

**Manchester City Council  
Report for Resolution**

**Report to:** Young People and Children Scrutiny Committee - 18 November 2014  
Economy Scrutiny Committee - 19 November 2014  
Health Scrutiny Committee - 20 November 2014  
Executive – 26 November 2014

**Subject:** Budget Savings Options for the Children and Families Directorate

**Report of:** Deputy Chief Executive (People), Strategic Director Adult Social Services, Strategic Director of Children's Services, Director of Education and Skills and the City Treasurer

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**Summary**

This report provides Members with information on the draft savings options for the Children and Families Directorate. The Scrutiny Committees are invited to comment on the options and identify areas where they would like to see further information as part of the December scrutiny cycle. The report also identifies and provides information on those options that will require a specific consultation process and equality impact assessments. The consultation process for these will begin on 26 November and the results will inform the decision making and budget setting process.

The savings options will then form part of the draft budget which will be reported to Executive in January, prior to a recommended budget going to the February Budget Executive.

**Recommendation**

The Executive is recommended to note the savings options included in this report and the associated consultations and scrutiny processes which will inform the development of the budget proposals.

**Wards Affected:** All

Community Strategy Spine	Summary of the contribution to the strategy
Performance of the economy of the region and sub region	Supporting the Corporate Core in driving forward the growth agenda with a particular focus on

Reaching full potential in education and employment	utilising available resources effectively and continuing to enable a diversity of providers to operate in the City.
Individual and collective self esteem – mutual respect	Reaching full potential in employment and education
Neighbourhoods of Choice	<p>the options for reformed public services focus on connecting more local people to education and employment opportunities, promoting independence and reducing worklessness. The creation of early help hubs, the integration of health and social care and continued working with schools will engage and support our communities.</p> <p>individual and collective self-esteem - mutual respect</p> <p>The focus is on changing behaviours to promote independence, early intervention and prevention, the development of evidence-based interventions to enable people to make changes to their lives.</p> <p>Neighbourhoods of Choice</p> <p>The development of integrated health and social care models and the extension of key workers operating in neighbourhoods to co-ordinate evidence-based interventions around families will better enable families and their workers to influence commissioning decisions aligned to local need. Residents with complex needs will be supported to access local services within local neighbourhoods. Early help hubs will have an essential role in reaching out to communities and leading early intervention and prevention approaches at a local level.</p>

**Implications for:**

- Equal Opportunities Policy: Yes
- Risk Management: Yes
- Legal Considerations: Yes

**Financial Consequences for the Capital and Revenue Budgets**

The report contains draft savings options, for comment, prior to a draft budget report being prepared for January Executive. The draft options in the report total £44m for 2015/16 and further £13.2m for 2016/17. It is estimated that the recurrent overspend

on Looked After Children Placements will be £3m for 2015/16 which reduces the budget reductions that can be delivered to £41m in 2015/16. This is a total of £54.2m over the two year period.

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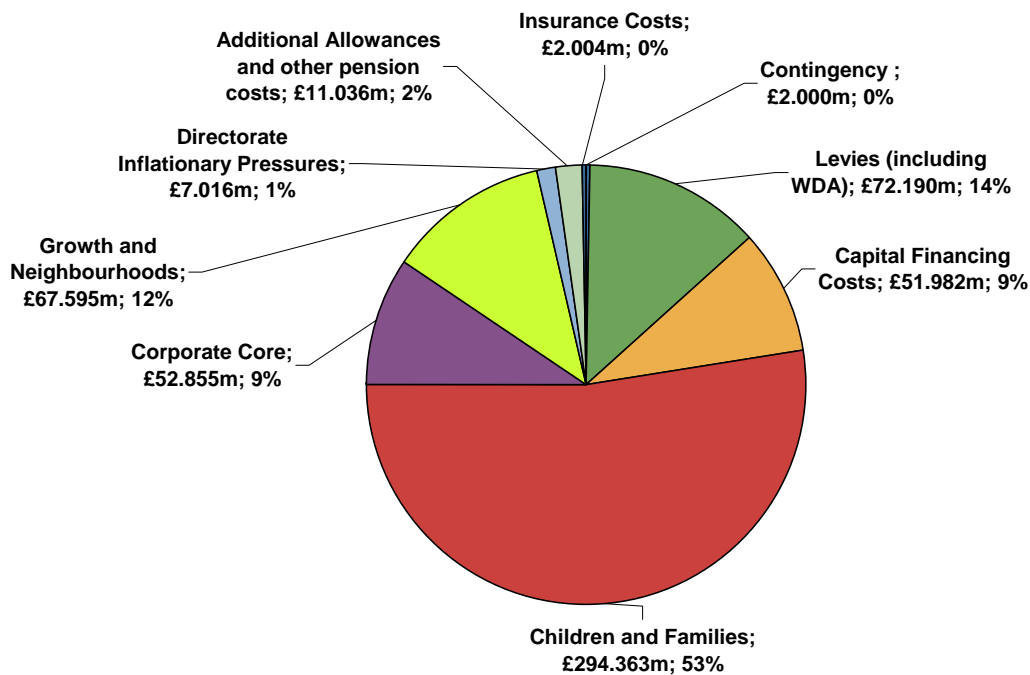
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**Background documents (available for public inspection):**

None.

## 1. Corporate Introduction and Context

- 1.1 As set out in the report to Budget Executive in February 2014, the Council is facing a significant funding gap for 2015/16 and 2016/17. This was estimated as £60m rising to £100m. Assumptions have been reviewed and the latest best estimate is £59m, 2015/16 rising to £91m, 2016/17.
- 1.2 It has to be stressed that there are no figures for the Financial Settlement for 2016/17 so these figures are an estimate and the position will change as more information becomes available.
- 1.3 For 2015/16 the c£60m shortfall has arisen from £50.8m reductions in government funding as part of the financial settlement, and £14.8m for unavoidable cost pressures partly offset by a £6.5m increase in other resources (dividends, business rates and other grants).
- 1.4 This is part of a continued trend of budget reductions. By 2016/17 this would mean a c40% reduction in the directorate cash limit budgets from £534m in 2011 to £324m. As the Council has a low council tax base and is hence more reliant on central government grant funding it has received a disproportionate share of the reductions. This has been coupled with the ineffective nature of the incentives for growth such as the New Homes Bonus.
- 1.5 As part of the budget process all of these assumptions are being reviewed and updated. This includes reviewing the levels of council tax, business rate and other sources of income that are likely to be received as well as the cost pressures. The work will culminate in the preparation of a draft budget for consideration by Members in early January, following the receipt of the Provisional Financial Settlement due mid to late December. The Council will need to develop a package of measures in order to deliver a balanced budget and the draft savings options set out in this scrutiny report form an important part of the process.
- 1.6 The Council has a net revenue budget of £561m which is summarised in the pie chart below. The levies cover services provided at a Greater Manchester level, particularly waste disposal and transport. There is limited flexibility to reduce these, the capital financing costs or the historic pension liabilities, so the focus is on the Directorate budgets for Growth and Neighbourhoods, Children and Families and the Corporate Core.



1.7 In coming to a draft and then a recommended budget, the budget decision making process will need to be guided by the strategic priorities for the Council which are summarised in the box below.

Growth	More jobs in Manchester
	Growth in key sectors
	New homes
	Skilled labour market
	Improved connectivity and infrastructure
Reform	Fewer people out of work
	Improved educational attainment
	Health improvements
	Fewer Looked After Children
	Better early years experience
Place	Clean and safe neighbourhoods
	Quality green space
	Vibrant local areas

	Major attractors – sport, culture and shopping
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- 1.8 The agreed budget principles, as set out below, then provide the framework within which decisions are made:
- Leadership for reform – economic growth, reduce worklessness and dependency, promote private sector investment.
  - Targeted Services – provide effective safeguarding and protect the most vulnerable, support effective integration of health and social care and integrated commissioning at neighbourhood level. Work to reduce dependency, manage demand effectively and support residents to be economically active.
  - Universal Services – ensure provision of high standard of services for residents from education to libraries, ensure services provide support to those most in need.
  - Neighbourhoods – budgets should be neighbourhood focused, with the aim of providing places where people choose to live and work that are clean and safe with a good housing offer and a range of accessible local services.
  - Core – Centres of Excellence to drive reform, provide effective support services, protect customer facing services, and maintain the Council's leadership role within AGMA and the Combined Authority.
- 1.9 This report provides Members with information on the draft savings options for the Children and Families Directorate. Attached to the reports are the detailed savings schedules. The savings options put forward as part of this report have been assessed by officers for their deliverability and impact. This information is included in the Schedules with a risk or RAG (Red /Amber /Green) rating and a summary of the potential impact. The proposals have also been considered by Executive Members who are keen that all the identified options are set out so they can be considered and consulted on. However where there are particular concerns about the extent of their impact on the priorities for the City these have been shaded in grey.
- 1.10 Scrutiny committee is invited to comment on the options and identify areas where they would like to see further information as part of the December scrutiny cycle. The report also identifies and provides information on those options that will require equality impact assessments.
- 1.11 The savings options will then form part of the draft budget which will be reported to Executive in January, prior to a recommended budget going to the February Budget Executive and March Council.
- 2. Directorate Strategy and Overview**
- 2.1 The Directorate for Children and Families is responsible for social care services for children and families, public health and for education, skills and youth services. The Directorate has statutory responsibilities for safeguarding

children and adults. The Directorate is focused on helping people who have to rely more than most on targeted and specialist services to make the changes in their lives which will see them become more independent. Connecting people to the economic growth in Manchester by helping them overcome the barriers to training and jobs is key to this.

