

- (a) providing an update on the projected 2017/18 outturn position and the potential impact on the reserve balances;
- (b) advising on progress on the 2018/19 budget setting exercise and the projected budget gap;
- (c) advising on savings options generated by the Senior Management Team to address the gap; and
- (d) advising on proposals on further options available to fully close the projected gap.

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Senior Management Team – Health & Social Care Partnership

Date of issue: 15 December 2017

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Partnership Board: 20th December 2017**

Subject: 2018/19 Annual Revenue Budget Setting and Consultation Process**1. Purpose****1.1** To provide the Health and Social Partnership Board with:

- An update on the projected 2017/18 outturn position and the potential impact on the reserve balances (Appendix 1);
- Progress on the 2018/19 budget setting exercise and the projected budget gap; (Appendix 2)
- Savings options generated by the Senior Management Team to address the gap (Appendices 3 & 4); and
- Proposals on further options available to fully close the projected gap;

2. Recommendations**2.1** The HSCP Board is asked to:

- Note the current projected position on the 2017/18 budget;
- Note that the final funding gap will not be known until January 2018, after the Scottish Government 2018/19 Financial Settlement to local authorities and health boards, announced on 14 December 2017 is fully scrutinised and funding offers are made to the HSCP Board;
- Note the detailed savings options for Health Care and Social Care Services detailed in Appendix 3 & 4, which will continue to be refined as more detailed funding settlement information becomes available;
- Approve the recommendation to join with West Dunbartonshire Council's planned public consultation on savings options in early January 2018; and
- Note that final savings options will be brought back to the HSCP Board in May 2018 when the scale of the challenge has been refined, with the recommendation to approve and set the 2018/19 budget.

3. Background

As a HSCP we are fully committed to providing effective and efficient health and social care services to the people of West Dunbartonshire. To achieve long term financial sustainability, we recognise the need to transform how we deliver services; in particular, to focus upon early intervention to reduce demand in the longer term. For this reason, funds within our earmarked reserves will be utilised to develop community based services for older people, to avoid admissions to hospital and care facilities, and support them within their own homes.

In identifying savings on which to consult, we have considered:

- our statutory responsibilities;
 - where previous savings have been achieved;
 - the priority of front line services; and
 - the potential cumulative effect of proposals
- 3.1** This report builds on the regular budget update and financial performance reports presented to the HSCP Board, the latest one being the 22 November 2017.
- 3.2** The financial performance report for the period to 30 September 2017 (Period 6) detailed a projected outturn overspends position of £0.570m:
- Health Care budgets were expected to outturn close to budget, but only after the application of £0.274m earmarked reserve to cover the HSCP Board's share of the £3.6m (originally £7.8m) unallocated CHCP historical saving target, and the possible application of £0.140m of unearmarked reserves to underwrite the challenges around delivering on some elements of the 2016/17 approved savings programmes, i.e. Mental Health and School Nursing Reviews;
 - Social Care budgets (before mitigation) were projecting an outturn pressure of £0.570m, mainly within Children and Families (residential schools, kinship care and fostering pressure) and Older People (care homes and homecare packages)
- 3.3** The Chief Financial Officer committed to providing the 31 January 2018 HSCP Board with an update on the potential year end reserves position in relation to current financial performance to the end of December 2017.
- 3.4** The November report also set out the financial challenges of our partner organisations, West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and how they could adversely impact on the HSCP Board's 2018/19 budget setting process and for several years to come:
- West Dunbartonshire Council had proposed to reduce funding to the HSCP Board by £1.560m in 2018/19, in line with the funding directions set by the Scottish Government in 2017/18. This coupled with new burdens and the current budget pressure (sect 3.2 above) estimated to be an additional £1.5m, equates to a potential 5% gap in 2018/19;
 - NHS Greater Glasgow & Clyde Health Board's financial planning exercise also included the assumption that funding allocations would include a similar Scottish Government direction to maintain budgets at current year "cash levels". A flat cash allocation means that all inflationary and demand pressure (including an estimation of cost of GP Prescribing) requires to be met from existing budgets, which was estimated to be approximately £1.4m, or a 5% funding gap in 2018/19.

