

APPENDIX E

SAVING PROPOSALS (including EIAs) TO BE APPROVED



REFERENCE: D040 (Review District Arrangements)

TOTAL SAVING: 2015/16 £180k; 2016/17 £0k

FTE IMPACT (2015/16): 0 (Savings through transformation)

What service area/s does this proposal relate to?

Commercial Services / Neighbourhoods
Legal & Democratic Services / Neighbourhoods

What is the proposal?

This saving proposal has come forward following a strategic review of the costs associated to running the democratic processes of the council. The review, led by the Borough Solicitor and the Deputy Leader, looked at governance, administrative budgets and staffing costs, at the corporate centre and at a district level. The review covered all the costs associated with supporting the democratic and electoral process including support to elected members.

Background to the proposed savings applied to District Executives

In May 2012 at Annual Council the Building A Co-operative Future – Devolution to Districts was approved. This set out a fundamental shift by devolving services, budgets and decision making to a local district level.

A Local Leaders programme was also put in place, which set out to enhance members' skills in leading and championing local causes and working with communities towards a Co-operative borough - where everyone does their bit and everyone benefits.

In addition a small core team was also established in each district to support the District Executives, manage services and coordinate partnership activity and community engagement at a local level. The teams also deliver corporate as well as local events and campaigns such as Love Where You Live , Welfare Reform ,Illegal money lending (Loan Shark) campaigns, the teams connect with communities and make campaigns real on the ground

Saving Proposals – Total £ 180k

1. Reduction in devolved revenue budgets to District Executives – Saving £180,000

The current position is that each district has a devolved budget equivalent to £25,000 per ward. Total budget across all 20 wards is £500,000. In addition, each Councillor receives £3,000 as an individual budget to support local ward priorities. Total for all Councillors is £180,000

Current overall total of devolved ward and individual budgets = £680,000

This proposal is to reduce the devolved ward budget from £25,000 to £10,000, reducing the Borough total to £200,000. In addition, increase the individual Councillor budget from £3,000 to £5,000 = £300,000

Financial Impact

Local commissioning by District Executives will be reduced and the ability for Districts to pool and commission against agreed priorities could be limited. District priority themes such as Get Oldham Working, where Districts have taken on apprentices and invested in local opportunities will be reduced. The capacity to jointly commissioning across Districts will also diminish such as current joint arrangements between Districts on the provision of welfare rights, environmental and crime reduction schemes. The increase in individual budgets could see a greater number of smaller grants given to groups and individual organisations at a ward level.

What impacts might the proposal have in terms of:

- **The ability of the service to deliver its expected outcomes?**

The reduction in district budgets will impact on the local capacity to commission on a larger scale on district and corporate issues and to enhance service provision such as wider environmental schemes.

Through increased individual budgets Members will have flexibility to target local smaller ward and neighbourhood based projects

- **Communities?**

Communities could see an increase in smaller neighbourhood and local ward based schemes that local people prioritise, funded through the increase in Councillor budgets . Communities will see a decrease in wider commissions tackling District and area based issues such as health inequalities and worklessness.

- **Organisational Impact?**

The reduction in District Executive budgets will see an impact on services such as Children's, Adult Social Care and Environmental Services who have all received funding to add local value to wider service provision.

- **Equality Impact Screening**

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:

	Yes /No
Disabled people	No
Particular ethnic groups	No
Men or Women (include impacts due to pregnancy/maternity)	No
People of particular sexual orientation/s	No
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	No
People on low incomes	Yes
People in particular age groups	No
Groups with particular faiths/beliefs	No

EIA required:	Yes
EIA to be completed by:	Colette Kelly
Date:	January 2015

Consultation information

Discussions have taken place at the District Chairs and Vice Chairs session with the Executive Portfolio Holder for Co Operatives and Neighbourhoods. Chairs and Vice Chairs are feeding back to the Executive Member on the potential impact locally in their districts. Discussions with ward members in each district are also complete.

Equality Impact Assessment Tool

D040 – Review of district arrangements

Stage 1: Initial screening

Lead Officer:	Colette Kelly
People involved in completing EIA:	
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	Yes x No Date of original EIA:

General Information

1a	Which service does this project, policy, or proposal relate to?	<p>D040 – review of district arrangements</p> <p>This proposal contains elements which relate to the budgets, devolved to the Borough’s six District Executives. The devolution programme to Districts was approved by Council in May 2012 with the introduction of “<i>Building a Co Operative Oldham – Devolution To Districts</i>”. This approach to local service delivery and decision making was later enhanced in May 2013 by Council in “<i>Next Steps For District Working</i>” which introduced further support to Councillors through case workers and the Local Leaders training programme.</p> <p>Proposal</p> <p>The proposal relates to the revenue budgets devolved locally to each District Executive and also the individual budgets which are allocated to each Councillor at a ward level. Both budget areas are used locally to support local district and ward community priorities.</p>
	What is the project, policy or proposal?	<p>The proposal is to :-</p> <ul style="list-style-type: none"> • Reduce the devolved revenue budgets to each District Executive from £25,000 per ward to £10,000 per ward. • Increase the individual budget allocated to each Councillor from £3,000 to £5,000.
1c	What are the main aims of the project, policy or proposal?	To achieve efficiencies of £180,000 contributing to the Council’s overall target.
1d	Who, potentially, could this project, policy or proposal have a	Potential impact has been assessed and is set out below

<p>detrimental effect on, or benefit, and how?</p>	<p>Budgets</p> <p>At a District Executive level devolved revenue budgets are used to fund and or commission local services and community activity aligned to district priorities. Current local commissioning priorities support Borough wide themes such as Get Oldham Working, Get Active and wider Health and Well Being agendas.</p> <p>A reduction in the devolved revenue budget will mean a reduction in funded and commissioned services and activity across all the districts. The proposed reduction should not disproportionately impact upon any one particular group as this will apply to all commissioned services and activity across all the districts.</p> <p>Individual budgets are allocated to each Councillor and usually support smaller ward and local neighbourhood priorities. These ward priorities are usually raised directly with councillors by local groups and residents. In some areas Councillors pool their individual budgets to fund broader issues which effect communities across the ward or across more than one ward. An example is a Community Festival or crime reduction initiatives, youth activities or environmental improvements.</p> <p>An increase in the individual budgets allocated to Councillors, should not disproportionately benefit any one particular group over another – no more so than the current grants awarded by Councillors locally. This is because the increase is applied equally across all 60 Councillors, to be spent locally in each ward across the borough.</p>
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1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
New arrivals to the borough and those residents who do not know how to access services.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1h	How have you come to this decision?	The reduction in revenue budgets is equally applied across all 6 Districts and the increase in individual councillor budgets across all 60 Councillors so therefore no disproportionate impact.