- 2.2 The Directorate is therefore focused on the Community Strategy priority outcomes in particular:-
- More residents in work and progressing.
  - More residents developing the education and skills they need to get on, in work and in life.
  - More residents living healthier, longer and fulfilling lives.
  - Vulnerable adults and children protected.
- 2.3 The Directorate aims to integrate the Council's services to children and families with other public services in neighbourhoods. Integrating services with partners, around families at a neighbourhood level has been developed and tested over the past four years. This approach will now be expanded. This is the way in which the right capacity will be created with reduced resources to deliver the reform of services in order to support people to be more independent.
- 2.4 Several of the Directorate's services have high levels of spend and poor performance compared to other Core Cities and Councils with similar levels of deprivation, notably:-
- children's social care because of high numbers of looked after children and child protection cases;
  - learning disability services;
  - mental health services;
  - services for those with drug and / or alcohol problems;
  - homelessness; and
  - adult and community learning.
- 2.5 The Directorate has responsibility for the majority of the Council's targeted and specialist services. In setting its budget for 2012/14, the Council aimed to reduce demand for these services in order to shift the balance of spending towards universal services which promote growth and protect neighbourhoods as places to live. However, the proportion of the Council's budget spent on targeted and specialist services did not reduce over the last two years and the shift towards universal services has not been achieved. It is therefore imperative that the Directorate is more successful at reducing demand over the next period.
- 2.6 Taking all of the above into account, the challenges facing the Directorate can be summarised as:-

- Deliver the budget savings required for the next two years, particularly by reducing safely the numbers of children looked after and controlling the costs of learning disability services;
- Improve multi-agency safeguarding for adults and children, with an immediate priority of responding to the recent judgement that children's safeguarding is inadequate; and
- Scale up the implementation of public service reform so that it becomes normal business for the Directorate.

It is essential that these three challenges are dealt with as a whole if self-reliance is to be increased and dependency reduced.

- 2.7 The Directorate's work on the reform priorities in Manchester supports and is supported by the work of the Greater Manchester Combined Authority on growth and reform. The progress being made by the Combined Authority will help Manchester access more of the influence and sometimes control over the resources and programmes that can change lives and reduce the costs of dependency when they are delivered in a way that is integrated locally at neighbourhood level.
- 2.8 To meet the challenges set out above, the Directorate is focused on nine priorities grouped under four themes:-

#### **Strengthening multi agency safeguarding**

Strengthening multi agency arrangements for safeguarding children and vulnerable adults. This includes the response to the findings of the Ofsted inspection of services to children in need of help and protection, children looked after and care leavers.

#### **Driving Public Service Reform**

- Making integrated health and social care services core business through the Living Longer Living Better (LLLb) programme.
- Developing the troubled families way of working into a much larger programme of helping people to move from complex dependency to employment.
- Rolling out the Early Years new delivery model.

#### **Strengthening integration arrangements**

- Building up neighbourhood and district arrangements for the integration of public services.
- Bringing the services of the former children's and adults departments together around the LLLb and complex dependency groups of service users.
- Implementing phase two of a review of Public Health.

Managing the budget and reforming services for high cost service users / services

- People with learning disabilities



- Looked after children.

2.9 The rest of this report sets out the budget for the Children and Families Directorate, how the resources are aligned with delivering the priorities for the city and the Council and the main options for change to the budget for 2015/16 and 2016/17.

### 3. Budget and Service Overview of the Children and Families Directorate

Budget for current financial year

3.1 In 2014/15 the Children and Families Directorate has a gross budget of £354.270m and a net budget of £294.364m. As well as commissioned services, the budget also funds 2,996 FTE (posts) employed by the Council.

Table 1: Current Budget

<b>Children and Families Savings Summary</b>	<b>Gross Budget 2014/15 £000</b>	<b>Net Budget 2014/15 £000</b>	<b>Indicative FTE</b>
Looked After Children and Complex Dependency	58,031	75,455	198
Early Years and Children's Health	10,449	10,449	79
Living Longer Living Better (LLLb)	95,275	61,694	1042
Learning Disability Services	40,052	35,146	25
Homelessness, Refugee and Asylum	10,309	4,679	212
Care Services not included in LLLb	33,964	30,093	527
VCS & Housing Related Support	21,755	16,877	73
Other services commissioned	38,428	32,210	51
Education and Skills	37,842	20,453	642
Core and Back Office	8,165	7,308	147
<b>Total</b>	<b>354,270</b>	<b>294,364</b>	<b>2,996</b>

3.2 In total the Directorate budget has made savings of £84.7m between 2011/12 and 2012/13 with a further £41.7m for the two years 2013/14 to 2014/15.

3.3 In addition there are two significant future changes in responsibilities that will impact on the Directorate. These include changes in responsibilities with the implementation of the 2014 Care Act and the transfer of responsibility for services to 0-5 year olds from the NHS in 2015/16.

3.4 The Care Act 2014 gives the Government power to set a new national eligibility threshold for Council funded social care for adults. The Act also places new duties on councils to provide information and advice, preventive services and, for the first time, support for carers with eligible needs. The Act will also, from April 2016, overhaul the social care funding system to extend means-tested support to more care home residents and enable people to gain full state funding for their 'reasonable' care costs once they have been

assessed as passing a self-funding cap. This policy is expected to see an additional 500,000 people nationally with eligible needs approach their councils for an assessment so they can qualify for the cap. Although details at individual council level are not yet known, it is estimated, on the basis of national allocations, that additional funding to Manchester will be in the region £4.15m.

- 3.5 From October 2015, the funding for commissioning of Health Visiting and Family Nurse Partnership will transfer to the Council from NHS England. Indicative funding of £5.3m will transfer in 2015/16 for the period October 2015 to March 2016 and £10.6m for 2016/17 based on existing contracts and agreed numbers of health visitors. Whilst the agreed transfer for 2015/16 is based on the existing contracts, some commitment has been made by the Department of Health for a needs led funding formula in future years.

#### **4. Overview of Options for Savings in the Children and Families Directorate**

- 4.1 Proposed options for savings for the Directorate total £44.001m for 2015/16 and further £13.207m for 2016/17. It is estimated that the recurrent overspend on Looked After Children Placements will be £3m for 2015/16 which reduces the budget reductions that can be delivered from these options to £41.001m in 2015/16. This is a total of £54.209m over the two years.
- 4.2 The savings options totaling £54.209m are summarised in the table below.

**Table 2: Proposed Savings**

<b>Children and Families Savings Summary</b>	<b>Net Budget 2014/15 £000</b>	<b>Saving Proposals 2015/16 £000</b>	<b>Saving Proposals 2016/17 £000</b>	<b>Total Saving 2016/17 £000</b>	<b>Indicative FTE Reduction</b>
Looked After Children and Complex Dependency	75,455	7,306	300	<b>7,606</b>	39
Early Years and Children's Health	10,449	2,425	1,011	<b>3,436</b>	3
Living Longer Living Better (LLLB)	61,694	8,328	2,358	<b>10,686</b>	93
Learning Disability Services	35,146	3,200	2,104	<b>5,304</b>	10
Homelessness, Refugee and Asylum	4,679	553	0	<b>553</b>	2
Care Services not included in LLLB	30,093	3,292	254	<b>3,546</b>	53
VCS & Housing Related Support	16,877	3,399	1,342	<b>4,741</b>	0
Other services commissioned	32,210	5,683	5,219	<b>10,902</b>	0
Education and Skills	20,453	5,066	619	<b>5,685</b>	75
Core and Back Office	7,308	1,750	0	<b>1,750</b>	79
<b>Total</b>	<b>294,364</b>	<b>41,002</b>	<b>13,207</b>	<b>54,209</b>	<b>354</b>

- 4.3 The options for savings for the Directorate have been developed by thinking through the way in which the Directorate can meet its statutory duties, respond to the Ofsted findings and make the maximum contribution to the priorities for the City, as set out in the earlier parts of this report. In some cases, this is by increasing the pace of implementing the Council's reform priorities as a way of making savings by reducing demand for expensive reactive services. In other cases, this is by choosing options for service reductions which will have the least damaging impact on the achievement of our priorities.

The options therefore combine:-

- Options for service reductions which will enable the Directorate to deliver a balanced budget whilst enabling the Council to meet its statutory duties.
- The reform of public services through for example, the application of the learning from the troubled families approach to embed whole family working and the concept of the lead worker across a broader range of families to reduce demand on targeted and specialist services.
- Options to accelerate the pace and ambition of collaboration with partners through for example, the development of new delivery models for integrated health and social care and the further development of a multi-agency safeguarding hub.
- Activity to drive down the costs of delivering services to high cost groups of service users through a combination of efficiency and reform options, for example, assessments which focus on helping people be as independent as they are able and delivering evidenced based interventions targeted at specific groups of children in the care system to reduce the number of looked after children in the city.

## 5. **Options for the Key Changes, Investment and Savings to be delivered**

- 5.1 Supporting more families into sustainable employment and reducing the numbers of looked after children

### **Overview**

It is proposed to scale up the work that is being done in Manchester to help more families find and sustain meaningful employment. Public service reform experience in Manchester has demonstrated that by tackling the multiple, overlapping complex issues faced by some residents, it is possible, not only to reduce the number of children going into care, but also help those families stabilise and then secure employment.

Working with partners in the City, including Jobcentre Plus, housing, Probation, GMP, health and mental health services, education and advice providers, it is proposed to scale up the troubled families way of working to other families in the City. This would tackle a wide range of complex

dependency and focus on those at risk of getting into difficulty. This means ensuring that there is a lead worker to better coordinate different agency services around the bespoke need of each family and ensuring work is seen as the ultimate goal.

At the same time, Manchester has more children in care and therefore spends more on looked after children than Core City comparators or similarly deprived areas. The Directorate therefore needs to improve services which protect the most vulnerable children. This is a top priority for the City following an Ofsted inspection which has led to the Council's services for children in need of help and protection, children looked after and care leavers to be judged inadequate. Action has already been taken and will continue to be taken to rectify the shortcomings identified by Ofsted. An additional £500k has already been invested in 2014/15 to make improvements in safeguarding services.

The Directorate would connect its work improving safeguarding and reducing the number of children looked after with work to scale up the troubled families way of working and help more families find good jobs. In this way, as well as improving safeguarding for children, the need for safeguarding in the first place will be reduced.