4. Main Issues

4.1 2017/18 Financial Performance Update

4.2 The HSCP Board to be held on the 31 January 2018 will receive a fully updated financial performance report. An integral part of our governance process is monthly scrutiny of budget performance with budget holders. Given the timing of this special HSCP Board and the focus of this report being the scale of the 2018/19 financial challenge, it is important that members of the board are updated on the significant increase in budget pressure on our social care services and the projected impact this may have on the Reserves balances brought forward from 2016/17.

4.3 As detailed in section 3.2 above the previous projections stated that health care services would potentially require the application of some unearmarked reserve to smooth the delay of the implementation of savings programmes. Latest projections indicate that the full year impact of this could be around £0.280m.

4.4 The greatest pressure however is within social care services and in particular a significant increase within Children and Family Services of fostering, kinship care, residential schools and staff pressures in children's homes. This has increased the previous projection of £0.570m to £1.000m overspend.

4.5 The revised position is shown in the table below and these projections will be refined for the January 2018 HSCP Board.

	Annual Budget	YTD Budget	YTD Actuals	Variance	Variance	Forecast	Full Year Variance	Variance
	£000's	£000's	£000's	£000's	%	Full Year	£000's	%
Health Care	92,500	64,804	64,944	(140)	-0.22%	92,780	(280)	-0.30%
Social Care	87,463	52,159	52,625	(466)	-0.89%	88,171	(708)	-0.81%
Expenditure	179,963	116,963	117,569	(606)	-0.52%	180,951		0.00%
Health Care	(4,347)	(2,918)	(2,918)	0	0.00%	(4,347)	0	0.00%
Social Care	(26,848)	(18,057)	(17,779)	(278)	1.54%	(26,556)	(292)	1.09%
Income	(31,195)	(20,975)	(20,697)	(278)	1.33%	(30,903)	(292)	0.94%
Health Care	88,153	61,886	62,026	(140)	-0.23%	88,433	(280)	-0.32%
Social Care	60,615	34,102	34,846	(744)	-2.18%	61,615	(1,000)	-1.65%
Net Expenditure	148,768	95,988	96,872	(884)	-0.92%	150,048	(1,280)	-0.86%

4.6 Since October 2017 there have been a total of 28 children placed in foster placements (16 fostering agencies and 12 local foster carers) at a potential cost of £0.283m until the end of the financial year. Added to this is the

continuing growth in Kinship Orders with 9 new placements since September at a cost of £0.035m and lastly continuing placements within residential schools for a small number of vulnerable children will add a further £0.150m to the final outturn position.

- 4.7** The Senior Management Team will continue to work with their teams to scrutinise any expenditure over initial planning assumptions and where possible secure any current underspends until the end of the financial year. However for the purposes of this report and the potential impact a £1.280m overspend projection could have on the reserves position must be considered, given that the application of reserves form part of the HSCP Board's financial plan.
- 4.8** The Reserves Strategy states that "in recognition of the size and scale of the HSCP's responsibilities and challenging financial climate, a prudent level of general reserve will represent approximately 2% of net expenditure".
- 4.9** When the policy was reviewed and approved at 1 March 2017 HSCP Board, it was recommended that when calculating the optimum level the budgets relating to Family Health Services (FHS) should be excluded, given the non-cash limited nature of the budget allocation. Therefore from the annual budget detailed in 4.5 above of £147.8m the amount of £23.1m for FHS should be excluded, resulting in a 2% target of £2.494m.
- 4.10** As well as the assessment of the unearmarked reserves balance as at 31 March 2018, each of the earmarked reserve balances were considered. The detail of which can be seen in Appendix 1 attached.
- 4.11** **2018/19 Annual Revenue Budget Setting Assumptions**
- 4.12** As previously reported to the HSCP Board the original planning assumptions for the 2018/19 budget setting exercise ranged from a potential funding reduction of between 3% - 7%. The latest report refined this to 5% savings gap across both health and social care services.
- 4.13** This was based on a number of assumptions around pay award, demographic increases, prescribing cost pressure, current budgetary pressure and indicative funding reductions from our partner organisations, applied on a similar basis as 2017/18 budget directions from the Scottish Government.
- 4.14** West Dunbartonshire Council's 25 October 2017 Budget Report set out its intention that funding to the HSCP Board in 2018/19 could be reduced by £1.560m, in line with the 2017/18 allowable funding reduction. This coupled with the burdens arising from those described in 4.13 above produced an estimated gap in the region of £3m (Appendix 2).
- 4.15** An integral part of the budget setting process is around challenge and scrutiny of existing budget allocations and the duty on all budget holders to ensure