Stage 5: Signature	
Lead Officer: Colette Kelly	Date: 13.1.15
Approver signature: Elaine McLean	Date: 13.1.15
EIA review date: January 2016	

REFERENCE: C045 (Children's Services Redesign)

TOTAL SAVING: 2015/16 £1,261k; 2016/17 £1,261k

FTE IMPACT (2015/16): 14

Savings through transformation

What service area/s does this proposal relate to?

There are a number of options within this proposal that relate to the council's statutory duties to protect and safeguard children and young people including looking after those for whom the council assumes parental responsibility (LAC), however the council is fully committed to protecting the most vulnerable, it is more about doing things differently and more efficiently.

The proposal also covers the council's support to children and young people with special education needs and disabilities (SEND).

The service areas covered include social care assessment and care management, provider services (residential care, fostering and adoption, after care, short breaks) and safeguarding activities (Independent Reviewing Officers, Local Safeguarding Children's Board)

Organisationally the services sit within the Commissioning Directorate.

What is the proposal?

There are a number of proposals designed to offer up a total of £2.522 million equally split over 2015/16 and 16/17

Within the context of rising demand including increasing Looked After Children numbers we aim to deliver efficiencies across the range of spend areas by:

- delaying the entry/accelerating the exit of children and young people into/out of the social care system,
- reducing the cost of children and young people being supported by the social care system and reducing the cost of the system itself
- within the context of the SEND reforms, revise the offer and funding

arrangements for children with disabilities and special educational needs.

1. Reduce the spend on Looked After Children, After Care Support and Short Break provision

Two key givens in our approach are that we will continually seek to increase the number of adoptive placements we can make and we will continue to maintain and grow a strong in house foster care service at the core of our placement strategy.

1a (Foster Care) We are seeking to further reduce placement costs by proposing to recruit a number of 'specialist' foster carers in a direct attempt to reduce the number of residential beds we need whether these are within our own children's homes or external provision. There are a number of therapeutic 'step down' models of foster care on offer across the country but currently Oldham has no such provision. We also propose to review the cost effectiveness of the council's in house and commissioned children's homes and maximise their potential to deal with some of the more challenging/complex young people who are currently placed in external placements. In a similar vein to our intentions around foster care, we need to look at the wider support offer including education, and therapeutic intervention.

There are 19 young people who currently reside in out of borough residential placements, through growth of our intensive fostering scheme we aim to reduce that number to a maximum of 10 placements by 2017.

1b. (Foster Care) It is also proposed to review the current accommodation and community support arrangements for care leavers and whilst the council will retain it's statutory responsibilities and commitment to support these young people into adulthood, the ongoing case for this to be delivered in house will be explored. The After Care Team also provide a response service to 16/17 year olds presenting as 'in need' and alternative ways of delivering this within the preventative approach will be actively considered. Expansion of such services as supported lodgings for older young people would improve the range of placement options.

Proposal 1a and 1b (Foster Care) will deliver savings of £1.4 million

1c (Short Breaks) We will need to consider the current level of spend on short breaks for SEND children including the service provided at Netherhey Street. It is thought that by collaborating with other local authorities with similar service demands we can reduce costs. There is a level of funded short break activity which is accessed without the need for an assessment and we plan to develop community delivered parent led alternatives. We will also revisit the eligibility criteria for those receiving Carers Grant in the form of Direct Payments/Personal Budgets. Due to the time needed to establish viable collaborative arrangements. We intend to use Transitional Investment Grant monies to spread the savings over two financial years whilst meeting the Council's savings requirement in 2015/16

Proposal 1c (Short Breaks) will deliver savings of £344,000

2. Reorganisation of Assessment and Care Management

As the majority of the budget is spent on staff, the approach here is mainly based on

the key question – how can we redesign the delivery of the function in order to reduce costs either by reducing staff numbers and/or overall staffing costs?

Given previous budget savings requirements there has already been a significant degree of rationalisation of management, senior practitioner and family support posts (25 staff in all) making further options within the current service construct difficult. Case loads are on the increase and the LAC population, in line with most other North West authorities, has seen a rise.

Our approach therefore is based on an acknowledgement that a radical service redesign is needed which incorporates the intention to reduce demand (front door business) and the establishing of a model where some children in need cases could be 'stepped down' into other support services therefore reducing their time in the social care system.

The current model where the assessment and care management function is delivered across several teams including the specialist Children with Disabilities and After Care teams is unsustainable if we are looking at ways to reduce overall social worker and senior practitioner numbers. The bringing together of the resources under a single management and delivery structure is therefore envisaged. In addition, the current grades within the service are unsustainable if we need to reduce overall costs. We will need to limit the number of higher grade posts on each team instead of allowing automatic progression of staff through the grades i.e. they will be allowed to undertake professional qualifications but will have to apply for higher grade posts as they come available.

Proposal 2 will deliver savings of £483,000

3. Savings against the Safeguarding and Workforce Development budgets

This service area covers several functions including the operation of the Local Safeguarding Children Board, the statutory Independent Review Team and the adult safeguarding team.

It is our intention to review partner contributions to the multi-agency safeguarding agendas covered by the Safeguarding service and review the contribution to workforce development by bringing together different funding streams.

Proposal 3 will deliver savings of £150,000.

4. Reprofiting the DSG High Needs Block

We will look at the current DSG (Dedicated Schools Grant) and base budget spend on hearing impairment and visual impairment and plan to restructure the teams including combining management roles. We also intend to increase the extent to which the Quality and Effectiveness Service is traded to schools. These proposals aim to create capacity to absorb the base budget spend on other SEND services.

Proposal 4 will deliver savings of £145,000.

There are some property implications relating to these proposals which at this stage are not confirmed. They include -

1. Children with Disabilities and safeguarding teams will merge into an integrated service which will be co-located at Southlink offices. The teams are currently deployed across Royton Town Hall and Werneth Health Centre.
2. There is the potential to use housing stock or new build to meet the needs of care leavers and support family placements for either respite or long term care. We are working with colleagues to scope demand and potential solutions in this regard.

- **Financial Impact**

The total savings offered across the three areas in this template amount to £ 2.521 million which equates to just over 11.5% of the combined 2014/15 budgets across the service areas. This figure currently falls short of the 15 – 40% scenarios but represents options perceived as ‘doable’ at this point in time given the demand led nature of much of the business and the on-going need to ensure services which protect the most vulnerable are not compromised. Even at this level of savings, considerable redesign would be necessary.

Initiatives such as the recruitment and training of specialist foster carers and development of improved local support services may not happen in time to deliver the total savings in 2015/16 and it would be prudent to assume that of the £2.521 million identified, an equal apportionment across 2015/16 and 2016/17 should be made.