### **Investment and Savings**

There is an investment case to invest £14m to support more families into sustainable employment and reduce the numbers of looked after children. This can be covered by reserves and funds remaining in the Manchester Investment Fund (MIF). The MIF is the fund that was set up for the troubled families programme. Up to £10m can come from reserves and £4m from the MIF.

The costs and financial benefits of the investment have been modelled. For the investment of £14m, it is forecast that there would be net savings of £8m p.a. from a reduction in the numbers of children looked after by 2018/19. In the shorter term, the investment would allow savings to be made in 2015/16 and these have been included in the schedule of savings options appended to this report.

The savings in 2015/16 includes £4.691m of savings in looked after children costs which would remove a current overspend of £3m leaving a net contribution to savings next year of £1.7m. It also includes £2.8m spending on troubled families which is being taken out of the revenue budget and replaced with investment (see options in schedule for sub-total of LAC savings of £1,691 and Troubled Families saving of £2.797m).

The investment is a one-off use of reserves and the MIF. The savings are ongoing reductions in the revenue budget and would increase year on year as the numbers of looked after children reduce. By year five, the model estimates that the total savings generated would exceed the £14m investment. The modeling indicates a reduction in looked after children numbers over time from

around 1,385 currently (17 October 2014) to around 1,115 by the end of the 2018/19 financial year.

The investment is a key part of the budget on looked after children and priorities for public service reform. This is essential if Manchester is to reduce the numbers of children who are looked after or who are subject to child protection plans. Current spending on children's social work is too high and not effective enough. Tackling this problem is not likely to be successful without the comprehensive approach now being proposed.

The approach is therefore to improve outcomes for children and their families and to shift the balance of spending away from the highly expensive costs of looked after children and towards the lower costs of early intervention and prevention. This, in time, will help the Council to shift the balance of its overall spending away from expensive targeted and specialist services towards services which support universal services, which protect neighbourhoods as places where productive people choose to live and to remain.

In addition, there are options for efficiency savings which arise from the co-location of early help, troubled families and early years workers, linked to social workers, to create early help hubs; changes to the way that supervised contact of looked after children cases is delivered; the reduced availability of emergency payments to families in exceptional circumstances and reducing the contribution that the council makes to funding mental health services for children and young people.

There is an option to reduce part of the troubled families provision but we would retain enough capacity to continue working with our partners to reduce complex dependency, to meet our commitments to Government as part of Greater Manchester to deliver phase two of the national and to reduce looked after children numbers.

### **Reducing the number of looked after children**

To improve children and young people's outcomes and safely and sustainably reduce the number in care, the strategy is to (a) invest in additional management and front line worker capacity; (b) help more children live safely at home by intervening earlier with partners in the City; and (c) reduce the number in care by helping children safely exit from care more quickly. These three parts of the strategy are outlined below.

#### ***(a) Investing in management and delivery capacity***

The key actions proposed are to:

- Improving the consistency and quality of social work practice and social work reducing caseloads
- Invest in additional management at the team management level, reducing the span of control of managers

- Develop the social work model to a 'team around the child' model working in smaller localities
- Increase safeguarding capacity
- Strengthen senior management capacity, in addition to a new Director of Children's Services, the recruitment of a Deputy Director Children's Services / Chief Operating Officer role.
- Improve social work retention and stability, including reducing agency spend; improving the support to newly qualified social workers; rolling out mobile working and other platforms to improve productivity

***(b) Reducing the number of children coming in to care***

The priorities are to:

- Work differently with schools and universal services, establishing local early help hubs that support local school clusters
- Ensure there is a broader range of interventions at the early help stage, particularly those provided by voluntary and community organisations
- Establish a multi agency safe guarding hub (MASH) and then develop this into a multi agency public service hub (MAPSH) to manage referrals at the front door with partners more effectively
- Deliver evidence based interventions to target families with children on the edge of care

**(c) Safely reducing the number of children and young people in care**

The third part of the strategy is to work differently with the existing Looked After Children population, identifying those children and young people who can return home safely with the right intervention; speeding up the placement process; and transforming the adoption and fostering services. The key actions proposed are as follows:

- Strengthen the quality of social work practice to ensure only those who should be in care are and for the shortest time possible.
- Collaboration with third party organisations to drive change in working practice within fostering and adoption services
- Transform the adoption service to treble the number of children adopted on a monthly basis
- Transform the internal fostering service, developing a new operating model and child-centred culture and increase the number of in-house foster carers
- Deliver evidence based interventions to enable children and young people to be placed safely back with their family

**Implementation**

The Council has reflected on the underlying reasons why Manchester still has too many looked after children despite proposals in previous budgets to save resources by safely reducing numbers. As a result, the proposals in this budget are backed by new leadership and additional capacity within frontline social work and social work team management.

There will be a root and branch overhaul of the management and delivery of the service with support from external experts. The requirements of the Department for Education following the Ofsted inspection will help drive the improvements needed.

Unlike previous approaches to reducing spending on looked after children, these proposals take a whole system approach, including a focus on the ability of partners to manage risk within the safeguarding system. Improvements to early help interventions and the introduction of the MASH will control the flow of new cases. At the same time, improving the basics of social work capacity and practice and better support for fostering and adoption will reduce the volume of existing children in the care system.

Taken together with the short term impact of the investment referred to above, these other savings bring the total of savings from looked after children and complex dependency to **£7.306m** in 15/16 and **£300k** in 16/17.

## 5.2 Early Years and Children's Health

The Early Years options would achieve significant savings whilst continuing to secure, albeit at reduced level, the key benefits of the Early Years New Delivery Model (EYNDM), Sure Start Centres and high quality early learning and childcare across the City. The options would reduce spend on planned arrangements for the EYNDM by decreasing the proportion of families receiving targeted parenting interventions when identified through the EYNDM's eight stage assessment model as requiring such an intervention. A saving of £1.12m would be achieved through reducing this reach to 65% of those identified, with alternative levels of saving possible (for example a saving of £500K could be achieved through reducing the reach to 84%).

The options would sustain the City's 38 Sure Start Children's Centres, and develop their roles over time as Early Help Family Hubs, sustaining their core purpose for the early years but extending their role through co-location of early help, troubled families and early years teams. Social work capacity would be a key part of interventions, integrated with co-located teams in each area. These options would enable savings to be made in management and centre-based posts (see section 5.1).

A proposal is also put forward that would reduce spend on quality assurance and improvement arrangements for early years settings and alternative education provision such as supplementary schools and madrassahs. Whilst retaining a core capacity for quality assurance and intervention across the two areas of activity, this proposal would lead to a reduction in the Council's ability to monitor and intervene where the quality of early learning, childcare or alternative provision was, or was at risk of being, below that expected.

Children's health services for school nursing, child accident and other prevention services will also be reviewed to refocus provision on key priorities.



This will be done in partnership with local NHS commissioners and providers to ensure statutory and mandated responsibilities are delivered. There will be further opportunities, with the transfer of funding and commissioning responsibilities for other public health services for 0-5s (see 3.5), to strengthen the integrated approach to child health for 0-19 year olds.

Options for savings for Early Years and children's health services are **£2.425m** in 15/16 and **£1.011m** in 16/17.

### 5.3 Living Longer, Living Better

The Living Longer, Living Better programme will reform health and social care services in Manchester to co-ordinate and deliver services in a way that delivers better outcomes and delivers efficiency savings. There are four key elements of the programme:

- The integration of Adult Social Care with hospital based Community Health Services to create a citywide and place based approach to health and social care
- The integration of the Council Reablement Services with hospital Intermediate Care Services to create a new place based Rehabilitation Service
- Integrating commissioning across the Council and the City's three Clinical Commissioning Groups (CCGs)
- A reduction in the no of admissions to residential and nursing care by providing more support at home including the use of assistive technology

New place based delivery models with NHS providers will be developed and targeted at those people who would otherwise require expensive residential care or homecare packages or an unplanned emergency hospital admission. Health and social care staff will work as one integrated team based around 12 localities across the North, Central and South hospital footprints, aligned to Primary Care. Council staff such as those who work in reablement, social workers, the equipment and adaptations team, social care assessment teams and some business support teams will be integrated with the Community Service teams in the hospitals and work as one team providing an integrated approach to prevention, assessment and case management.

Reablement, assessment and equipment and adaptation services will be reconfigured with the Intermediate Care Services in the hospitals to create a new Rehabilitation Service. This will be targeted at those people who would otherwise require an unplanned hospital admission or expensive residential care or home care packages. This is a shift away from the current universal service offer.

The full integration of social care commissioning and delivery with the NHS will deliver efficiencies and improved outcomes for Manchester people. There are two component parts of this proposal: the integration of social care with community health services in the three Acute Trusts at University Hospital of

South Manchester, Pennine Acute Trust and Central Manchester Foundation Trust and the integration of commissioning arrangements across Public Health and Social Care and then with the CCGs.

In Manchester, a high proportion of people are eligible for Council funding for residential and nursing care. The Directorate therefore spends more than similar councils on volumes and total spend on residential and nursing care. Moving care closer to people's homes will reduce Directorate spend on residential and nursing care by reducing the flow into residential care, providing alternative places for people to live - including accelerating the pace and scale of new extra-care developments - and keeping people at home longer through intensive homecare support and use of assistive technology. Support for carers will also be increased.

In addition, investment in mental health provision will be refocused towards supporting LLLB and through supporting early intervention initiatives focused on improving well-being including an emphasis on enabling access to employment. Investment in out-dated models will be scaled down and replaced with new delivery models, which focus on ability rather than disability and maximise the use of community assets to support and enable people to stay longer in their own homes.

Planned savings for LLLB options are **£8.328m** in 15/16 and **£2.358m** for 16/17. There will be investment from the Better Care Fund in additional homecare and assistive technology and work with partners will increase the scale and pace of capital developments around sheltered housing and extra-care housing.