they are working to the tenets of Best Value: economy, effectiveness and efficiency in the delivery of services.

- 4.16** The advances in technology, robust review of service packages, greater emphasis on efficient procurement and management review will provide an opportunity for cost reduction of approximately £0.699m to offset against identified burdens.
- 4.17** NHS Greater Glasgow and Clyde most current funding assumptions were again in line with 2017/18, i.e. “flat cash” allocation to the HSCP Board, which could result in an estimated gap of £1.4m (Appendix 2).
- 4.18** The detail of the assumptions and the potential gap were discussed with HSCP Board members at our budget briefing session on 13 December 2017 and to our Joint Staff Forum on 14 December 2017.
- 4.19** These of course are subject to change once the details of the Scottish Governments 2018/19 Financial Settlement to local authorities and health boards announced on 14 December 2017, is fully scrutinised and budgets are approved before the start of the new financial year.

4.20 Savings Options for Consideration

- 4.21** As stated in 4.12 above the financial planning assumption for 2018/19, based on all the available information to date, set a savings target of 5% on all controllable service budgets across health and social care. The Senior Management Team has been working with their teams over the last few months on a suite of savings options to address this gap.

Additionally, a process of budget scrutiny prior to this has ensured any opportunities for release of funding has been identified to minimise the need for actual savings.

Going forward we will explore further opportunities for efficiency through reviews of procurement.

- 4.22** All of the attached options detailed in Appendix 3 and 4 were covered with HSCP Board members and staff side trade union representatives in meetings as detailed in 4.18 above.
- 4.23** The feedback from these sessions has been incorporated into the attached options for further consideration by the HSCP Board today. Approval is also sought to put forward the Social Care savings options for public consultation, in tandem with West Dunbartonshire Council's consultation process.
- 4.24** This consultation will include opportunities to comment on savings options through our website and at planned public meeting across the localities.

4.25 As with all savings options the ability to deliver a full year saving from the start of the financial year, especially those involving staff and service redesign, if accepted, will require a lead in time. There is still a significant amount of work required to be undertaken to fully scope some of the proposals and future reports will revise. Also as covered in 4.19 above until detailed work on the settlement is made available and funding allocations are finalised by our partners the projected position detailed in the table below will be subject to change.

	2018/19 Revised Projected Pressures	Full Year Effect of Savings Options	2018/19 Part Year Effect of Savings Options	2018/19 Potential Shortfall
Health Care	1,316	-1,346	-823	493
Social Care	2,201	-2,774	-1,750	451
Total	3,517	-4,120	-2,573	944

4.26 As covered in 4.2 – 4.10 above and detailed in Appendix 1, the available unearmarked reserves, by the end 31 March 2018 may not be sufficient to cover the potential shortfall detailed above. Therefore the options available to the HSCP Board include:

- Generation of further savings options;
- Acceleration of delivery in 2018/19 of proposed savings options (if accepted);
- Further review and reduction of assumed burdens;
- Potential to apply any new funding announced through the Scottish Government Financial Settlement to assumed burdens; or
- Negotiate with partners for additional funding to cover an element of burdens over which we have little control due to government policy (Kinship Care, National Care Home Contract), global markets (GP Prescribing) or delays in capital projects (New Clydebank Care Home).