What impacts might the proposal have in terms of:

- **The ability of the service to deliver its expected outcomes?**

For those children and young people who become looked after the council and partners have a duty to act as a 'good parent' and ensure the ongoing safety and wellbeing of LAC, working to mitigate the impact of being in care on their journey to adulthood and future life chances. In seeking to reduce costs we need to ensure that the quality of the whole range of provision and such factors as placement stability are not compromised. A number of our young people continue to live chaotic, risky lives even after entering the care system and we need to ensure that a drive to reduce costs does not increase the level of risk. As we develop options further we will give due regard to these considerations and involve young people themselves in determining the impact of our proposals.

The resourcing of short break provision for SEND children and young people is one of keen interest to parents who see such support as key to care packages. Although statutory duties can be sustained, services user's (and staff) expectations regarding levels of support will have to be challenged and 'recalibrated'. Undoubtedly this will come with a high level of challenge and some level of risk and creates a risk of escalation of need, leading to higher costs resulting from crisis intervention.

Inevitably the need to create savings in assessment and care management will lead to a direct impact on social worker and family support worker numbers and pay grades. The ability of the service to meet statutory requirements often directed by the courts and to provide an effective child protection response would remain a priority but issues such as caseload numbers, worker morale and retention rates would obviously be factors which could have a detrimental effect.

There are risks that in overly reducing the staff numbers we compromise effective care management which could lead to poorer more costly outcomes for children and young people.

There is also the possibility of the specialist nature of part of the function would be compromised by team mergers and a more generic response. In respect of SEND children, the reforms contained in the Children and Families Act will mean that across the 0 – 25 agenda there should be a more integrated young person centered approach irrespective of whether or not the social workers are deployed in a specialist or generic team.

Following consultation with staff and parents/carers it is proposed to offer some reassurances around the continuation of a specialist offer by adopting a 'team within a team' approach to the disability social workers with continuing senior practitioner oversight.

- **Communities**

Due to the specialist nature of the services covered within this template the impact on the wider community in terms of access to services will not be affected. There will be an increased role for Oldham residents to consider whether they wish to be involved in becoming adoptive parents, foster carers, supported lodgings placements etc.

The proposals will inevitably result in a reduction of the quality and availability of the support available. There are examples in some cases as to how this may benefit some service users, but there will certainly be a reduced offering. This may be mitigated through development of community-led services and peer support, but this will not entirely replace the reduction in service levels. Some clients at lower levels of need may no longer have access to services as the council will be forced to prioritise the most vulnerable, although the preventative agenda and district working may negate some of the impact.

- **Workforce**

The current number of FTE's across services to vulnerable children including those in the all age disability is approximately 300. It is inevitable that this will be reduced in order to contribute to deliver the saving. The current identified number of staff reductions is approximately 14.

In respect of staff grading there is the potential to lose experienced social workers to other authorities who have not implemented a capping system on numbers of social workers at each level. Level 3 social workers are still in demand by other authorities and to lose them when we have invested in them to get them to that level is a loss to the authority. Although newly qualified are cheaper they demand more time and supervision from the team manager and have a capped case load in the first year.

Some staff may find themselves working for different organisations such as schools.

- **Organisational Impact**

The impact on the organisation will be significant in that the delivery of these budget savings will put increasing pressure on those services which protect and safeguard children and those which support children with disabilities and their families. These services have offered up savings year on year against a backdrop of major statutory change and tougher inspectorial regimes. There is the opportunity to transform some of our approaches but particularly in child neglect and child protection cases it is extremely difficult to see how parents 'do their bit' in any constructive way.

The link with developing preventative approaches and their effectiveness is of paramount importance.

- **Equality Impact Screening**

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
Disabled people	Yes
Particular ethnic groups	No
Men or Women (include impacts due to pregnancy/maternity)	No
People of particular sexual orientation/s	No
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	No
People on low incomes	Yes
People in particular age groups	Yes
Groups with particular faiths/beliefs	No

EIA required:	Yes
EIA to be completed by:	Kim Scragg
Date:	12 th January 2015

Consultation information

Consultation has taken place with staff and parents/carers in particular around various aspects of this proposal. There have been a number of meetings and in respect of the proposals around children with disabilities we have worked with POINT the main local parent/carer representative group.

The findings of the consultation have informed the writing of the Equality Impact Assessments but key messages are summarised below.

- In respect of Looked After Children there are some young people who are likely to remain in care for some time. Not all of these young people want to be cared for in a 'family' environment i.e. foster care and therefore for some their active choice will be to remain in children's homes.
- In respect of children with disabilities there are concerns about the proposed reduction in the short breaks budget and although the idea of sharing services with neighbouring local authorities has been reasonably well received there is a fear that if this doesn't come off then will the impact be a greater reduction on available support. There is also concern about the proposed bringing together of social work and family support functions and whether this will diminish the offer of a 'specialist' service to families where the child/children have disabilities. The assumptions of how the proposal might be implemented have been altered to give more reassurance in this regard and an undertaking to keep this under review in the light of SEND reforms.

Equality Impact Assessment Tool

C045: Childrens' Services Redesign: Proposal 1a and 1b (Foster Care)

Stage 1: Initial screening	
Lead Officer:	Ed Francis
People involved in completing EIA:	Glynis Williams, Ed Francis
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	Yes x No Date of original EIA: n/a

General Information

1a	Which service does this project, policy, or proposal relate to?	<p>This proposal relates to:</p> <ul style="list-style-type: none"> • Budget template CO 45 – Children's Services Redesign <p>The current savings target against the overall template amounts to £2.52 million and the work is split into several elements each with their own EIA.</p> <p>This EIA relates to proposals 1a and 1b.</p> <p>This particular element is in relation to the way in which the Council intends to reduce the number of Looked After Children in residential care by expanding the family placement options on offer and beginning to explore a more outreach based model which keeps young people at home. We are also looking at improving the accommodation options for care leavers and older young people (16/17 year olds) with whom we get involved.</p> <p>The savings requirement against this element is £139,000 in 2015/16 and £1.26 million in 2016/17.</p>
1b	What is the project, policy or proposal?	<p>There are three elements to this proposal.</p> <p>The main element of the proposal is to recruit, train and maintain a number (14) of foster carers who can offer placements to young people who require intensive support including in some cases ongoing therapeutic intervention.</p> <p>The children and young people identified as</p>

potentially suitable for a specialist fostering service will have additional complex needs and will have experienced multiple placement breakdowns. Therapeutic foster care is a service where a child or young person who has undergone significant neglect or trauma and would benefit greatly from therapeutic care. This type of fostering provides a young person with a supportive family where they can build a trusting relationship with a foster carer whilst they receive therapy to help them to overcome traumatic experiences.

It involves a team of professionals including the foster carers to work out how to best support and nurture that young person, to ensure that their emotional, psychological and social development are enhanced and good outcomes achieved. As things currently stand these young people would be placed in residential provision, often out of borough and at high cost to the Council with generally poorer outcomes than those achieved in family placements within the borough.