#### **5.4 Learning Disability Services**

The options for learning disability services will bring about a service-wide transformation. A key driver of reform will be to ensure that assessment and support planning increasingly focuses on securing innovative, cost effective solutions for people. Through maintaining a clear focus on an individual's abilities, it will be possible to appropriately meet needs whilst increasing access to community assets and stepping people down into less intensive provision. Some older people who are currently residing in specialist learning disability placements will be able to move to packages of regular, less costly and more appropriate services.

Work is underway on reforming the process of transition from children to adult services as this is essential to supporting this service transformation and to achieve better financial planning for future years. Commissioners are negotiating with providers on cost and quality of care, and with the emphasis on providers developing new models of care that give individual's choice and achieve better outcomes from the current more traditional, higher cost settings.

This reform is dependent upon a fundamental shift in management culture,

and practices and ways of working. A twin track approach is planned which will both strengthen existing care management teams and bring in external partners for a time-limited period to work alongside Council teams providing fresh expertise and experience. This will build on the existing brokerage pilot, which enables the Council to engage with a wide range of people (often existing carers of people with a learning disability) to be employed as peer brokers. These are people who have deep knowledge of local support networks in the community.

The options take a targeted approach to delivering savings, prioritising groups of service users where there is most potential for reform. These include: (a) young people transitioning to adulthood; (b) older people who would be better served in a non-learning disability specialist setting; and (c) younger adults in residential care.

Planned savings for learning disability services are **£3.2m** in 15/16 and **£2.104m** in 16/17 which will require a one-off investment of £300k. The investment will be met from the Council underspend in 2014/15.

## **5.5 Other Adult Social Care**

The adult social care options impact across a range of services and will deliver efficiencies by changing the way services are delivered so enable people to be more independent.

## **5.6 Homelessness, Refugee and Asylum Seeker Services**

There are options to change the allocation of funding which tackles the homelessness. The range of services commissioned to tackle homelessness would be streamlined into five distinct services:-

- No Second Night Out-style service which is an early morning outreach and engagement service.
- Entrenched rough sleeper service to deliver persistent, assertive support to entrenched rough sleepers.
- Employment, education and training to help homeless individuals become independent.
- Young persons homeless prevention service to work with young people aged 18-25 who find themselves at risk of homelessness and rough sleeping through daily advice walk in sessions and appointments, and
- Severe and cold weather provision.

There is also an opportunity to fund some services to Northwards tenants at risk of homelessness through the Housing Revenue Account.

Specialist support to refugees and asylum seekers would be replaced by a more general service offer.

Options for savings for Homelessness, Refugee and Asylum Seeker Services are **£553k** in 15/16.

### **5.7 Adult Care Services (not already linked to LLLB)**

The current short breaks service and estate for adults would be targeted to meet the needs of learning disabled adults whilst providing the service for older people with mental health needs through the specialist market. This would change the approach to crisis care so that the initial response to "stabilise and make safe" is followed with a strong focus on enablement and step down to less intensive support. The proposal would result in an increased number of beds available city wide for adults with a learning disability delivered through a rationalised estate and a more efficient operating model. A new delivery model would be developed with partners for older people with a mental health diagnosis

Supported accommodation services for people with the most critical and substantial needs would be changed. The Council currently operates a mixed model of in-house and commissioned services. The external market is under-developed and expensive so the Council intends to develop and extend its internal services which would be delivered within local neighbourhoods to give people greater individual independence, more choice. This would support people to access the right accommodation with the right level of support at the right time in their lives. A partnership with Arcon Housing will improve the estate and enable the Council to deliver on site support within a reduced financial envelope.

Options relating to adults care services would deliver **£3.292m** in 15/16 and **£254k** in 16/17 in savings.

### **5.8 Advice and Community and Voluntary Sector Services and Housing Related Support**

The Council commissions a wide range of services from the community and voluntary sector. There is an option to focus the Directorate's investment on those services which support the priorities of the Council and the new legislative requirements of the Care Act in terms of early intervention and prevention and in some areas to target work to support the Living Longer, Living Better programme. The redesigned services would ensure services are provided across the City. The option would impact on: handyperson services; carers advocacy; equalities grants; wellbeing services and voluntary and community sector infrastructure support.

The Council funds housing related support (formally known as Supporting People) services to socially excluded groups, such as single homeless people, young people at risk of becoming homeless, women at risk of domestic

violence. There is an option to make greater use of the accommodation and brokerage service to move people on more quickly with a target occupation length of six months. More rigorous arrangements would be put in place to ensure services are targeted at those most in need. This could result in the closure of some hostels and supported accommodation and would impact on support provided in refuges. There is also an option to reduce funding to sheltered services for older people whilst maintaining a scheme manager presence.

There are also options to change the focus of commissioned advice services. Social housing tenants are currently able to access advice services from their Registered Providers as well as the Council's commissioned services. One option is therefore that the commissioned advice services are provided only for people in the private rented sector and homeowners focusing primarily on the areas of debt, housing and welfare benefits as part of the a package of support to enable people to become more independent and move towards employment.

Options relating to advice and voluntary and community sector services would deliver **£3.399m** in 15/16 and **£1.342m** in 16/17.

## **5.9 Other Services Commissioned for Children and Families**

The budget for the Directorate includes expenditure of £44.751m on public health which is funded via a ringfenced grant. A full review of public health expenditure has been undertaken and it is proposed that the funding be refocused on the areas that will address the wider determinants of health and the reform priorities for the city. This would mean reducing spend in some of the areas that had previously been funded by the public health grant to enable the resource to be moved to other priorities. The Council's statutory public health requirements would still be met.

The public health options therefore represent an ambitious reform programme, reviewing where and how we use public health resources and redirecting investments to improve the health and wellbeing of Manchester residents. Delivery of the options will ensure public health investments drive public service reform, focusing on the priorities of supporting people into work, early years and health and social care integration. They would also deliver more for less through efficiencies resulting from the redesign and recommissioning of services. Collaboration with local NHS partners (commissioning and provision) will be strengthened and there will be integration of services and functions going forward. This would involve a phased approach to savings and reinvestments, shifting spend from historical provision to agreed priorities, whilst maintaining the safe and effective delivery of statutory and mandated services.

The major areas of spend are a wide range of health and wellbeing services, drug and alcohol services, sexual health services and children's public health services. By doing things differently, more will be invested in reform priorities,

particularly complex dependency to employment, early years and living longer living better, and will demonstrate full and appropriate spend of the public health grant.

The options rely strongly on the recommissioning of services and require sufficient capacity to be in place to support tendering processes in order to release savings within proposed timescales. In summary the options are to:

- focus health and mental wellbeing services on moving long-term unemployed individuals presenting with mental health and other issues into recovery and work;
- ensure that health and wellbeing services support capacity building within communities to provide a safety net for people who no longer meet the threshold for targeted services;
- take an integrated approach (linked to the complex dependency approach) to drug and alcohol services, (which are commissioned separately at present), redesigning services with a strong emphasis on securing recovery and supporting employment;
- commission an integrated contraception and sexual health service and introduce cross-charging arrangements with Greater Manchester authorities for contraception services; and
- reconfigure school health services to have a greater focus on improving outcomes and implement the Early Years New Delivery Model.

Investment options can only be made by reducing investment in other services commissioned for children and families totaling **£5.683m** in 15/16 and **£5.219m** in 16/17 as set out in the schedule below. As stated previously the main investment priorities for the public health grant are: Living Longer, Living Better, Complex Dependency and Early Years.

The Public Health grant is expected to increase from the £44.751m in 2014/15 to £48m in 2015/16 following an agreed increase to the baseline to reflect the full value of public health commitments that transferred from the NHS. The increased amount is not growth and until confirmed is not yet reflected in the Directorate budget, however the table below demonstrates the planned use of the full £48m anticipated Public Health grant in 2015/16 and 2016/17.

	<b>2014/15 Budget</b>	<b>Savings 2015/16 - 2016/17</b>	<b>Investment 2015/16 - 2016/17</b>	<b>2016/17 Planned Budget</b>
<b>Public Health</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Children's Health Services	5,700	-2,182		3,518
Drugs & Alcohol Services	12,374	-3,057		9,317
Sexual Health Services	10,773	-3,152		7,621
Health & Mental Wellbeing Services	9,909	-5,227		4,682

Living Longer Living Better	1,791		5,819	7,610
Complex Dependency	2,017		1,473	3,490
Early Years New Delivery Model			3,171	3,171
Other MCC Cross Directorate				
Prevention Programmes	677		4,169	4,846
Other Public Health activity	1,834	-1,014		820
Public Health workforce and overheads	3,213			3,213
<b>Total</b>	<b>48,288</b>	<b>-14,632</b>	<b>14,632</b>	<b>48,288</b>

## 5.10 Education and Skills

The Education and Skills options cover a wide range of functions. Some relate to the development of transformed models of delivery, with associated efficiencies, whilst others constitute service reductions whilst sustaining the Council's core and statutory duties.

Some options would impact on the support that the Council currently provides to enable some pupils to travel to school, or receive support with the costs of school uniform:

- The cessation of discretionary school clothing grants for school uniform for eligible secondary-age pupils (noting that a number of high schools make reduced-cost or free uniform available to pupils).
- A reduction in free travel to school to the statutory minimum. This would affect pupils who under the current policy have been eligible for a free travel pass because they have chosen to attend a faith or single sex school rather than their nearest school or one within defined walking distance. This would also affect pupils from families on reduced incomes who have chosen to attend a school other than their nearest or one within defined walking distance.

A transformation in the way in which the Council fulfils its statutory duties for home to school travel for children with Special Educational Needs. This option would mean that transport is no longer provided free of charge for young people who are not covered by legislation including those who are post 16 and not in school and those without a Statement of Special Educational Needs or Education, Health and Care plan. The option also outlines a new approach to making home to school transport arrangements which would look at identifying, where appropriate, support for travel (including travel training to enable pupils to travel independently or the provision of small amounts of funding that would enable an individual pupil to travel independently or with the support of their family) to be put in place for those eligible rather than the direct provision of transport.

- Alternative arrangements for the Council to fulfill its statutory duties relating to school attendance, covering the issuing of penalty notices and prosecutions, would involve the development of an automated process for schools to complete the preparation of cases for statutory processing, and associated efficiency savings.

