

**OVERVIEW & SCRUTINY**  
**Social & Health - Initial Budget Proposals 2013/14**

No.	Comments and Questions:	Responses:
1.0	<b><u>Social &amp; Health Comments / Issues</u></b>	
1.1	<b><u>General Comments / Issues</u></b>	
1.1.1	<ul style="list-style-type: none"> <li>▪ Will equality impact assessments be completed before any changes are made to the service e.g. review of Supported Living service?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes. Equality impact assessments will be completed prior to any changes being made to services.</li> </ul>
1.1.2	<ul style="list-style-type: none"> <li>▪ What impact will Welfare Reform have on the current budget proposals, what provisions are being made, and will current charges have to increase?</li> </ul>	<ul style="list-style-type: none"> <li>▪ There will be impacts particularly for services where charges are made. Where families are on reduced income or benefits in particular there will be an impact. Although no specific provision is being made for the direct impacts, Social &amp; Health service managers are working closely with the corporate team looking at the impacts of Welfare reform for the whole of the Council, and a holistic approach will be taken to help families. Provision is being made for additional staff to help with preventative work liaising closely with families and the Welfare Rights team. There will also be intensive training for all staff dealing at the front line with clients affected by the impacts of welfare reform. There is also the wider perspective of the Council's work with the Welfare Reform Board involving a cross-directorate approach and also engaging with other stakeholders and representatives from other support networks. No increases will be made to charges as a consequence and there is a ceiling of £50 per week.</li> </ul>

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No.	Comments and Questions:	Responses:
1.1.3	<ul style="list-style-type: none"> <li>▪ A concern was raised about provision for clients with dementia conditions. The concern related to possible future impacts on Flintshire of decisions made by the Betsi Cadwaladr University Health Board (BCUHB) resulting in additional burdens being placed on the Council for clients with dementia care needs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ This was acknowledged to be a major risk area. Urgent review will be a key priority, including a meeting with representatives from BCUHB. It is a national issue and there are UK studies on sustainability. It is also intended to hold a forum of representatives from Flintshire and neighbouring Authorities to discuss the risks as the extent of impacts is unclear. There was expected to be an additional demand on services. Acknowledgement was made of the level of support within Flintshire for dementia related services including extra care facilities and Living Well. Retaining people within local communities is considered to be the best solution.</li> </ul>
1.1.4	<ul style="list-style-type: none"> <li>▪ Clarification was sought on the quoted figure of £1.9m for investment in protection of key front-line Social Care services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The figure reflects the value of new pressures and efficiencies in 2013/14, impacts of previous years budget decisions, provision for possible pay awards and non pay inflation.</li> </ul>
1.1.5	<ul style="list-style-type: none"> <li>▪ A concern was raised about future increases in population putting pressure on Council services recognising that there are major new housing developments currently under way within Flintshire.</li> </ul>	<ul style="list-style-type: none"> <li>• Confirmation was given that population growth has been factored in for future years.</li> </ul>
1.1.6	<ul style="list-style-type: none"> <li>▪ New charges for Mental Health service users - who will this impact upon?</li> </ul>	<ul style="list-style-type: none"> <li>• Historically mental health service users have not been charged. This brings mental health service users in line with other service users but will not affect individuals supported under Section 117.</li> </ul>

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No.	Comments and Questions:	Responses:
<p><b>2.0</b></p> <p>2.1</p> <p>2.2</p> <p>2.3</p>	<p><b><u>Pressures</u></b></p> <ul style="list-style-type: none"> <li>▪ An explanation was requested regarding the increase in the pressure amount from £0.138m in 2013/14 to £1.506m in 2015/16 for Transition to Adulthood.</li> <li>▪ Disabled Facility Grants - the pressure amount of £0.046m rising to £0.062m in 2014/15 and 2015/16 seems a small amount considering the increasing number of referrals month by month.</li> <li>▪ Mental Health (Additional Social Work support) £0.032m as a result of policy / legislative changes made by Welsh Government - has any additional funding been made available to support this pressure ?</li> </ul>	<ul style="list-style-type: none"> <li>▪ The budget process is a three year cycle. The figures don't reflect investment already approved in previous years, but the additional growth requirement in 2013/14 as a result of new factors and influences on service demand which couldn't have been foreseen previously.</li> <li>▪ The pressure bid will provide additional Disability Support Officer provision for ½ post per locality area which should release capacity in the case load for the occupational therapists. Work is also progressing to encourage clients to be signposted to support their own low level adaptation needs.</li> <li>▪ No additional funding has been allocated from Welsh Government. There is an overall accumulation of additional costs to the Council as a result of the introduction of Welsh Government measures.</li> </ul>
<p><b>3.0</b></p> <p>3.1</p>	<p><b><u>Efficiencies</u></b></p> <ul style="list-style-type: none"> <li>▪ Review of the Supported Living Service (£0.350m) - This is a very large efficiency - how will this be achieved ?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Changes proposed include reviewing the management structure, applying organisational design principles to the in-house supported living service, reviewing care packages to ensure consistency with other services and further use of telecare as appropriate.</li> </ul>

