protection of vulnerable people* – the programme will continue to support businesses to improve the health and wellbeing of their staff.
- *Create a modern, dynamic and efficient workforce designed around what Residents need* – support will continue to be available to develop health of council staff to maintain high levels of motivation and productivity.

2.2 Customers

See above and below.

2.3 Employees / Staffing

No impact on employees and staffing anticipated.

2.4 Partners

There will be a reduction in contract value for the current providers of these services, as well as a requirement to generate income through delivery of some elements of the programme e.g. the Healthy Workplace services.

2.5 Economic Implications

Targeted provision alongside a charged model for some lifestyle services e.g. health at work will enable health and wellbeing support to be available to a wider range of residents and businesses.

2.6 Environmental Implications

No environmental implications anticipated.

2.7 Health and wellbeing implications

Targeted provision alongside a charged model for some lifestyle services e.g. Health at work will enable health and wellbeing support to be available to a wider range of residents and businesses

2.8 Other Council Services

Other teams within the council will be consulted with as part of the Lifestyles procurement process. This will include Regeneration, Sport & Leisure, Environmental Health, and Children's Services.

3. **Associated Risks / Opportunities**

- 3.1 Whilst there are potential risks, in reducing the budget available to improve lifestyles across Walsall, such as increases in obesity; smoking rates and the resultant increased costs associated with this, the new service model being planned seeks to minimise these risks. The aim is to improve efficiency and effectiveness of provision and to promote and support more self management.

4. **Consultation and Customer feedback**

- 4.1 A Lifestyles needs assessment is currently being developed by Public Heath as part of the Lifestyle services procurement. A programme of consultation is also being rolled out as part of this process and is due for completion end of January 2016.

5. **Legal Implications**

- 5.1 No legal implications anticipated.

6. **Equality Implications**

- 6.1 A full equality impact assessment is being carried out. An initial assessment has shown that no major change is required. However, further assessment will be included as part of the programme of consultation due for completion by the end of January 2016.

Draft Proposal – reference 177: Reduction in Public Health Services in Schools

Estimated Net Saving		
2016 / 2017	2017 / 2018	Implementation / Investment cost
£79,000	£225,000	-

1. Description of the Proposal

- 1.1 Walsall Public Health currently funds the whole school nursing service offering a school health programme to all primary and secondary schools in Walsall. Walsall Public Health also has responsibility for commissioning healthy eating programmes in schools for children.
- 1.2 This proposal suggests reducing spend on public health services in schools by removing some investment from the school nursing service and healthy eating programmes for children based in schools.
- 1.3 School Nursing Service
This proposal involves reducing the incentive payment process currently in place for the school nursing service which prioritises the issues of particular importance to Walsall such as relationship and sexual health education and promotion of young people's emotional health and wellbeing.
- 1.4 Work is currently taking place to develop a new Healthy Schools model which will involve a traded service element. This will reduce the impact of the funding reduction on the school nursing incentive service.
- 1.5 Healthy Eating/Healthy Weight
There is a need for a targeted healthy weight service for children who are identified as being overweight and also a service to encourage healthy eating for all children to prevent obesity to ensure healthy weight within Walsall. It is planned that the targeted healthy eating programme will be remodelled based on consultation and the new model procured which will deliver savings. In addition, based on consultation findings, it is anticipated that savings may also be made by using existing staff to offer the complementary universal healthy weight element of this programme.
- 1.6 It is anticipated that by year 2017/18 schools will be subsidising a behaviour change healthy eating programme through traded services which will mitigate the proposed savings to the school based universal healthy eating programme.

2. **Implications Associated With Proposal**

2.1 **Corporate Plan**

The current school nurse service contract contains incentives focusing on three key priority areas for Walsall:

- teenage pregnancy/ sexual health
- increasing the profile and accessibility of the school nursing service amongst school staff and pupils/parents
- emotional health and wellbeing

Removal of the incentivised scheme will mean that it may be difficult to deliver a change to these outcomes.

A reduction in the service offered to support children and families in maintaining a healthy weight will inevitably impact on the number of children who will benefit from an obesity prevention and support programme and therefore mean that the current reduction in obesity levels may not be maintained

Implications on Corporate Plan objectives

- *Improving Safeguarding, Learning and the Life Chances for Children and Young People, raising aspirations and Improving Health and well being* - may be directly affected with an impact particularly around rates of teenage pregnancy, obesity and emotional health and wellbeing through less work around the incentive objectives

There is a direct link between health and attainment and therefore employability. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/370686/HT_briefing_layoutvFINALvii.pdf

- *Supporting business to thrive and supporting local people into work and create a modern, dynamic and efficient workforce* - will therefore also be affected by a reduction in services that support attainment by improving health.

By increasing school responsibility for the above priority areas through a traded service model and the increased emphasis from Ofsted to consider health in the curriculum, schools will have a vested interest to ensure they meet the new Ofsted inspection framework and improve the health of pupils.

2.2 **Customers**

The proposal relates to non statutory functions.