- Options to make savings within the provision of Short Breaks for parents and carers of children with disabilities would see new contracting and delivery models developed to deliver a transformed service at reduced cost, although some reduction in the level of short breaks provision would be necessary to achieve the full savings identified. In addition, there is a proposal that would see a reduction in the amount of Educational Psychology time commissioned by the Council and used to meet its statutory duties in relation to the assessment of children and young people with SEN. This would be achieved by using the time procured more efficiently to support the development and maintenance of Education, Health and Care plans and avoiding duplication of assessments.
- The provision of School Crossing Patrols is an option for savings. Crossings are currently assessed for level of need for a patroller, and using this combined with the impact of the further introduction of 20mph speed limits on more roads in the City would lead to the identification of the 40 lowest priority crossings. Schools would, as now, be able to act individually or together to fund a school crossing patroller in their area if they chose, and the Council would continue to provide patrollers for the crossings with the highest levels of assessed need.
- These are options for significant savings in the areas of Youth and Play, including current provision of Individual Advice and Guidance (IAG) for targeted young people and support for young carers. A number of budgets would be amalgamated: these cover commissioning for youth provision, commissioning for play provision, funding for youth hubs and youth inclusion leads and the commissioning of the targeted IAG service and the young carers service. Drawing these budgets together would lead to a fully integrated senior and junior youth offer, with provision of IAG and for young carers delivered through commissioned targeted interventions for those young people identified as most at risk of, or already demonstrating, complex dependency. Although the role of youth hubs would continue to be an important, and possibly expanding, part of the youth offer in the City, including in the leadership and coordination of the offer within a local area, this would be balanced with the need to continue to commission locally based youth provision within targeted neighbourhoods. As part of this proposal, work would be undertaken to explore the possibility of establishing a youth trust with appropriate partners, to enable the Council's funding to act as leverage for additional funding from grants and other sources.
- The Manchester Adult Education Service is currently funded through a combination of Skills Funding Agency grant funding (the vast majority of the service's budget) and a contribution from the City Council. This proposal would remove the Council's contribution, resulting in some reduction in commissioned activity and community reach whilst sustaining the core purpose of the service to provide high quality learning opportunities in support of adults across the City who are moving towards, or seeking to progress, in



work. The role of the service as a contributor to the wider strategic priority of reducing complex dependency would be sustained.

- A range of other savings are proposed which would identify additional efficiencies or changes in funding for areas of service which do not impact directly on children, young people or adults in the City. These cover: Statutory Moderation of school assessments; commissioned management support as required for the process of schools converting to academies, in line with reduced demand; reduced budget for costs related to closed school buildings; and some reduction in senior management and leadership capacity within the service.
- Changes to Education and Skills provision would deliver savings of **£5.066m** in 15/16 and Education and **£619k** in 16/17.

### **5.11 Business Support and Back office**

New delivery models for business support and back office functions would be implemented to deliver a more efficient set of services, realising the benefits of investment in technology to support managers and front-line staff to work more flexibly and digitally.

Options for savings arising from business support and back office services for is **£1.750m** in 15/16.

## **6. Partnerships & Enablers**

The options for looked after children and supporting more families into sustainable employment are dependent upon key partners including police, probation, health, housing, schools and the voluntary and community sector working together to co-design and co-deliver new ways of working that enable earlier intervention where issues arise and to support people into employment. The strong neighbourhood focus underpinning this approach will require joint working with the Growth and Neighbourhoods colleagues to ensure a whole systems approach which aligns with neighbourhood focus options and to ensure that the estate implications of the options are fully understood and progressed.

The LLLB options would result in the full integration of health and social care services through the development of new delivery models which would bring existing organisational arrangements for both commissioning and for delivery together into a place based one team approach.

The delivery of looked after children and learning disability options are dependent upon partnerships with other local authorities across Greater Manchester, as well as other external partners, in order to draw on experience, learning and expertise to build the skills and capacity within the Council to deliver significant transformation. The strategy to enable more adults with a disability to access local universal services requires a co-

designed, co-delivered approach with the Growth and Neighbourhoods Directorate in order to develop a pragmatic and deliverable approach.

Delivery of the public health reform options would require significant joint working with health organisations in the City as well as alignment with the delivery of Growth and Neighbourhood priorities to promote healthy lifestyles and well-being. The health impacts of proposals will be further assessed to inform commissioning decisions going forward through a collaborative approach with Clinical Commissioning Groups (CCGs).

Joint working with the corporate core would be required to deliver the business support and other back office proposal to ensure alignment with the centre of excellence review.

All options would require support from the corporate core. Many have ICT dependencies, for example, a new system to support the MAPSH, the roll out of mobile working technology to support more efficient working practices, investment in assistive technology to increase independence for residents, a new automated system for administering prosecutions for non-school attendance. The options in this report have been developed based on evidence and benchmarking, with support from the Council's Performance Research and Intelligence service. Ongoing support will be needed to ensure the right systems and analytical capacity is in place to enable the effective monitoring of impact. There are significant impacts on the Directorate workforce both in terms of service redesigns resulting in reductions and the need for staff to learn new skills and adopt new behaviours and ways of working which would require the support of HR/OD to support staff to learn new skills.

## **7. Impact on Residents, Communities and Customers**

The overall strategy for the Children and Families Directorate options is to deliver its statutory responsibilities for safeguarding and commitment to respond to Ofsted inspection findings and at the same time reduce demand on targeted and specialist services, by enabling residents to be more independent. A whole systems reform approach is being taken to affect this change.

The options that are focused on the City's priorities for reform (Living Longer Living Better, Complex Dependency, looked after children, options for people with learning disability and public health) are expected to drive improvements. The challenge will be to deliver the scale of change at the pace required to deliver a balanced budget.

There are further options over and above these however that reduce provision which are more regressive in nature and likely to negatively impact the city, for example, reductions to troubled families provision, changes affecting hostels for single homeless people, reductions in funding for the community and voluntary sector and on overall spend on youth, young carers, information advice and guidance and play activities. It is anticipated that the

implementation of the options would result in a reduction of c840 jobs across the health, independent, community and voluntary sectors. It is possible, based on the high level analysis that has been carried out to date, that the totality of the savings options across the Council may impact on the viability of some community and voluntary sector organisations. Through consultation and engagement with voluntary and community sector organisations, a more detailed impact analysis will be conducted in order to understand the impact on individual organisations.

## **8. Consultation**

A number of the options contained within this report will require specific consultation processes and equality impact assessments of all major reductions will be carried out. The savings options subject to consultation are:

- The voluntary and community sector – Reduced funding, infrastructure, equalities, public health and advice,
- Mental Health - Commissioning intentions for mental health services
- Youth and play - deliver a reduced but fully integrated offer through targeted interventions.
- Homelessness - reduction in grant and service redesign
- Housing related Support
- Redesign Drug & Alcohol Services
- Home to School Transport
- Cease non statutory provision of Free Travel Passes
- Create an open access integrated Sexual Health Service city-wide
- Wellbeing (including Community Nutrition, Physical Activity, Falls Prevention, Oral Health, Food and Health, Ageing Well and Health Checks)
- Child Health: changes to Homeless Families Health, child accident and other prevention services
- Reduce numbers of school crossing patrols – take out circa 40 of the existing 95 crossings
- Seek efficiencies and minor reductions within current Educational Psychology contract

The consultation process is due to start on 26 November and will last eight weeks. The results of the consultation and EIAs will inform the budget decision making process.

Consultation will be as comprehensive as possible and every opportunity will be taken to explain how the directorate proposes to redesign services. A communications brief will be issued via MACC to community and voluntary sector providers to coincide with the publication of this report in advance of consultation activity commencing. Consultation will be carried out with service users, stakeholders, the general public and with young people through the Youth Council and older people through Valuing Older People Board.

Consultation and engagement activity is currently being planned. Options will be

grouped into themes or will be grouped around providers impacted in order for people to consider connected options together and for officers to engage with providers in a co-ordinated way. Consultation will be undertaken online and through face to face consultation in a variety of ways.

Compared to the Council's budget process in previous years, the options are being issued for consultation earlier in the year which allows for conversations with stakeholders to be progressed in detail, including the voluntary and community sector in a way that enables an in-depth understanding of the impact of the options and for joint work with providers to agree practical arrangements for managing the potential impact. For example, feedback from voluntary and community sector organisations in previous budget consultations is that engagement with them about reductions have taken place too late for them to be able to effectively manage potential staffing implications.

## 9. Workforce Impact on Children and Families Directorate

The Children and Families Directorate currently has a budgeted workforce of 2,996 FTE. The projected workforce impact of activity to deliver the savings options for 15/16 is a reduction of circa 354 FTE. There are an additional c500 FTE in scope for the new delivery model for integrated health and social care. These are indicative figures based on current planning.

<b>Children and Families Workforce Reductions</b>	<b>Indicative FTE Reduction</b>
Looked After Children and Complex Dependency	39
Early Years and Children's Health	3
Living Longer Living Better (LLLB)	93
Learning Disability Services	10
Homelessness, Refugee and Asylum	2
Care Services not included in LLLB	53
Voluntary and community sector services	0
Other services commissioned	0
Education and Skills	75
Core and Back Office	79
<b>Total</b>	<b>354</b>

As set out above, the delivery of the Directorate's budget options would require both a reduction in workforce and a shift in the types of roles and skills across service areas. This change would be managed through the m people principles, with a focus on developing the Council's existing workforce to meet future skills needs wherever possible. In support of this, it will be important that individuals continue to move flexibly across the organisation and the wider

public sector. The detailed impact on specific roles will continue to be identified as options are developed over the coming weeks and months. This process will be supported by continuous engagement with the Trades Unions and staff. Robust workforce planning arrangements are in place to ensure that, as functions and roles change, the skills and focus of the workforce are effectively developed in alignment with this in both the short and long term.