Various options have been considered by the project team including the purchasing of therapeutic foster care placements on a spot or framework basis. It has been identified however that the least risky and most cost effective option is to develop an in house model building on our existing highly regarded in house fostering service.

The anticipated weekly placement costs of £925 for this new type of placement compares extremely favourably with the range of residential costs across in house and external provision of £1,760 – £2,300.

The second element of the proposal is begin to consider the current overarching demand for residential beds and explore whether we are in a position to convert some of our resources to a more outreach based model of providing intensive support to maintain young people at home with access to respite provision as required.

The third element is to increase the range of options available to older Looked After Children and others in order to more effectively move them on from residential provision and prevent unsuitable accommodation arrangements being made (such as Bed and Breakfasts).

1c	What are the main aims of the project, policy or proposal?	<ul style="list-style-type: none"> • Better outcomes for young people more of whom should be placed in supportive family environments as opposed to residential care homes. • Partner agencies (schools, health colleagues) will ensure that the services they offer are responsive to the needs of the young people in these placements who may present additional challenges. • Better accommodation options for older teenagers. • Financial benefits to the local authority with a reduction in placement costs.
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<p>In the main, the project should produce beneficial outcomes for young people. We have already identified 4 young people who are currently in long term out of borough placements and face the prospect of several more years in these settings. If we are successful in recruiting 'specialist' foster carers our plan would be to establish family placements for these young people.</p> <p>The proposal could also present a meaningful occupational choice for individuals and couples.</p> <p>It is vital that partner agencies play their part in order to ensure 'wraparound' support to the child and the placement is maintained. We are engaging health and education partners to look at current provision and identify whether the current offer needs to improve.</p> <p>Through our engagement work with Looked After Children we are aware that some young people actively choose not to be placed in family placements for a variety of reasons and some are in residential provision following family placement breakdown making them less willing to consider another placement. With these young people we respect their right to choose and accept that there will be an ongoing need for residential provision as a valid option for some.</p>

1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure

Disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
<i>E.g. vulnerable residents, individuals at risk of loneliness, carers or serving and ex-serving members of the armed forces</i>		<input type="checkbox"/>	<input type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1h	How have you come to this decision?	<p>The courses of action outlined above represent an enhancement to the current offer which increases options and should result in better outcomes. Clearly however there is a huge financial driver. The financial savings should be realised through the reduction in high cost solutions such as out of borough placements and other costly alternatives, which don't always provide the outcomes needed for the young people or the value for money that we need to ensure we can balance our budgets effectively.</p> <p>Every placement is an individual matter and should be in the best interests of the child/young person. There are various safeguards in place including an independent Children's Rights and Advocacy service which should ensure that the best decision for the</p>

	individual is made.
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Stage 5: Signature

Lead Officer: Ed Francis Date: 20.10.2014

Approver signature: Paul Cassidy Date: 24.11.2014

EIA review date: January 2016

Equality Impact Assessment Tool

CO45: Children's Services Redesign: Proposal 1c (Short Breaks)

Lead Officer:	Gary McBrien
People involved in completing EIA:	Gary McBrien, Julie Hawkins, Ed Francis
Date:	12/01/2015
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	Yes

General Information

1a	Which service does this project, policy, or proposal relate to?	This proposal relates to the children with disabilities service area within the All Age Disability service. It is part of the Children's Services Redesign template CO45 which has several underpinning workstreams. This EIA relates to proposal 1 c
1b	What is the project, policy or proposal?	A range of measures to achieve the proposed savings of £349,000 through sharing short breaks residential services with neighbouring local authorities and by reducing the funding level of preventative short breaks which form part of the 'Local Offer'.
1c	What are the main aims of the project, policy or proposal?	<p>Paragraph 6 of Schedule 2 to the Children Act 1989 requires local authorities to provide a short breaks service designed to assist individuals who provide care for disabled children. This duty and the Breaks for Carers of Disabled Children Regulations 2011 came into force on 1 April 2011.</p> <p>The Council currently delivers residential short breaks through Netherhey Street children's home and our approach is based on the following -</p> <ul style="list-style-type: none"> • A short break residential unit in each small authority will never achieve full capacity due to local disability population levels; however the ability to share residential resources across authority populations could support up to 90% plus capacity. • Partnership with other LA's could free up short break residential units that will leave spare units available for other use. We would consider the option to use spare units for children with high

levels of behaviours that challenge who have previously needed to go out of borough to high cost provision. This would mean a significant saving for the council and would also mean that the child would be closer to their families and maintain contacts with their local area.

- Alongside the above we would also look at the need to develop a long term intensive support outreach service in conjunction with schools and health. The service could prevent the need for greater cost service and would be aimed at supporting families to better support their children with highly complex challenging needs.
- As part of this option we are considering the potential to revise the structure of the staff team based at Netherhey St. This will give more flexibility in the team to increase capacity to support more children and would also lead to a small cost saving.
- Sharing residential short breaks across bordering local authorities can ensure that a good level of service continues to be provided across local authority boundaries whilst also contributing towards achieving budgetary and efficiency savings.

This approach will not produce the total savings required meaning that a reduction in the budget allocation for the 'Local Offer' will still be needed.

The short breaks provided via the offer are intended to be easy-to-access services for children and young people with additional needs. These may be linked to a particular school or target a particular community and may charge a small fee, e.g. Ability Youth Groups and other Integrated Youth Service activities, Wheels for All, Special School Holiday Schemes, etc. It is intended that some activities may be decommissioned entirely whilst others may have their funding reduced.

The savings requirement breaks down as £250,000 against residential short breaks and £100,000 from the preventative 'Local Offer'. Although the full amount of £349,000 has been offered for 2015/16, it is intended to use transitional funds to ensure sufficient lead in time for the changes to take effect and so the financial impact in actual terms will be £174,000 in 2015/16 and the full requirement thereafter. This proposed course of action is to ensure services are not jeopardised whilst the proposals are enacted.

		<p>The total spend on respite and short breaks is approximately £1.2 million and therefore the proposed savings would mean a reduction of 16% in 2015/16 and an additional 16% in 2016/17.</p> <p>It should be noted that there are a number of additional short break options which are offered in a more 'targeted' way to families with higher levels of need. It is not intended to reduce the investment in these services as part of this proposal.</p>
1d	<p>Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?</p>	<p>All the services impacted by these proposals are aimed at children with additional and complex needs and their families and are therefore likely to impact on them. There is likely to be some negative impact through the reduction in funding for short breaks, which will lead to reductions in service levels.</p> <p>Reductions in the preventative 'Local Offer' self-referral short breaks could lead to an increase in request for social work assessments for higher cost targeted short breaks for which some will be eligible for.</p> <p>Balanced against this, the negative impact of the reductions will be offset by the enhanced level of choice and control for families eligible for targeted short breaks provided by Personal Budgets. These are being introduced as part of the same process and it is intended that this will lead to a higher degree of personalisation than is currently possible within block contracts and therefore more effective services and a higher degree of customer satisfaction. Personal budgets are not provided via additional monies but are a conversion of existing resource spend and link with the development of personal health and education budgets as part of the Government's SEND (Special Education Needs and Disability) Reforms.</p>

<p>1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?</p>				
	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(include impacts due to pregnancy / maternity)				
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
Carers		<input type="checkbox"/>	<input checked="" type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?		None / Minimal	Significant
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Potentially significant – requires further investigation.
1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
1h	How have you come to this decision?	The extent to which the impact of funding reductions will be mitigated by the increased level of choice and control open to families eligible for targeted short breaks needs to be explored further by continuing a full and open dialogue and consultation with stakeholders to take place during November / December 2014. This will be conducted through focus groups with service users (parents, carers and young people), and through consultation with service providers.	