- Delivery of children's public health services to address and arrest children's obesity in early years settings (aged 4-5) will be affected if there is poor uptake of this as a traded service

- Delivery of Children's public health services aged 5 – 19 will impact on schools, parents and children.
- School staff rely on the support of the school nurse around issues relating to the health of the child. If this is not so readily available, school improvement may be compromised
- Parents and children have valued the school based behaviour change healthy eating programme service and any reduction in this provision will be noticed

2.3 Employees / Staffing

These are Public Health commissioned services so there is no direct impact on employees or staffing levels.

2.4 Partners

If the contract drops to a critical level then service providers may struggle to deliver.

2.5 Economic Implications

Withdrawal of these services will impact on school readiness, educational attainment and therefore employment prospects.

2.6 Environmental Implications

Delivery of healthy weight services may not take place in Walsall's Green Spaces which impacts on the Public Health outcomes framework indicator "utilisation of outdoor space for exercise/health reasons"

2.7 Health and wellbeing implications

These proposals will work as far as possible to ensure that the health and wellbeing of children and young people are considered and impact is minimised. With a reduction of £304k over 2 years the following must however be considered as possible risks:

- Increase in teenage pregnancy
- Increase in sexual transmitted disease
- Increased obesity levels
- Reduction in safeguarding due to a decreased profile in school nursing service and its capacity
- Decrease in emotional health and wellbeing of young people
- Reduction in support for breakfast clubs, nutrition and poverty
- Reduction in identified school nursing provision in schools

2.8 Other Council Services

The school improvement team may receive negative comments from schools and the impact on achievement of OFSTED health outcomes may be evident.

3. **Associated Risks / Opportunities**

Risk	Mitigation
Increase in teenage pregnancy.	Revised teenage pregnancy strategy emphasises the partnership role in tackling this issue. Sexual health services are being recommissioned with an increased focus on pregnancy prevention.
Increase in sexual transmitted disease.	As above.
Increased obesity levels.	Lifestyle services are being reprocured to support healthy weight in children and adults. Physical activity team could adapt offer to increase support to target groups. New service model to be devised. Traded service to be investigated.
Reduction in safeguarding due to a decreased profile in school nursing service and its capacity.	School nurses will prioritise this issue but this impacts on other services delivered by this team.
Decrease in emotional health and wellbeing of young people.	Joint strategy to be developed for children and young people based on needs assessment undertaken by Public Health. New work happening in schools funded by an NHEngland grant (NHSE). Transformation Plan (CCG/NHSE led initiative) funding being applied for to support young people in accessing eating disorder support and crisis support.
Reduction in support for breakfast clubs and improving nutrition in areas of poverty and deprivation.	New service model around healthy eating and physical activity to be devised. Traded service to be investigated to encourage schools to work around this issue.
Reduction in identified school nursing provision in schools.	Discussion with provider to set mitigation measures in place.

4. **Consultation and Customer feedback**

- 4.1 Consultation was undertaken in the winter of 2014 around a reduction in school nurse funding. An equality impact assessment was also undertaken at this point which summarises the consultation.

5. **Legal Implications**

- 5.1 There are no legal implications around reducing the school nursing budget. Consideration needs to be paid to the intellectual property rights of the school based behaviour change healthy eating programme.

6. **Equality Implications**

- 6.1 An equality impact assessment (EqIA) was undertaken in December 2014 following extensive consultation with stakeholders including parents and young people. This was reviewed in August 2015 with recommendations for the Public health commissioner to monitor the 2014 EqIA but not to repeat a whole EqIA process. In addition to the issues raised in the 2014 EqIA, the below points relate to this proposal for people with protected characteristics.

Age	<ul style="list-style-type: none">• Ability of service to engage with young people who have left school up to the age of 19 may be affected. This may be mitigated through increased work with Walsall College and other partners through the existing healthy child programme (HCP) 5-19 Co-ordination group• School based healthy eating programme may not reach nursery age children. This will be mitigated through an increased focus of Children's Centre staff on achieving health weight outcomes funded by Public Health transformation funding• Concerns regarding the impact on safeguarding and looked after children (LAC) assessments and reduced opportunities to deliver the preventative agenda. As said above, school nurses will prioritise this issue but this impacts on other services delivered by this team.
Disability	Increased support for children and young people with long term conditions to ensure quality support in schools is being offered through the remodelled service procured in 2015.
Gender reassignment	No foreseen impact.
Marriage and civil partnership	No foreseen impact
Pregnancy and maternity	Increased support for young teenage parents from the school nursing service. The 2015 teenage pregnancy strategy also sets out partnership support for this group. Support is offered through the Family Nurse Partnership service which is now procured by the Council from 1.10.15.

Race	No foreseen impact
Religion or belief	No foreseen impact
Sex	No foreseen impact
Sexual orientation	No foreseen impact

Draft Proposal – reference 178: Re-commissioning of 0-5's Services

Estimated Net Saving		
2016 / 2017	2017 / 2018	Implementation / Investment cost
£15,000	£400,000	-

1. Description of the Proposal

- 1.1 To deliver savings by integrating the breast feeding/infant feeding programme with the 0-5 Healthy Child programme (health visiting and family nurse partnership (FNP) programme) and to re-procure a redesigned service by April 2017.
- 1.2 In conjunction with Children's Services, develop integrated operational working around early year's provision.
- 1.3 The redesign of the service would ensure that the needs of Walsall would have been considered and be met and that the skill mix of the service would be adapted to meet the needs of each locality.