4.27 2018/19 Scottish Government Financial Settlement

4.28 The actual implications of the 14 December 2017 announcement will require time to be worked through. The early headline announcements are:

- The Social Care Fund allocations of £350m will continue to be routed through Health Boards for Integrated Joint Boards;
- An additional £66m to support additional investment in social care in recognition of a range of pressures local authorities are facing, including Carers (Scotland) Act 2016 and continuation of Living Wage; and
- For NHS staff a 3% pay award for workers earning £30,000 or less and a cap of 2% on those earning more than £30,000, with a maximum cash increase of £1,600 for those earning above £80,000.

4.29 While the £66m is welcome the brief details available around what it will cover have already been considered when calculating the potential savings gap for 2018/19. As detailed in 9.2 below as part of the budget assumptions it was already anticipated that any increases due to the Carers Act, pay award and Living Wage would be covered by additional Scottish Government funding. However when the exact allocations to the HSCP Board are known, any scope to apply new funding to existing pressures will be explored.

5. People Implications

5.1 The potential staffing implications are shown within the savings options appended to this report and will be subject to consultation processes of West Dunbartonshire Council and NHS Greater Glasgow and Clyde, where appropriate.

6. Financial Implications

6.1 All financial assumptions and implications are discussed within the report. The main variables within the current projections will be refined throughout the coming months as more information on 2018/19 funding levels and budget management actions play in.

7. Professional Implications

7.1 The Chief Financial Officer for the HSCP Board has a statutory duty (Sect. 95 responsibility) to set a balanced budget.

7.2 The Chief Officer for the HSCP Board must ensure the Strategic Plan meets the requirement for economy, efficiency and effectiveness.

8. Locality Implications

8.1 The savings options appended to this report detail any specific locality implications.

9. Risk Analysis

9.1 The main financial risks to the ongoing 2017/18 financial position relate to new unforeseen costs and demand pressures arising between now and the financial year end.

9.2 The main risks for 2018/19 are:

- Significant potential reduction to funding from both partner organisations as financial austerity continues to impact on their own funding strategies in the short to medium term;
- The removal of the 1% pay award cap and the additional cost pressures if unfunded;

- The cost of maintaining the commitment to pay all adult care workers the Scottish Living Wage is not fully funded;
- No replacement to the current risk sharing arrangement for GP Prescribing and a continuation of short supply and inflationary pressure coupled with efficiency programmes failing to realise anticipated savings;
- The implementation The Carers (Scotland) Act 2016 and the cost of new, unknown demand not being fully covered by Scottish Government funding.

10. Impact Assessments

10.1 Equality impact assessments of each savings option are carried out by the SMT and their teams and will be made available to members as part of the background papers when the 2018/19 Annual Budget Setting Report is presented to HSCP Board in 2018.

11. Consultation

11.1 The saving options were generated by the Senior Management Team over the last few months and have been discussed at sessions with the voting members of the HSCP Board and Trade Union representatives.

11.2 All staff delivering services on behalf of the HSCP has received an email communication and any staff member potential impacted by savings options have been briefed by senior managers.

12. Strategic Assessment

12.1 Proper budgetary control and sound financial practice are cornerstones of good governance and support the Partnership Board and officers to pursue the strategic priorities of the Strategic Plan.

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Date: 15th December 2017

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Appendices: Appendix 1 – Reserves Projection
Appendix 2 – 2018/19 Projected Pressures
Appendix 3 – Health Savings Proposals
Appendix 4 – Social Care Savings Proposals

Background Papers: 2017/18 Budget Update and Financial Performance Report as at Period 6 (30 September 2017); and

2016/17 Annual Accounts and Audit Report.