Stage 2: What do you know?

What do you know already?

These services support vulnerable families of children with disabilities and provide a preventative role in respect of providing support readily, as well as contributing to more complex packages of care (e.g. as a component of packages of targeted provision for children with complex needs).

Short Breaks Local Offer services are a key part of the approach to early intervention and prevention. There is the risk that further reductions may affect our ability to manage demand and could potentially result in more costly packages of care over time.

Having said this, access to Short Breaks 'local offer' services are accessed through self-referral. Demand for more targeted services at a higher level of need are struggling to fulfil the demand for their services and there is a need to review and rebalance provision to ensure the most vulnerable families receive an appropriate level of support.

Detailed consultation with providers and with service users and their families will need to be undertaken along with modelling of the likely impacts of the proposals in order to undertake a comprehensive EIA. Oldham Council is working to a principle of co-production with service users and believes that the challenge as to how to target resources most effectively can be best answered in partnership with service users and their parents.

Some of the most vulnerable people in Oldham would be affected by these proposals, as the services are for children and young people with additional and complex needs.

Detrimental effects could be that:

- Some families may not have access to the level of support they need
- Some people may opt out of services that they need due to affordability issues and due to reductions in availability of services available through self-referral. This may have a particular impact on those with low incomes.
- Reductions in Short Breaks funding combined with self-funders potentially unable to afford increased charges, could destabilise the mix of service provision and potentially put some services at risk
- Additional pressures could potentially be put on the Council and potentially on Health partners such as increased numbers of people admitted to residential respite care and potentially even hospital.

It is intended that the wider roll out of Personal Budgets provides the best means to mitigate these risks as it enabled service users eligible for targeted short breaks support to find effective and personalised responses to addressing their needs. We require urgent dialogue with service users and service providers to assess the risks that these proposals present and weigh these against the benefits.

There are currently 732 children accessing short breaks made up as follows:

Accessing targeted support	187 children
Access only the local offer support	545 children
Total children accessing short breaks	732 children

As part of the response to previous budget savings, we have worked with parents to establish a Short Break Steering Group which aims to further develop parent and community led short break options. This will enhance the Local Offer and potentially partially mitigate a reduction in Council investment. Parents are deeply concerned however at the level of proposed funding reduction and we will need to provide assurance that we are still providing a statutory compliant service offer which is responsive to local need. It is crucial that we try and manage these challenges in partnership with parents and young people.

What don't you know?

Despite the mitigation in place there is the potential for the reduction in accessible local offer services to lead to an increase in demand for assessment and intervention at a higher level of need. This will be monitored closely.

Further data collection

We are collating data on:

- Service users and service providers views of the proposals
- Alternative approaches and proposals that may be identified through this consultation and discussion
- Specific confirmation as to the appetite for neighbouring local authorities to establish a shared provision arrangement.

The outcome of this process will be a clear understanding of the impact of these proposals and a refined and developed understanding of whether there are better ways to deliver these budget reductions. This will be reflected in a complete EIA and a final set of proposals agreed in January 2015 for implementation in 2015/16.

Stage 3: What do we think the potential impact might be?

Consultation information

3a. Who have you consulted with?

Consultation with short breaks providers and service users commenced in early September 2014 regarding the broader consultation process. The more detailed short breaks savings consultation began in October until December 2014, although some of the proposals with implications for providers and parent/carers had been shared with providers and the Parent/Carer Short Breaks Steering Group for some months.

3b How did you consult?

Broad details of the approach to be taken were included as part of the public consultation on Adult, Children and Public Health savings which was put on the Council's website and circulated to key partners and parent/carer representatives.

A consultation document was prepared outlining the savings options was prepared and circulated to POINT and parents. This document has formed the basis of consultation meetings held on a number of evening, weekend and daytime meetings with parents, parent / carer groups at a variety of locations around Oldham including the Special Schools and with Barrier Breakers the representative group of young people who use our services.

3c. What do you know?

Overall feedback from the broader consultation meetings

- Parents expressed concerned regarding the level of savings expected from the Short Breaks budget especially following the savings achieved in 2013/14.
- Families concerned about the impact any further reduction in the 'local offer' would have on their ability to support their children.
- Some expressed concern that they currently don't seek social work support as they are able to self-support through the 'local offer' but this is already under pressure and any reduction would lead to them seeking assessment for targeted services.
- Parents concerned about the prospect of not having the same level of access to overnight short breaks as they feel this is a lifeline to enable them to maintain family life.

Netherhey St Consultation Meetings

- Families in general understood the rationale behind the proposals to work with Tameside and then Rochdale in order to share the residential short breaks resources.
- Parents did express concerns about the potential impact on the support their children receive and a potential reduction in the service.
- Parents would be happier if the service continued to be provided by Netherhey St.
- Parents raised concerns regarding how the quality of the service may be impacted on by sharing resources that may not be at the same standard.

3d. What don't you know?

The plan is to implement the savings plan in October 2015 to achieve half year savings of potentially 125K in 2015/16 – this would leave 54K to be identified from within the non-targeted section of the Local Offer. At this stage we haven't been able to confirm that we will be able to realise the full 125K through sharing residential short break services with Tameside / Rochdale in 2015/16 – the level of savings achievable in 2015/16 will be established by the end of March 2015.

In January / February 2015 we are going to further consult with parents / Parents Steering Group on how the 54K savings from the Local Offer would be best achieved. At that time we would also highlight that more savings from the Local Offer might be required if the full 125K can't be achieved.

3e. What might the potential impact on individuals or groups be?