2. Implications Associated With Proposal

2.1 Corporate Plan

- *Improving Safeguarding, Learning and the Life Chances for Children and Young People, raising aspirations:*

The above priority will be affected by a reduction in resource. The Health Visiting service is unique in that it is a universal service seeing all families and often reaches some families that other services are unable to reach. Without this universal service awareness of a child's needs early in the child's life amongst other services, may be affected as with the capacity of the team possibly reducing, reach may be affected.

Health Visitors and FNP nurses have a direct impact on supporting the health of parents and babies pre conceptually and in the first 5 years of a child's life and so impact on:

- Infant mortality *
- Smoking in pregnancy
- Parenting
- School readiness*
- Childhood obesity *
- Safeguarding*
- Breastfeeding
- Looked after children (LAC)
- Registration with Children's Centres

(* Being key indicators for Walsall)

The possible effects listed above will be considered in a revised service re design and will be subject to consultation prior to consideration by Cabinet for implementation.

2.2 Customers

Parents and children are the key customers who will see an impact from a reduction in service should there be significant change to the service offered. The needs of each locality will be considered in any redesign

2.3 Employees / Staffing

These are commissioned services, so there is no direct impact on council employees.

2.4 Partners

- GPs - there will be a greater reliance on GP services should a redesigned service not meet the needs of families in Walsall. Should this proposal impact in a reduction in breastfeeding which is protective against early child illnesses, there might be a greater call on primary care services.
- Children's Centres - it is anticipated that health visitors are to register children with Children's Centres. It is anticipated that this will continue but may be impacted. Breastfeeding support will be offered in Children's Centres which also impacts on reducing social isolation but if staff numbers are reduced, this may not be offered as often.
- Early Years Education providers - the health visiting service supports parents in parenting and early bonding which have been shown to impact on school readiness.

2.5 Economic Implications

No implications.

2.6 Environmental Implications

No implications.

2.7 Health and wellbeing implications

The first 1001 days of life are particularly key in the later outcomes of a child's life in terms of attainment, health and sometimes behaviour. To reduce the universal service that the service offers to parents of children at this level, may impact on these longer term outcomes.

Health outcomes may be affected negatively. Although a re-procured service will aim to minimise negative outcomes, to remove funding to this level it is inevitable that a negative impact will be seen.

FNP is one of the few evidence based interventions that have been shown to reduce LAC. To reduce this service will impact negatively on numbers of LAC in the medium and longer term.

2.8 Other Council Services

Stakeholders will be consulted in the pre procurement consultation seeking views on redesign and how the 0-5 service can work in a more integrated way with Children's Services and other partners.

3. Associated Risks / Opportunities

Risks	Mitigation
Less engagement with partners	Reprocurement to take into account
Infant mortality *	Health visitors (HV) will work with partnership group to take forward actions and support parents in infant mortality reduction
Smoking in pregnancy	Smoking in pregnancy service is prioritising reaching more pregnant women but health visitors had a major role in supporting maintenance of cessation post pregnancy
Parenting including teen parent support	Support for parenting is a high impact outcome that health visitors are working towards. If the FNP service is reduced there will be less support for the very vulnerable teen parents that will be seen in Walsall. The refreshed teenage pregnancy strategy and team do support parents who do not access FNP
Risks	Mitigation
Safeguarding	HVs and FNP nurses will prioritise this issue but it may impact on other services that the team offer. Early identification of vulnerable children through universal support may be compromised
Peri natal maternal mental health School readiness* Childhood obesity *	Reprocurement to take into account but a reduction in funding will impact

Breastfeeding Registration with Children's Centres	
Reprocurement with a reduced budget	Providers may find the contract unattractive to bid for. Reduce scope of service

(* Being key indicators for Walsall)

4. **Consultation and Customer feedback**

- 4.1 Stakeholders including parents will be consulted in the pre procurement consultation seeking views on redesign and how the 0-5 service can work in a more integrated way with Children's Services and other partners in April 2016.

5. **Legal Implications**

- 5.1 The health visiting universal service is a statutory service.

6. **Equality Implications**

- 6.1 A full equality impact assessment (EqIA) is required and will be carried out following the consultation with stakeholders including parents. The consultation will take place April 2016 with an EqIA undertaken July 2016. The following groups with protected characteristics will be affected. The 0-5 service works to proportionate universalism, groups with protected characteristics will be prioritised

Age; Children 0-5
Disability; Children 0-5 and identification of children with disabilities Mitigation; The 0-5 service works to proportionate universalism, groups with protected characteristics will be prioritised
Gender reassignment; No impact anticipated
Marriage and civil partnership; No impact anticipated
Pregnancy and maternity; The universal service may be affected negatively depending on remodelling based on consultation
Race; No impact anticipated
Religion or belief; No impact anticipated
Sex; No impact anticipated
Sexual orientation; No impact anticipated