Wards Affected: All

RESERVES POLICY - 2% TARGET FOR UNEARMARKED RESERVES**£2.494m****PROJECTED RESERVES POSITION 31/03/18: UNEARMARKED RESERVES****£0.801m**

Earmarked Balance:	Opening Bal	Drawdown	Additions	Final Bal	Movement
Integrated Care Fund	555,324	-334,400	435,893	656,817	
Delayed Discharge	170,937	-170,937	85,454	85,454	
GIRFEC NHS	174,612	-40,000		134,612	
GIRFEC Council	14,836			14,836	
Criminal Justice - transitional funds	60,300	-17,000		43,300	
DWP Conditions Management	184,153	-20,000		164,153	
TEC (Technology enabled care) project	117,648	0		117,648	
Cluster lead funding	25,500	0		25,500	
SMT Leadership development fundng	3,000	-3,000		0	
Social Care Fund -Living wage	832,516		390,000	1,222,516	
Social Care Fund - Service Redesign and Transformation	1,000,000	-168,978	900,000	1,731,022	
Physio waiting times initiative	75,000			75,000	
CHCP 15-16 savings	274,000	-280,000		-6,000	
	3,487,826	-1,034,315	1,811,347	4,264,858	777,032

Unearmarked Balance:	Opening Bal	Drawdown	Additions	Final Balance	Movement
General Reserves	2,080,797	-1,280,000	0	800,797	-1,280,000

Total Reserves:	Opening Bal	Drawdown	Additions	Final Balance	Movement
Earmarked & Unearmarked	5,568,623	-2,314,315	1,811,347	5,065,655	-502,968

High Level Assumptions around 2018/19 Budget Pressures - Health Care

Burden	£000	
Pay Award @ 1%	350	Assume SG will provide additional funding for excess over 1%
Supplies & Contract Inflation	40	Best case
Prescribing	656	Originally based on WDHSCP share of £8.5m, however short supply levels continue to place pressure on 2017/18 budget position.
Resource Transfer Uplift	150	Implication for Social Care Budget if not funded
Healthcare Equipment	120	EQUIPU costs supporting people in their own home after discharge from hospital
POTENTIAL GAP	<u>1,316</u>	

High Level Assumptions around 2018/19 Budget Pressures - Social Care

Burden	£000	
Funding reduction based on 2017/18 capped level	1,560	Based on 1.95% share of WDHSCP £80m Social Care Fund for Living Wage
Saving expected from new Clydebank Care Home	487	As part of 3 year budget settlement to HSCP an additional £1.279m was identified for pay award and
Kinship Care	308	Significant increase in number of Kinship Carers who are paid at fostering rates as a result of legislation.
Residential Schools Burden	130	Current financial performance is displaying significant pressure in requirement for residential places. This
National Care Home Contract additional 0.5%	76	The 3 year budget settlement included a potential 2.5% increase - current negotiations are indicating that the
Resource Transfer 2017/18	146	The 3 year budget for 2017/18 assumed a 1.8% uplift in Resource Transfer funding from Health, however flat cash settlement.
Further Burdens across services	193	Variety of additional burdens including Homecare and Mental Health
POTENTIAL GAP	<u>2,900</u>	
Base Budget Revisions	<u>-699</u>	Expansion of tec care, reduction in out of authority placements and increase in variety of social support.
REVISED GAP	<u>2,201</u>	

**WEST DUNBARTONSHIRE HSCP
SAVINGS PROPOSALS 2018/19 ONWARDS**

Appendix 3

SERVICE	SUMMARY HEALTH CARE
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	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)	Staffing implications	Comment
Rationalisation of Staffing	Rationalisation of HSCP Senior Management Team support.	100,000	100,000	100,000	100,000	2.00	This saving would reflect continued development of integrated arrangements; and be facilitated through reprioritisation of workload, further adoption of new ways of working, staff retiral and reductions of non-pay budgets.
Rationalisation of Staffing	Integrated redesign of Adult and Community Mental Health Teams	454,000	135,500	454,000	454,000	Still to be scoped	Rationalisation of budget would have to be achieved through a combination of staff turnover, adoption of new ways of working and reduction of non-pays expenditure levels. This will be undertaken in conjunction with NHSGGC review of Mental Health Inpatient Services; and in accordance with organisational change policies. Final change proposals would be subject to a separate report to HSCP Board and its subsequent approval.