## **10. Next Steps**

- 10.1 The savings options set out in this report are being considered as part of the production of a draft budget in early January 2015. Members are asked to comment on the options and identify areas where they would like further information to be considered as part of the December scrutiny committee cycle.

Members of the public who wish to comment on these options will be able to do so on the Council's internet page [www.manchester.gov.uk/budget](http://www.manchester.gov.uk/budget).

The webpage will contain a link to this report, a plain english summary of the options for consideration and a place where people can post any general comments or ask questions about the options.

Following consideration of the reports by the Executive on 26th November an eight week formal public consultation will be launched on specific identified options and the general consultation on all of the Council's budget options will be launched. The general consultation will run through to Executive in early January 2015.

Appendix 1 – Children and Families

Description of Saving				Impact		Savings Proposals			FTE Impact (Indicative)	Subject to Public Consultation (Y/N)
	2014/ 15 Baseline Budget	Type of Saving	RAG Deliverability	RAG Impact	Description of impact	2015/16	2016/17	Total		
	£,000					£,000	£,000	£,000		
<b>LOOKED AFTER CHILDREN (LAC) AND COMPLEX DEPENDENCY</b>										
<p>The proposal is to invest £14m in Complex Dependency and LAC over the next two years. This will be covered by £10m reserves and funds remaining in the MIF* of £4.8m. The MIF is the fund that was set up for the Troubled Families (TF) programme. The costs and financial benefits of the investment have been modelled. It is forecast that there will be net savings of £8m p.a. from a reduction in the numbers of children looked after by 2018/19. The model does not assume the investment of reserves will be paid back during this period, but do deliver the savings already included in the savings schedule for LAC. By year 5, the model estimates the total savings generated will exceed the £14m investment required. There will be choices about whether the savings generated are used to replenish reserves or set against any future budget reductions. These savings are net of continuing investment and cannot be realised any earlier largely due to the scale of investment required for TF phase 2, where total cost to Child</p>					<p>Evidence of successful implementation of each phase of the delivery plan will be required before the subsequent phase of funding from reserves is released. This will be broken down to each separate investment strands and there will be clear governance and accountability of named senior officers for each strand. There will be robust monitoring of the overall impact on the reduction in LAC numbers. This will include monitoring the impact of individual interventions as well as LAC numbers. If the required impact is not being achieved, action will be taken. Planned activity and impact will be profiled over each year to provide clear timescales. These will be agreed in advance as the basis of review of success or failure of each investment strand. There will therefore be hurdles to pass to secure continued investment.</p>	<p><b>Investment from reserves and the MIF*</b></p>				
						(11,605)	(2,514)	(14,119)		N

The savings in 2015/16 include £4.691m of savings in looked after children costs which would remove a current overspend of £3m leaving a net contribution to savings next year of £1.691m. It also includes £2.797m spending on troubled families which is being taken out of the revenue budget and replaced with investment (see options later in the schedule for sub-total of LAC savings of £1.691m and Troubled Families saving of £2.797m). The savings are ongoing reductions in the revenue budget and would increase year on year as the numbers of looked after children reduce, the modeling indicates a reduction in looked after children numbers over time from around 1,385 (Oct 2014) to around 1,115 by the end of the 2018/19 financial year. The savings from LAC and Complex Dependency set out below for 2015/16 are dependent on this investment, further savings of £8.3m for 2016/17 will fund the investment required in 2016/17 reducing the call on reserves to £2.514m

<b>*Manchester Investment Fund (MIF)</b>									
<b>Looked After Children (savings from first year impact of investment above)</b>									
Fostering and Adoption - increase the number and speed that children are adopted and shift placements from external to internal fostercare (this saving is a first year impact of the investment of £11.605m in 2015/16 referred to above)	Reform	Red	Green	Additional 55 children adopted in 2015/16. Increase use of internal fostercare by 40 placements and reduce use of external fostercare	1,671	0	1,671		N
Increase scale of Families First to reduce LAC for children on edge of care and in care (this saving is a first year impact of the investment of £11.605m in 2015/16 referred to above)	Reform	Red	Green	Move circa 30 FIP workers to provide Families First interventions funded from one-off investment from reserves in 2015/16 and 2016/17, with future years investment funded from savings delivered by reduced LAC. Evidence of impact based on national evidence from similar cohorts - also some emerging Manchester evidence	1,576	0	1,576	-30	N
Invest in the best possible evidence-based interventions for children in care and edge of care to reduce of the overall number of children needing to be looked after (this saving is a first year impact of the investment of £11.605m in 2015/16 referred to above)	Reform	Red	Green	The interventions have a strong national and international evidence base but have not been tested at scale in Manchester. Interventions are high cost and there are risks around achieving the savings. To be funded from one-off investment in 2015/16 and 2016/17	1,444	0	1,444		N
<b>Sub Total Savings</b>					<b>4,691</b>	<b>0</b>	<b>4,691</b>		
Adjustment to offset existing LAC pressure	Reform	Red	Green		(3,000)	0	(3,000)		N
<b>Subtotal LAC (after the adjustment of £3m)</b>					<b>1,691</b>	<b>0</b>	<b>1,691</b>	<b>-30</b>	
<b>Other LAC/Complex Dependency</b>									
Multi-Treatment Fostercare intervention to reduce number of children in residential care	Reform	Amber	Green	Savings from 8 children being supported by carers with extra support instead of being in more expensive residential placements	300	300	600		N

<b>Section 17</b> - reduce volume and value of payments from budget in Children and Families in exceptional circumstances	Efficiency	Green	Green	Existing underspend of £100k plus further savings	175	0	<b>175</b>	0	N
<b>Child and Adolescent Mental Health</b> - Reduce Council spend on psychiatry in the contract	Service Reduction	Amber	Amber	This reduction will remove capacity out of the services, reduce appointments and extend waiting times	300	0	<b>300</b>		N
<b>Supervised Contact</b> - change the way contact for LAC cases is provided	Efficiency	Amber	Amber	New structure may not be sufficient to manage demand. ICT equipment to support new ways of working may take time to procure or maybe unaffordable.	258	0	<b>258</b>	10	N
<b>Troubled Families</b> - Reduce in-house parenting team support and buy additional parenting courses from external provider, reduce assertive outreach for adults	Service Reduction	Amber	Green	Reduced capacity for parenting interventions accessed for families by MCC and partners	1,000	0	<b>1,000</b>	30	M
<b>Troubled Families</b> - Remove all of the recurrent Council budget for Troubled Families and fund the programme from government income, some partner investment and a Reform Investment Fund from reserves which would generate longer term savings (this saving is a first year impact of the investment of £11.605m in 2015/16 referred to above)	Reform	Amber	Amber	The programme will be funded from one-off investment, government income and partner funding. The long term sustainability of the programme is dependent upon success to deliver cashable financial benefits for MCC and attract partner investment.	2,797	0	<b>2,797</b>	0	N
Creation of <b>Early Help hubs</b> through co-location of early help, troubled families, early years new delivery model linked to social works teams into Sure Start children's centres with associated reductions in management and centre-based posts.	Service Reduction	Amber	Amber	Savings would be achieved through reducing the number of centre-based posts associated with ensuring that children centres are accessible at all times as larger staff presence of co-located teams would ensure centres were open and accessible for planned work with children and families; reduction in management capacity in line with the creation of larger multi-role teams in each area.	685	0	<b>685</b>	29	Y
<b>Early Help</b> - Role of chair of SRF Children's Partnerships - Cease payments to schools for chairing the role	Efficiency	Green	Amber	Risk that school engagement in, and leadership of, Early Help will be reduced if funding ceases	100	0	100	0	N
<b>Subtotal other LAC and Complex Dependency</b>					<b>5,615</b>	<b>300</b>	<b>5,915</b>	69	
<b>TOTAL LAC AND COMPLEX DEPENDENCY</b>	<b>75,455</b>				<b>7,306</b>	<b>300</b>	<b>7,606</b>	<b>39</b>	
<b>EARLY YEARS AND CHILD HEALTH</b>									
Scale back targeted parenting interventions within early years new delivery model to 65% of those requiring intervention	Service Reduction	Amber	Amber	This would be achieved by raising the threshold at which interventions would be used - so the effect of reduced parenting would be on families with lower levels of need. There would be a significant risk to the effectiveness of the EYNDM to meet demand identified	1,120	0	<b>1,120</b>	0	Y



Reduce Quality Assurance team across Early Years settings and alternative provision	Service Reduction	Amber	Amber	More children in Early Years settings less than Good, safeguarding risks associated with reduced capacity to quality assure unknown employers, more limited information about the full range of alternative provision and associated outcomes for specific communities.	200	0	200	3	N
<b>Children's Services</b> for School Nursing, Child Accident and other prevention services and Homeless Families provision - review to deliver efficiencies	Reform	Amber	Amber	Consider the range of investments that are allocated to Central Manchester University Hospitals Foundation Trust (CMFT) for school health services and other prevention services for 0-19 year olds and refocus provision on key priorities. Continue to assess potential health impacts on key population groups, particularly vulnerable young people and troubled families and work with partners to mitigate against any negative impacts.	1,105	1,011	2,116	0	Y
<b>TOTAL EARLY YEARS &amp; CHILDREN'S HEALTH</b>					<b>2,425</b>	<b>1,011</b>	<b>3,436</b>	<b>3</b>	
<b>LIVING LONGER LIVING BETTER</b>									
<b>Care Closer to Home</b> - Saving from reduction in residential and nursing admissions. This proposal will use £1.6m of the Better Care Fund to provide investment into homecare and assistive technology to enable people to remain in their own homes	Reform	Amber	Green	<ul style="list-style-type: none"> <li>Reduce the flow from social care to residential care, target is reduction of 6 placements per month into residential care from April 2015 and 2 placements per month into nursing care from April 2015.</li> <li>Reduce the flow from hospitals to residential and nursing care from April 2016 and review the Joint Working Agreement</li> <li>Provide alternative places for people to live including accelerating the pace and scale of new extra-care developments and keeping people at home longer through intensive homecare support and use of assistive technology. Increase support for carers</li> </ul>	1,909	791	2,700	0	N
<b>Community Health and Social Care Integration</b> - This proposal will include use of £2.3m the Better Care Fund to support the social care service through the integration with health addressing new responsibilities under the Care Act 2014	Reform	Green	Green	Integrate social care with community health services in the 3 Acute Trusts at UHSM, PAT and CMFT. This is social workers, equipment and adaptations, assessment, reablement. Paper to Nov HWBB. By Dec 2014 – the multi agency citywide Delivery Team established. Jan- April 15 - develop new model From October 2015 the teams will start to integrate with full implementation from April 2016	2,600	0	2,600	28	N