Generic (impact across all groups)	N/A
Men or women (include impacts due to pregnancy / maternity)	N/A
People of particular sexual orientation/s	N/A
Disabled people	The reductions in availability of the Short Breaks 'local offer'

	<p>could leave families currently at lower levels of need without support, which again could lead to issues escalating leading to family crisis.</p> <p>Introduction of Personal Budgets will provide benefits for many families, but implementation needs to be carefully managed to maximise the benefits and ensure that families are adequately supported to take up this offer.</p>
Particular ethnic groups	There is a significant representation of families from black and minority ethnic communities with some families having a number of children with disabilities.
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	N/A
People on low incomes	Many families with children who have disabilities are on low incomes in the main due to the high level of caring requirements that can limit work opportunities. The 'local offer' provides low cost accessible activities that are suitable for their children's needs, as above any reduction in this could lead to family crisis.
People in particular age groups	All service users are children or young people with additional needs – but this is addressed above.
Groups with particular faiths and beliefs	N/A
Other excluded individuals and groups (e.g. <i>vulnerable residents, individuals at risk of loneliness, carers or serving and ex-serving members of the armed forces</i>)	N/A

Stage 4: Reducing / mitigating the impact

4a. Where you have identified an impact, what can be done to reduce or mitigate the impact?

Risk that reducing short breaks local offer services would actually lead to escalation of crisis situations and increase demand for targeted services	<ul style="list-style-type: none"> Any reductions in service will be accompanied by proactive support to individuals and communities to provide support to develop peer-support groups and community support groups. Services capping will be explored to ensure families are still able to access some level of service, albeit reduced.
Risk of reduction in overnight	<ul style="list-style-type: none"> Involving parents in the development of a shared short

<p>short breaks packages offered to families</p>	<p>breaks residential unit will support their understanding and will enable them to be a part of the decision making process.</p> <ul style="list-style-type: none"> Any reductions in service will be accompanied by proactive support to individuals and the option to explore alternative support with the use of a personal budget.
<p>The reduction in the short break offer to young people and their families particularly at lower levels of need where the preventative approach serves to avoid the need for costlier more intensive intervention</p>	<ul style="list-style-type: none"> This will be partially mitigated by working with parents to establish parent and community led alternatives which is something we have already begun We are using some transition monies to create enough time for collaborative work with partners to happen.
<p>Risk that the quality of the service will reduce</p>	<ul style="list-style-type: none"> Netherhey St continues to be the prime option for the location of the shared residential short breaks unit and for Tameside also. This will reduce the impact regarding quality as Oldham families are already familiar with the staff team and the environment and recognise the high quality standards in place. Creating a new staff team and structure will be managed to ensure that the same high standards can be maintained for a higher throughput of children.
<p>Risk that the collaboration work with Tameside will not produce the level of savings required in the short breaks residential service.</p>	<ul style="list-style-type: none"> Accelerate discussions with Rochdale to ensure that any spare capacity in the new shared resource is fully utilised ensuring that savings targets are met within timescales.
<p>Risk that the collaboration works with Tameside, Rochdale or both is not successful.</p>	<ul style="list-style-type: none"> This would mean that the majority of the savings would need to found from the 'local offer' which in real term would mean that this would no longer exist. Work in place to assess the current thresholds for access to targeted support via a social work assessment. If the 'local offer' is removed completely the thresholds would likely need to be increased significantly to limit demand on these services. Work with education and health to develop a long term intensive support outreach 1c will be actively explored to support greater resilience within families.

4b. Have you done, or will you do, anything differently as a result of the EIA?
N/A

4c. How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?

There is a comprehensive monitoring of the uptake and usage of the Short Breaks Offer and close relationships with Service Providers. This, in conjunction with monitoring of the level of referrals to the Children With Disabilities Team is adequate to monitor the impact of these proposals

Project management arrangements will need to be finalised between authorities to ensure that the work to develop the shared resource will be kept to timescales and deliver the level of savings required.

Involving parents and staff in the development of the shared resource will ensure that there is a shared ownership and commitment to achieving the best outcome within timescales.

Conclusion

Through achieving 349K Short Breaks savings during 2015/17 this will be a reduction of 32% of the overall budget available. The proposals will mean that there will be a reduction in the Local Offer available for children and families. Through establishing a shared arrangement to providing residential short breaks we will be able to meet these needs more cost effectively and reduce the funding needed to meet these needs therefore meaning that 72% of the 349K short breaks saving needed will be met through this approach.

There is also the potential that the introduction of Personal Budgets will mean that some families will meet their needs in a more cost effective way through identifying more innovative approaches with their families, friends and communities. Alongside this parent led community based short break approaches could also potentially provide a more cost effective way of meeting a range of needs.

All of the above is being co-produced and managed with parents and staff where appropriate.

Stage 5: Signature

Lead Officer: Gary McBrien

Date: 12.01.2015

Approver signature: Maggie Kufeldt

Date: 12.01.2015

EIA review date: January 2016

APPENDIX 1: Action Plan and Risk Table
Action Plan

<i>Once you have decided on the course of action to be taken in order to reduce or mitigate the impact, please complete the action plan below (An example is provided in order to help you)</i>					
Number	Action	Required outcomes	By who?	By when?	Review date
1	Any reductions in service will be accompanied by proactive support to individuals and communities to provide support to develop peer-support groups and community support groups	Empower parents/carers to take control of their own support and to develop their own network of support system with other parents in similar situations.	Julie Hawkins	April 2015	September 2015
2	Services capping will be explored to ensure families are still able to access some level of service, albeit reduced.	Families feel that there are still some services available to them.	Julie Hawkins	April 2015	September 2015
3	Involving parents in the development of a shared short breaks residential unit will support their understanding and will enable them to be a part of the decision making process	Parents feel they are working with us and that they are able to help shape how the service will look in the future.	Julie Hawkins Mark Hatton	February 2015	September 2015
4	Any reductions in overnight residential service will be accompanied by proactive support to individuals and the option to explore alternative support with the use of a personal budget.	Empowers parents and offers them the opportunity to have more choice and control over their children support with the use of a personal budget.	Julie Hawkins Mark Hatton Melanie Oldham	February 2015	September 2015
5	This will be partially mitigated by working with parents to establish	Enables parent groups such as POINT and OSCA to build on the	Julie Hawkins	April 2015	September 2015

	parent and community led alternatives which is something we have already begun	services and activities that they already deliver. This would parents who cannot the local offer other alternatives for support.			
6	We are using some transition monies to create enough time for collaborative work with partners to happen.	Parents feel that they have been given the time to be fully engaged in co-producing the new shape and look of the short breaks programme.	Ed Francis	February 2015	September 2015
7	Netherhey St continues to be the prime option for the location of the shared residential short breaks unit and for Tameside also. This will reduce the impact regarding quality as Oldham families are already familiar with the staff team and the environment and recognise the high quality standards in place.	Parents will feel secure that the quality will be maintained for their children's support.	Gary McBrien	April 2015	September 2015
8	Creating a new staff team and structure will be managed to ensure that the same high standards can be maintained for a higher throughput of children.	<ul style="list-style-type: none"> • As above in 7 • Any risks in creating a flexible workforce and increased staff levels will be considered including HR issues regarding staff terms and conditions 	Gary McBrien / Mark Hatton	August 2015	December 2015
9	Accelerate discussions with Rochdale to ensure that any spare capacity in the new shared resource is fully utilised ensuring that savings targets are met within timescales.	Ensuring that the unit is at full capacity and utilised by both local LA's at the earliest possible point, will realise the full savings required to limit the amount required from the	Gary McBrien	January 2015	July 2015