**WEST DUNBARTONSHIRE HSCP
SAVINGS PROPOSALS 2018/19 ONWARDS**

Appendix 3

SERVICE	SUMMARY HEALTH CARE
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	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)	Staffing implications	Comment
Rationalisation of Staffing	Rationalise MSK Physiotherapy staffing complement	302,000	165,000	302,000	302,000	7.70	Whilst challenges presented with respect to national waiting times target, rationalisation of budget would have to be achieved through a combination of staff turnover, adoption of new ways of working and reduction of non-pays expenditure levels.
Rationalisation of Staffing	Rationalise community children's services support	150,000	83,000	150,000	150,000	Still to be scoped	Rationalisation of budget would have to be achieved through a combination of staff turnover, adoption of new ways of working and reduction of non-pays expenditure levels. This will be undertaken in conjunction with NHSGGC review of Health Visting; and in accordance with organisational change policies if necessary. Final change proposals would be subject to a separate report to HSCP Board and its subsequent approval.

WEST DUNBARTONSHIRE HSCP
SAVINGS PROPOSALS 2018/19 ONWARDS

Appendix 3

SERVICE	SUMMARY HEALTH CARE
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	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)	Staffing implications	Comment
Rationalisation of Staffing	Rationalise Team Lead arrangements within Community Addictions Team	62,000	62,000	62,000	62,000	1.36	Moving from two nursing team leads to one will require revision of supervision and working arrangements on a West Dunbartonshire basis. This saving can be facilitated through planned staff retiral, adoption of new ways of working and requests for reduced working hours within the team.
Rationalisation of Staffing	Rationalisation of staffing complement within Hospital Discharge Team and Community Older People's Team	56,433	56,433	56,433	56,433	1.00	This saving would have to be facilitated by an anticipated staff retiral, adoption of new ways of working and revision of skill mix within the teams.
Rationalisation of Staffing	Re-organisation of health centre clerical and caretaker support.	34,772	34,772	34,772	34,772	1.47	Introduce arrangements consistent with other health centres across NHSGGC area. This saving can be facilitated through planned staff retiral, requests for reduced working hours within the team and adoption of new ways of working.
Rationalisation of Staffing	Rationalise Specialist Children's Services staffing complement	33,800	33,800	33,800	33,800	0.28	Rationalisation of budget would have to be achieved through staff turnover and workload reallocation.

**WEST DUNBARTONSHIRE HSCP
SAVINGS PROPOSALS 2018/19 ONWARDS**

Appendix 3

SERVICE	SUMMARY HEALTH CARE
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	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)	Staffing implications	Comment
Rationalisation of Staffing	Rationalisation of Health Improvement Team staffing complement	25,000	25,000	25,000	25,000	1.00	This saving would be facilitated through reprioritisation of workload, adoption e.g. new ways of working and staff turnover (i.e. existing vacancy).
Rationalisation of Staffing	Rationalise Prescribing Support	3,500	3,500	3,500	3,500	n/a	This saving can be realised by reconciling budgeted resources actual pay costs.
Service Revision	Mainstreaming of Integrated Care Fund initiatives	81,000	81,000	81,000	81,000	n/a	Evaluations of experience of Integrated Care Fund work streams, and learning and new ways of working initiated through them are being incorporated into the core activities of both HSCP services and external partners (e.g. Power of Attorney awareness).
Contract Management	Diabetic Retinal Screening - external contract management saving.	43,000	43,000	43,000	43,000	n/a	The introduction of new equipment and updated internal processes has meant that external provision of ancillary services is no longer required. This saving can now be achieved due to the scheduled end of the contractual arrangements.
	TOTAL VALUE	1,345,505	823,005	1,345,505	1,345,505	TBC	