<b>Reablement</b> - deliver efficiencies from internally delivered service		Efficiency	Green	Green	Reducing 'down time' increasing face to face contact time with residents and productivity in the service by introducing electronic rotas, turning the staff into a community based mobile workforce, changes to staff working times and a reduction of 20 FTE (Grade 4 Reablement Support Workers). To be implemented in December 2015 and is reliant on extensive work rolling out the electronic rosters.	505	0	<b>505</b>	20	N
<b>Reablement</b> - Integrate with Intermediate Care and Services in the hospitals to create a new integrated Rehabilitation Service. Target reablement at residents who would otherwise have high costs residential and home care packages.		Reform	Amber	Amber	Create a new Rehabilitation Service with the hospitals piloted at North Manchester General Hospital by April 2015	0	415	<b>415</b>	14	N
<b>Integration of Primary Assessment Teams and Reablement Teams</b> which will makes some efficiency savings in management and further staff.		Efficiency	Amber	Amber	Reductions may impact on new rehab service ability to manage demand. Impact on capacity to deliver additional assessments under the Care Act. Risk to ability to meet referrals for assessment from sources other than hospitals if the service is merged with reablement	250	0	<b>250</b>	8	N
<b>Integrated Commissioning of Health and Social Care</b>		Reform	Amber	Green	Integrate commissioning arrangements across Public Health and Social Care and then with the CCGs. Preparation work April 2015-2016 with full implementation in April 2016.	1,100	0	<b>1,100</b>	23	N
<b>Mental Health</b> - Commissioning intentions for mental health services that shift investment into early intervention, particularly linked to work, decommission of recovery and connect service and recommission assessment and delivery		Reform	Amber	Amber	This includes existing mental health services with the Independent and VCS and the contract with the MMHSCT. In a planned manner, scaling down investment from out dated models of care e.g. Residential, Nursing and Supported Accommodation and exploration and acceleration of new delivery models for example Shared Lives. Developing time limited and targeted mental health reablement services which respond to individual needs in their own homes. Systematically, integrating with partners (LLLb) within the delivery model to deliver a broader range of support.	1,964	1,152	<b>3,116</b>	0	Y
<b>TOTAL LIVING LONGER LIVING BETTER</b>	<b>61,694</b>					<b>8,328</b>	<b>2,358</b>	<b>10,686</b>	<b>93</b>	
<b>LEARNING DISABILITY SERVICES</b>										
Integration of Learning Disabilities staff into Locality Team to make efficiency savings		Efficiency	Amber	Amber	In line with wider direction of travel for the council to deliver services at a locality/neighbourhood level	60	65	<b>125</b>	3	N

Brokerage and support planning including reductions in Supporting People funding	Reform	Red	Amber	Strengthened care management teams and external partnership with peer brokerage, with investment of £300k required	900	0	<b>900</b>	0	N
Contract savings from negotiations with providers	Efficiency	Red	Green	Drive down costs through negotiation with providers	1,250	750	<b>2,000</b>	0	N
Charge other local authorities for service users in residential provision that have ordinary residency outside the city	Efficiency	Red	Green	Assumes the host authority will agree to take the cases and there will be no impact of cases transferring to Manchester	300	0	<b>300</b>	0	N
Expand the shared lives programme	Reform	Amber	Green	Ability to secure provider base and social finance capital.	124	584	<b>708</b>	0	N
End the contract for Emergency Assessment & Treatment Unit	Reform	Red	Amber	Assumes in-house respite service can accommodate the existing service users	291	0	<b>291</b>	0	N
Expand Specialist Assisted Daily Living to make savings on high cost residential provision	Reform	Red	Green	Enhanced support for the high need/high risk cohort by 28 units	275	275	<b>550</b>	0	N
Introduce Transition Housing to reduce the number of young people needing to be placement in expensive residential care homes that are not appropriate	Reform	Amber	Green	One property per locality for emergency placements. Providers to source the property. Purchases would be on a spot purchase agreement.	0	53	<b>53</b>	0	N
Reduce cost of high need provision for older people with learning disabilities by 25% for 17 placements	Reform	Amber	Green	Assumption that older people could be rehoused in alternative provision as their presenting needs link to age rather than disability	0	177	<b>177</b>	0	N
Close the in-house Adults Placement Team	Efficiency	Amber	Amber	Timescales for implementation of new Shared Lives approach are controllable but the subsequent scale and timing of impact to make savings from a reduction in cost of care packages is untested. To be implemented by 1st April 2016	0	200	<b>200</b>	7	N
<b>LEARNING DISABILITY SERVICES</b>					<b>3,200</b>	<b>2,104</b>	<b>5,304</b>	<b>10</b>	
<b>OTHER ADULT SOCIAL CARE</b>									
<b>Homelessness, Refugee and Asylum</b>									
Reduction in the Homelessness Grants to voluntary and community sector organisations for rough sleepers and integration with the Inspiring Change programme which is a lottery funding project working specifically with rough sleepers.	Efficiency	Green	Amber	Aim to reduce duplication of services, targeting resources on those with complex needs.	200	0	<b>200</b>	0	N
Housing Revenue Account to fund homelessness services for Council Tenants	Income generation.	Amber	Green	The proposed use of the HRA will require support from the Strategic Head of Housing and the HRA Board. A paper is going to next Board in November.	303	0	<b>303</b>	0	N
Refugees and Asylum - Decommission Multi-agency for refugee integration (MARIM) and replace with reduced delivery model.	Reform	Green	Green	One citywide post across the service could affect service delivery	50	0	<b>50</b>	2	N

<b>Sub-total Homelessness, Refugee and Asylum</b>	<b>4,679</b>					<b>553</b>	<b>0</b>	<b>553</b>	<b>2</b>	
<b>Adult Care Services not included in LLLB</b>										
Homecare and Cash Individual Budgets		Efficiency	Green	Green	Saving will be delivered from existing underspend in Homecare and Cash Individual Budgets. This has been vired to meet LAC overspend in 2014/15	2,000	0	2,000	0	N
MCC Provided Respite Care - Change the current Short Breaks service and estate and target to learning disabled residents. Provide the services through a new delivery model in line with All Age Disability <i>strategy and</i> externalise current provision for older people with mental health needs through external provision.		Efficiency	Amber	Green	The proposal which will be implemented by 1st April 2015 will be to reduce the need for emergency placements with external providers at a high cost. De-commissioning the West View site as a short breaks service and re-commissioning as an LD Network supported accommodation site. Closing Ryebank Road short breaks site. Hall Lane Centre will be re-commissioned as a 10 bed short breaks and emergency centre for learning disabled adults	475	0	475	24	N
MCC provided Supported Accommodation - Development of a new delivery model for Supported Accommodation		Efficiency	Amber	Amber	Developing larger residential properties that support increased independent living and better target individual needs by 1st April 2015. Reviewing residential support services provided in conjunction with Care Management to ensure the support required for residents with critical and substantial needs are met by individual budgets to avoid costly 'uplift' to packages to be delivered evenly over 2015/16. As part of the savings (£166k) outlined within this proposal relies heavily upon an interdependency with the Shared Lives proposal.	817	254	1,071	29	N
<b>Sub-total Adult Care Services not inc in LLLB</b>	<b>30,093</b>					<b>3,292</b>	<b>254</b>	<b>3,546</b>	<b>53</b>	
<b>Voluntary and Community Sector and Housing Related Support</b>										
<b>Advice Services</b> - Removal of universal provision. Targeted offer supplemented by Registered Providers		Reform	Green	Red	Market testing and engagement with Registered Social Landlords.	615	0	615	0	Y
Cease <b>Advice Services</b> except for those people in the private rented sector tenants rather than those in social housing where advice services can be provided through registered social landlords - this is a further option to the above		Service reduction	Amber	Red	Existing service currently partly funded from one-off funding as agreed in previous years budget, Reduction in Tier 2 interventions available to support PSR programmes. Loss of significant numbers of FTE for providers.	300	0	300	0	Y