		'local offer' budget.			
10	Work in place to assess the current thresholds for access to targeted support via a social work assessment. If the 'local offer' is removed completely the thresholds would likely need to be increased significantly to limit demand on these services.	This would limit the option for many of the families currently accessing the 'local offer' to access more costly targeted support.	Gary McBrien / Julie Hawkins	February 2015	July 2015
11	<ul style="list-style-type: none"> If the shared residential option did not succeed this would mean that the majority of the savings would need to be found from the 'local offer' which in real terms would mean that this would no longer exist. Work with education and health to develop a long term intensive support outreach 1c will be actively explored to support greater resilience within families. 	<ul style="list-style-type: none"> Risk that many families who had been accessing the 'local offer' could face family crisis without the support in place. Creating an approach of this nature could prevent the need for greater cost services for families and would be aimed at supporting families to better support their children with highly complex challenging needs. 	Gary McBrien / Julie Hawkins Gary McBrien / Julie Hawkins	March 2015 July 2015	August 2015 October 2015

Risk table

Record any risks to the implementation of the project, policy or proposal and record any actions that you have put in place to reduce the likelihood of this happening.

Ref.	Risk	Impact	Actions in Place to mitigate the risk	Current Risk Score	Further Actions to be developed
R1.1	Shared residential work does not succeed meaning that all the savings will have to be made from the 'local offer' or only partial savings achieved or are delayed	Risk that many families who had been accessing the 'local offer could face family crisis without the support in place.	<p>Political approval for discussions and implications have been agreed Parents in Oldham / Tameside have been consulted and are in general agreement.</p> <p>Memorandum of Understanding being developed between Tameside / Oldham and potentially Rochdale</p> <p>Joint project management arrangements being put into place</p>	C1	

R1.2	Creating a new flexible staff structure in Netherhey St	<ul style="list-style-type: none"> • Staff terms and conditions will be affected and could lead to a loss in quality staff. • More staff on flexible working patterns creates more challenges for management. 	<p>Staff at Netherhey St are already aware of the forthcoming move to a shared resource. Full consultation with staff team and unions to be undertaken in the near future.</p> <p>In creating the new structure the different complexities will be considered in how the management team will be constructed.</p>	C1	
R1.3	Parents are not happy with the proposals to achieve the remaining savings needed from the Local Offer	<ul style="list-style-type: none"> • This would mean a delay in agreeing which services were cut or reduced • This could limit all the savings being made in 2015/15 	Consultation / involvement of parents underway – further consultation about proposals underway	C1	



Equality Impact Assessment Tool

C045: Childrens' Services Redesign - Proposal Two (Reorganisation of Assessment and Care Management)

Stage 1: Initial screening	
Lead Officer:	Kim Scragg
People involved in completing EIA:	Kim Scragg
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	Yes x No Date of original EIA: N/A

General Information

1a	Which service does this project, policy, or proposal relate to?	This EIA relates to Proposal Two within C045: Children Services Redesign which looks at the proposed Re-organisation of Assessment and Care Management Functions .
1b	What is the project, policy or proposal?	Reorganising Assessment ,Care Management and Family Support functions in Children's services.
1c	What are the main aims of the project, policy or proposal?	<p>To bring together the Assessment and Care management functions for children and young people (0-25 years) with Disabilities and Children's Safeguarding services. The Field work Assessment teams' main function is one of Safeguarding/ Child Protection working within the three categories of Child in Need, Child in Need of Protection and Looked After Children whereas Children with Disabilities team primarily work with Child in Need under the auspices of being a supportive service to the families.</p> <p>The second element of the proposal is to bring together the Family Support resources in a similar way and create a single team.</p> <p>The financial savings will be realised by deleting the post of Team Manager (Children with Disabilities Team) and two currently vacant substantive posts on the team. There will also be a reduction of two posts from the combined Family Support resources from 35 to 33.</p>
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit,	This could potentially have a detrimental effect on children, young people with disabilities and their families and carers.

and how?

The negative disproportionate impact of this proposal is that families that use the services of Children with disabilities (CWD) team regard the service as being supportive and may find the change to case responsibility being held within a team whose primary function is safeguarding as being stigmatising.

By reducing the number of permanent posts (social worker and family support worker) specifically working with disability cases, there is the possibility that capacity to offer a specialist service in the future will be compromised.

One of the positive impacts is the sharing of skills for staff among a wider network of colleagues and the added advantage of having the expertise of a manager well versed in child protection policies and procedures to ensure all safeguarding aspects are adhered to. This is essential for children with disabilities to ensure that they grow up in circumstances consistent with the provision of safe and effective care to help them reach their potential. These aspects of safeguarding and promotion of welfare are cumulative and all contribute to positive outcomes for children and young people.

The transition to adulthood can be particularly difficult for disabled young people and with that in mind we will ensure processes are streamlined as much as possible and that particular needs relating to health, social care and education are in tune with the young person's aspirations.

The post holders that transfer from the Children with Disabilities team to the Safeguarding teams will be ring fenced to work with disabled young people, their siblings and families to provide assessments and interventions which promote personal development and choice. By providing a wider family approach there will be a greater level of efficiency, less duplication and better join up between the services.

A further positive impact is that children with a low/moderate degree of disability are currently held within mainstream provision. This new offer will improve the access of social worker access to their colleagues with disability expertise on a daily basis to ensure that the addressed appropriately.

1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
<i>E.g. vulnerable residents, individuals at risk of loneliness, carers or serving and ex-serving members of the armed forces</i>		<input type="checkbox"/>	<input type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1h	How have you come to this decision?	It is anticipated that bringing the two services together may potentially be perceived by parents and families of disabled children and young people as a concern due to the proposal to transfer case responsibility to the Safeguarding Team rather than remain in a Children with Disability team who are seen as being a support service. Families may perceive this negatively although their case will be still held by a social worker with a disability expertise.