WEST DUNBARTONSHIRE HSCP
SAVINGS PROPOSALS 2018/19 ONWARDS

Appendix 4

SERVICE	SUMMARY SOCIAL CARE
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Type	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)	Staffing implications	Comment
Service Revision	Redesign of HSCP Management	100,000	50,000	100,000	100,000	Still to be scoped	This saving would reflect continued development of integrated arrangements; and be facilitated through redistribution of portfolios, further adoption of new ways of working, organisational change and reductions of non-pay budgets.
Service Revision	Shift from supporting sheltered housing to retirement living Church Place, Old Kilpatrick (Trust Housing Association)	15,250	15,250	15,250	15,250	n/a	This would involve ceasing the provision of warden/ Housing support services, with the emphasis on maintaining a core housing management service. Progressing this would involve consultation with Trust Housing Association and the existing Tenants.
Service Revision	Cease night shift cover in three WDC sheltered housing complexes	195,000	97,500	195,000	195,000	5.25	Night shift cover would be scheduled for only 5 of the remaining sheltered housing complexes. Progressing this would involve consultation with tenants and trade unions.
Service Revision	Reprovision of evening meal service -	191,000	143,250	191,000	191,000	7.00	Move from Home Carer visit to prepare a evening meal to using external provider - in accordance with the Scotland Excel Meals Provision framework - to supply and deliver hot meal. Progressing this would involve consultation with trade unions.

Type	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)	Staffing implications	Comment
Service Revision	Cease direct provision of Young People's Mentoring Service by HSCP	130,968	130,968	130,968	130,968	2.00	The service offers a diversionary outreach support providing mentoring support to young people at risk of offending or other anti social behaviour. At any one point the service is supporting 50+ young people. The intention would be to work closely with alternative providers to transition support over to its new (third-sector) mentoring service, which is being developed through external funding.
Service Revision	Redesign of Community Mental Health Services.	82,000	54,500	82,000	82,000	1.90	Rationalisation of budget would have to be achieved through a combination of staff turnover, adoption of new ways of working and reduction of non-pays expenditure levels. Final change proposals would be subject to a separate report to HSCP Board and its subsequent approval.
Rationalisation of Staffing	Rationalise Social Worker complement within Adult Care Team (Physical Disability)	23,250	11,625	23,250	23,250	0.50	Rationalisation of budget would have to be achieved through staff turnover and workload reallocation.
Rationalisation of Staffing	Rationalise Social Work Assistant complement within Community Hospital Discharge Team	24,000	12,000	24,000	24,000	0.80	Rationalisation of budget would have to be achieved through staff turnover and workload reallocation.
Rationalisation of Staffing	Redesign of Community Older People's Team	112,500	65,500	112,500	112,500	3.25	Rationalisation of budget would have to be achieved through staff turnover and workload reallocation. Progressing this would involve consultation with trade unions.

Type	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)	Staffing implications	Comment
Rationalisation of Staffing	Redesign of overnight care at home cover	8,033	8,033	8,033	8,033	0.34	This would involve maximising efficiency by providing cover at peak activity times and removing overlap.
Rationalisation of Staffing	Rationalise Day Care Assistant complement	60,000	60,000	60,000	60,000	3.00	This would equate to a reduction of day service placements for 12 clients per day (60 placements per week)
Rationalisation of Staffing	Rationalise administrative support within Children and Families Team	82,000	41,000	82,000	82,000	Still to be scoped	With consolidation of Children and Families Team within a single base, there is now scope to reduce duplication and increase consistency of support. Rationalisation of budget would have to be achieved through a combination of staff turnover, adoption of new ways of working and reduction of non-pays expenditure levels, with consultation with trade unions.
Update Charging	Increase Blue Badge Charges	29,315	29,315	29,315	29,315	n/a	The actual costs to councils of providing blue badges is £29.50 per badge for a 3 year period. This is more than the maximum allowable amount that Councils are allowed to charge for a blue badge, which is £20 for 3 years (which is less than £7 a year). However, the current charging regime for blue badges in West Dunbartonshire is even lower than this, at £3.16 per year for a 3 year period (so just over £1 per year). Updating the charge for a blue badge to £20 for 3 years would bring West Dunbartonshire in line with the charges levied in neighbouring authority areas.