				Universal offer for private sector tenants will lose targeted approach						
<b>Voluntary Community Sector Grants</b> reductions with remaining budget focused on community strategy priorities	Reform	Green	Red	Reduction in public health, equalities grants, infrastructure grants for VCS and wellbeing grants. Reductions may financially destabilise specialist organisations. Impact on events volunteering. Reduced capacity for meeting requirements of the Care Act	484	792	<b>1,276</b>	0		Y
<b>Equalities Grants and VCS infrastructure</b> - further option to the above for a significant reduction in funding	Service reduction	Amber	Red	Equality Impact Assessment may identify significant gaps in provision as a result. Loss of specialist services for smaller communities. Financial sustainability impact on some organisations.	0	550	<b>550</b>	0		Y
<b>Housing Related Support</b> - Redesign services and commissioning alternative delivery models. This may include the closure of hostels and supported accommodation	Reform	Green	Amber	Impact on existing health and third sector partner contracts, increase in number of rough sleepers and people that are homelessness and impact on women's refuges. This proposal may include closing 8-9 hostels for single homeless people, ex-offenders and people who have drug and alcohol problems.	2,000	0	<b>2,000</b>	0		Y
<b>Subtotal Vol &amp; Community Sector Services</b>					<b>3,399</b>	<b>1,342</b>	<b>4,741</b>	<b>0</b>		
<b>Other services commissioned for Children &amp; Families</b>										
<b>Drugs and Alcohol</b> - Review & redesign Drug & Alcohol Services with a greater emphasis on service integration. This will involve a collaborative approach with providers in the independent and community sector, NHS Trusts and Primary Care	Reform	Green	Amber	Incorporate drug and alcohol services in Complex Dependency, review, redesign and recommission adult drugs and alcohol treatment, shift balance towards alcohol. Continue to assess the potential health impacts on key population groups, particularly adults of working age and through this transition work with partners to mitigate against any negative impacts.	1,450	1,606	<b>3,056</b>	0		Y
<b>Sexual Health</b> - Review & redesign Sexual Health Services bringing together Genito Urinary Medicine (GUM) and Contraception & Sexual Health Services to deliver an Integrated Sexual Health Service across the city whilst maintaining open access. This will involve independent and community sector, NHS Trusts and Primary Care providers	Reform	Amber	Amber	Savings in 2015/16 through negotiations with providers for price reductions from efficiencies. For 2016/17 re-specify and retender or negotiate with providers for change in service model of delivery to achieve further savings. Continue to assess potential health impacts on key population groups, particularly young people and through this transition work with	1,017	835	<b>1,852</b>	0		Y



				partners to mitigate against any negative impacts.					
<b>Community Nutrition Service</b> - Remodel and commission a city wide service involving the NHS Trusts and other providers	Reform	Amber	Amber	Work with the existing three NHS Trusts to establish a Citywide Community Nutrition Service that will prioritise evidence based interventions . Continue to assess potential health impacts on across all age groups who currently benefit from the serviceand work with partners to mitigate against any negative impacts.	164	492	<b>656</b>	0	Y
<b>Falls Prevention</b> - Remodel and commission a city wide service involving the NHS Trusts and other providers	Reform	Amber	Amber	Work with existing NHS Trusts and other providers to establish an integrated approach to falls prevention that reduces demand on more expensive health and social care services (e.g. Home Care Packages and Residential Care). Continue to assess potential health impacts on key population groups, particularly older people and work with partners to mitigate against any negative impacts.	250	0	<b>250</b>	0	Y
<b>Physical Activity Services</b> - Review & commission an integrated service incorporating NHS Trust and City Council Services	Reform	Amber	Amber	Bring together community based Active Lifestyle Services (Manchester City Council) and clinically focused Physical Activity on Referral Services, currently with the Care Trust, to establish an integrated service for the City. There will be reductions in capacity and change of emphasis in the provision of some current services. The Council with therefore continue to assess the potential health impacts on priority population groups and work with other external partners to mitigate against any negative impacts.	649	283	<b>932</b>	0	Y
<b>Wellbeing Services</b> - Review & commission an integrated Wellbeing Service incorporating NHS Trust and City Council Services	Reform	Amber	Amber	Shift the focus of services to mental health well being, supporting people back into work and community capacity building. The shift in focus will reduce capacity in the provision of some lifestyle services. The Council will continue to assess the potential health impacts on key population groups, particularly adults of working age and older people and will work	794	1,932	<b>2,726</b>	0	Y

				with partners to mitigate against any negative impacts.						
<b>Oral Health, Food and Health, and Ageing Well -</b> Review existing programmes to deliver efficiencies	Reform	Green	Green	The programmes will be required to prioritise activities and although there will be some reductions in capacity, these could be addressed by maximising the the potential to access resources from other funding partners. Each of these programmes has a good track record of doing this.	130	10	<b>140</b>	0		Y
<b>NHS Health Checks -</b> Review and deliver NHS Health Checks through a more targeted approach	Reform	Amber	Amber	Identify inefficiencies in the current delivery of the NHS Health Checks programme across primary care and focus on the quality of the interventions rather than the quantity of checks offered (i.e more targeted). Continue to assess potential impacts on the 40-75 age group through changes to the prgramme and work with partners to mitigate against any negative impacts.	247	0	<b>247</b>	0		Y
<b>GM Public Health Programme -</b> Review investments in GM programme, deliver efficiencies and in some cases decommission	Reform	Amber	Green	There is an opportunity to mitigate against any potential negtaive impacts through a collaborative review by all 10 Greater Manchester local authorities, working in partnership with Public Health England.	96	200	<b>296</b>	0		Y
<b>Well North -</b> Remove non-recurrent provision	Efficiency	Green	Green	The potential to draw down external resources from Public Health England (PHE) for a pilot in Manchester may be affected. However negotiations will continue with PHE to explore if resources in kind from other public health programmes can be used as part of the matched funding in 2015/16.	317	(317)	<b>0</b>	0		Y
Review other budgets to get best value for money	Reform	Green	Green	Review other Public Health budgets to get best value for money	569	178	<b>747</b>	0		N
<b>Subtotal other services commissioned for C&amp;F</b>					<b>5,683</b>	<b>5,219</b>	<b>10,902</b>	0		
<b>TOTAL OTHER ADULT SOCIAL CARE</b>					<b>12,927</b>	<b>6,815</b>	<b>19,742</b>	<b>55</b>		
<b>EDUCATION AND SKILLS</b>										

<b>Home to school transport</b> for Special Needs: secure efficiencies within statutory requirements to enable travel to school	Efficiency	Amber	Amber	New approach would identify, where appropriate, support for travel (eg travel training, small amount of funding to overcome barriers) rather than direct provision of transport. Travel would no longer be provided for those not covered by statutory requirements.	464	536	<b>1,000</b>	36	Y
<b>Cease discretionary school clothing grants</b>	Service reduction	Green	Amber	End of grants would affect qualifying families with eligible children from April 2015 (note that a number of high schools make reduced-cost or free uniform available).	267	0	<b>267</b>	0	Y
<b>Attendance</b> - Alternative options for school attendance service	Efficiency	Green	Amber	End current contract for issuing penalty notices and bring service in house; for preparation of cases for prosecution, schools would use self-help automated process.	140	360	<b>500</b>	0	N
<b>Manchester Adult Education Service (MAES)</b>	Efficiency	Green	Green	Service would be entirely grant funded (NB grant is also reducing), resulting in smaller staff team, reduction in commissioned activity and community reach and more cost effective use of community venues.	343	0	<b>343</b>	25	N
<b>Youth and Play Services</b> - To amalgamate a number of youth and play related budgets which provide or commission services to young people and younger children (including young carers and for IAG), to deliver a reduced but fully integrated senior and junior youth offer through targeted interventions. To explore the possibility of establishing a youth trust with appropriate partners to enable MCC funding to act as leverage for additional funding from grants and other sources.	Service Reduction	Amber	Amber	Benefits from integration and targeting of provision, but reductions in the volume of play and youth activity could leave significant gaps in some areas, with the risk of insufficient activities, a lack of targeted advice, guidance and support to help young people into employment and a risk of a lack of interventions in support of addressing complex needs for individual young people and complex families.	1,737	433	<b>2,170</b>	5	Y
<b>Dedicated Schools Grant</b>	Income generation.	Amber	Green	Risk that the current high needs budget is fully committed due to additional responsibilities for post-16 students with special needs. To mitigate there is a case being made to DfE for additional DSG due to pupil growth to contribute to costs of packages for young people with learning disabilities aged 19-25.	1,000	(1,000)	<b>0</b>	0	N
<b>Statutory Moderation of school assessments</b> - alternative delivery model	Service reduction	Green	Amber	Development of alternative model relying on expertise in schools	125	0	<b>125</b>		N
<b>Management Support for schools</b> - Reduction in budgeted capacity in line with current demand	Efficiency	Green	Amber	End current commissioned arrangement to reflect reduced demand	100	0	<b>100</b>		N



<b>Short Breaks</b> - Identify alternative contracting and delivery models and some reductions in short breaks for families with disabled children, building on success of access to universal services	Reform	Amber	Amber	Although alternative contracting and delivery models will enable most of the savings to be made without a direct reduction in service availability, there will be some reduction in respite/support packages to families with disabled children	284	132	<b>416</b>	0	N
<b>Free Travel Passes</b> - reduce provision of free travel to school to statutory minimum	Service reduction	Green	Amber	Ceasing non-statutory provision from Sept 15 would impact on some of those currently eligible, or who would have been in the future eligible, to a pass linked to their choice of faith or single sex school. Some families on reduced incomes would also be affected.	117	83	<b>200</b>	0	Y
<b>Closed School Buildings</b> - Reduce budget for costs related to maintaining closed school building and sites	Efficiency	Green	Green	No direct impact on children and young people; some reduction in the number of sites retained for possible future use.	129	0	<b>129</b>		N
<b>Education Psychology</b> - seek efficiencies and minor reductions within current contract	Efficiency	Green	Amber	Requires engagement with schools to realise a reduction in cost of current contract through using more efficiently time procured.	40	75	<b>115</b>	0	Y
<b>Reduction in capacity</b> - for leadership of skills and for Education Other Than At School provision	Efficiency	Green	Amber	Reduced capacity for leadership of skills and for EOTAS provision	70	0	<b>70</b>	1	N
<b>School Crossing Patrols</b> - Reduce numbers by circa 40 amber crossings (from 55 existing amber patrols) and continue current traded service offer to schools to self-fund crossings	Service reduction	Amber	Amber	Reduction in number of patrols would reduce the protection against road traffic accidents during busy times of day and lead to risk of fewer children walking to school; risk mitigated by increased use of lower speed limits; some schools may choose to fund a patroller.	250	0	<b>250</b>	8	Y
<b>TOTAL EDUCATION &amp; SKILLS</b>					<b>5,066</b>	<b>619</b>	<b>5,685</b>	<b>75</b>	
<b>CORE/BACK OFFICE</b>									
Centrally managed business support with co-location and integration and new business support model	Efficiency	Amber	Green		1,750	0	<b>1,750</b>	79	N
<b>TOTAL CORE/BACK OFFICE</b>					<b>1,750</b>	<b>0</b>	<b>1,750</b>	<b>79</b>	
<b>Grand Total all proposals</b>					<b>41,002</b>	<b>13,207</b>	<b>54,209</b>	<b>354</b>	