Type	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)	Staffing implications	Comment
Update Charging	Equalise alarm charge across Sheltered Housing and mainstream Housing.	60,000	60,000	60,000	60,000	n/a	Clients in sheltered housing do not currently pay for their community alarm, and are therefore at an advantage in comparison to clients living in mainstream housing. The introduction of a £5 per week charge for the same community alarm package would address that anomaly. Progressing this would involve engagement with sheltered housing tenants who are currently in receipt of a community alarm. This would be accompanied by clients and families being supported through income maximisation process.
Update Charging	Increase Community Alarm charge	208,250	208,250	208,250	208,250	n/a	This would involve increasing the set community alarm charge from £2.55 to £5 per week. It should be noted that there would be no additional charge for any telecare equipment installed based on client need; and that community alarm clients in West Dunbartonshire would continue to benefit from a responder service by mobile attendants (which is a service not commonly provided in other authority areas).
Update Charging	Increase charge for Day Care (transport and meals)	55,000	55,000	55,000	55,000	n/a	This would involve increasing the charge for transport and meals from £5.66 to £10.00. Progressing this would involve engagement with existing day care clients. This would be accompanied by clients and families being supported through income maximisation process.

Type	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)	Staffing implications	Comment
Update Charging	Equalise Charging Policy amongst learning disability clients for transport and day opportunities	31,000	31,000	31,000	31,000	n/a	To-date there has been an inconsistency in charging for transport to and day opportunity charges for day support centres, with charges only levied against those service users who attend HSCP own in-house day support. The intention would be to remove this anomaly, with consistency charging extended to service users who receive any transport to college or day services. This would be accompanied by clients and families being supported through income maximisation process.
Contract Management	Reduce provision of external residential beds	750,000	250,000	500,000	750,000	n/a	This would involve a reduction in 30 beds currently provided by the independent sector (equating to 5% of current numbers) at average cost of £25k p.a. The intention would be for greater number of older people to continue living at home for longer with assistance of specialist support teams.
Contract Management	Revise and reprovide additional support to vulnerable children, young people and families currently provided externally by Includum.	300,000	300,000	300,000	300,000	Potential new staffing opportunities within HSCP Alternative to Care service	The proposal would be to conclude the current service level agreement with Includum (for providing a total of 48 hours of support per week), withdrawing the total funding of £400,000 and reinvesting £100,000 to provide additional support to vulnerable children, young people and families by the HSCP Alternative to Care service.

Type	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)	Staffing implications	Comment
Contract Management	Reconfigure diversionary activities for addictions and youth justice clients externally provided by Alternatives.	41,730	41,730	41,730	41,730	n/a	The proposal would be to reduce funding by 50%, and focus the service level agreement on providing essential diversionary activities around addictions and youth justice. This would involve further engagement with Alternatives with respect to the viability of their offering a revised service at this level.
Contract Management	Revise and reprove additional support for le	35,000	35,000	35,000	35,000	n/a	Analysis has demonstrated that the externally contracted transitions network for learning disability clients is under utilised, with limited interest for that support amongst that age group of clients (i.e. teenagers). Children transitioning to Adult Learning Disability Services will continue to be well supported internally by HSCP
WDC Capital Spend to Save	Move to Core and Cluster Model of Housing Support for Adult Learning Disability clients. Phase 1 - refurbishment of WDC flats	60,000	50,000	60,000	60,000	n/a	Subject to £20k of funding being secured from WDC Capital Budget, the development of the Montrose Street housing support project will enable the service to provide a more economical and effective housing support environment for a number of existing housing support clients.

Type	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)	Staffing implications	Comment
WDC Capital Spend to Save	Move to Core and Cluster Model of Housing Support for Adult Learning Disability clients. Phase 2 - New Build Bungalow	180,000	0	40,000	180,000	n/a	Subject to £171k of funding being secured from WDC Capital Budget, the development of the St Andrew's housing support project, will enable the service to provide a more economical and effective housing support environment for a number clients with a complex dual diagnosis of a learning disability and autism, currently supported in out of authority placements.
	TOTAL VALUE	2,774,296	1,749,921	2,384,296	2,774,296	TBC	