	<p>There is also the possibility of the specialist nature of the Children with disability team or part of the function would be compromised by team mergers and a more generic response. I.e. social workers, accustomed to working with children who have suffered significant harm, where the local authority may have had to assume parental responsibility, will have to remind themselves of the fundamentally different relationships that they have with families of disabled children and that the guiding principle of real partnership / consultation with parents is key. In respect of Special Educational Needs and Disabilities children, the reforms contained in the Children and Families Act will mean that across the 0-25 agenda there should be a more integrated young person approach irrespective of whether or not social workers are deployed in a specialist or generic team.</p> <p>The proposal to integrate the Family Support Worker resources potentially poses the same issue in respect of a specialist v generic resource consideration.</p> <p>Although the service, in essence will remain the same, i.e. .Disabled children and young people will receive the same level of service from social workers with an expertise in disability, parent/carer perception and concerns on this will be significant.</p>
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Stage 2: What do you know?
What do you know already?
<p>There are currently 6 mainstream safeguarding teams, comprising of 8/ 9 social workers, a Senior Practitioner and Team Manager. Both the Senior practitioner and the Team Manager are available for support and advice to the team. Their case load is weighted according to a set model but would average between 18 and 26 children, dependent on complexity.</p> <p>The CWD team which comprises of 8 workers will be integrated into the service but remain a distinct team with a dedicated senior practitioner. This will result in 2 social work posts not currently filled on a permanent basis being deleted. The case loads of this team will be restricted to ensure they are working only with children with disabilities. The caseload will be equally shared out between the 6 remaining team members. This will bring their caseloads in line with all other social workers within Children’s Services. This will average 22 children per worker and is seen as an appropriate and manageable case load by Ofsted.</p>

The Senior Practitioner (SP) post within the CWD service will be retained to give expert advice on disability issues to the social work team will undertake joint supervision with team managers who will have overall responsibility for these cases. In addition to being co-located with the Safeguarding Team and the Senior Practitioner, which means they will be able to converse about issues on a daily basis, the SP will bring the six previous CWD social workers together as a team on a regular basis so that they can maintain the professional focus on disability issues and ensure that the SEND Reform agenda (Education , Health and Care plans, transition, personalisation) is evidenced in practice.

This proposal will also see the Resource Panel which allocates resources to children with disabilities and all of its functions, be replaced by a Provider Panel which oversees all children’s social care resources to ensure an equitable service.

What don’t you know?

Although we cannot predict future caseloads our referrals have stayed fairly consistent although the nature/ complexity of the work have increased.

It is planned to undertake a review of the Family Support worker caseload in respect of both the numbers of families supported but also the nature of the support. This will enable the options regarding the number of dedicated specialist posts to be best informed.

Further data collection

In order to ensure that those current cases that require ‘conversion’ to EHC plans are identified and actioned, a joint project approach across the Council and Clinical Commissioning Group will monitor progress and additional time limited resource has been identified to ensure with statutory timescales.

Summary (to be completed following analysis of the evidence above)

Does the project, policy or proposal have the potential to have a <u>disproportionate</u> impact on any of the following groups? If so, is the impact positive or negative?	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input checked="" type="checkbox"/>			<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other groups that you think that this proposal may affect negatively or positively?				
<i>E.g. vulnerable residents, individuals at risk of loneliness, carers or serving and ex-serving members of the armed forces</i>	NO	<input type="checkbox"/>	<input type="checkbox"/>	

Stage 3: What do we think the potential impact might be?

Consultation information	
3a. Who have you consulted with?	<ul style="list-style-type: none"> • Members of the public and key partner agencies via the Council’s budget consultation process • CWD team members and managers. • Cabinet Lead Member • Internal management groups. • The National Deaf Children’s Society • Parent and Carers via POINT (Parents of Oldham in Touch).
3b. How did you consult? (inc meeting dates, activity undertaken & groups consulted)	<p><u>Internal</u></p> <p>Formal staff consultation process 6th November 2014 until 22 December 2015. Lead Member with AED Children and Safeguarding on 4/9/14 Departmental Managers Group on 3/9/14, 8/10/14 Commissioning Directorate Departmental Management Team 2/9/14</p> <p><u>External</u></p> <p>Parent /Carer consultation process November 23rd 2014 until January 13th 2015.</p> <ul style="list-style-type: none"> • 4 open meetings (23/11/2014; 6/01/2015; 8/01/2015; 11/01/2015). Total approx. attendance 25 parent/carers. • E mail ‘drop box’ for comments/queries. 5 representations made including letter from the National Deaf Children’s Society.

3c. What do you know?
There is concern from both staff and parents/carers about loss of specialism and future capacity. Concerns from parents appear to be greater around the Family Support service – a more ‘hands on’ role than the proposals around the social work team.

Due consideration has been given to these concerns and as such the proposal has evolved from the original one in that as far as the social work team is concerned, the original plan was to disperse the team members amongst the other teams whereas it is now proposed to keep them as a 'team within a team' with continuing dedicated senior practitioner support.

It is also now proposed to review the Family Support workers caseloads before determining how many of the three specialist posts should remain as such instead of the original proposal to go from 3 to 1.

We still feel that we can reduce the number of specialist social work posts from 8 to 6 and have the capacity to respond to current and future demand. The Council has received additional funding from government in respect of implementation of the SEND reforms and we are putting short term resources in to meet with statutory requirements around converting current care plans to Education Health and Care plans.

3d. What don't you know?

Demand across social care is difficult to predict and in respect of children with disabilities we know that there are more cases where children with extremely complex needs are living longer. The level of demand for services and the capacity of the social work and family support teams to respond accordingly will be kept under review and the data can be considered six months following implementation of the proposals.

The progress of social care services in implementing the SEND reforms will be monitored via the SEND Programme Board.

3e. What might the potential impact on individuals or groups be?

Generic (impact across all groups)	N/A
Men or women (include impacts due to pregnancy / maternity)	N/A
People of particular sexual orientation/s	N/A
Disabled people	<p>The amended proposals give a level of reassurance that there will be sufficient social work and family support resources to maintain a specialist service. There is a risk however that by reducing the overall level of resource with the subsequent impact on caseload numbers, demand may exceed available resource at any one time or over an extended period. Those meeting the criteria will always get an appropriate assessment and we intend to meet our statutory requirements.</p> <p>Fears about the move from young people oriented to adult services (transition) have long been on the agenda for parents/carers and their children. We need to pay particular attention to ensuring that the transition process continually</p>

	improves irrespective of organisational arrangements.
Particular ethnic groups	We need to ensure that services for those for whom English is not the primary language receive support in accordance with their needs. In particular when we review the work of the Family Support workers we will consider this element of the support offered.
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	N/A
People on low incomes	N/A
People in particular age groups	The SEND reforms introduce a requirement across agencies to adopt a 0 – 25 focus. If Oldham successfully implements the reforms fully then we will see an improvement in ‘transition’ and progress for young people to achieve their goals. Currently the ‘mainstream’ social care services do not have a 0 – 25 focus.
Groups with particular faiths and beliefs	N/A
Other excluded individuals and groups (e.g. <i>vulnerable residents, individuals at risk of loneliness, carers or serving and ex-serving members of the armed forces</i>)	N/A

Stage 4: Reducing / mitigating the impact	
4a. Where you have identified an impact, what can be done to reduce or mitigate the impact?	
Loss of specialist response	<ul style="list-style-type: none"> • Keep disability team together as ‘team within a team’ • Retain dedicated Senior Practitioner post • Work within the spirit and expectations of the SEND reforms • Deploy Family Support resource in accordance with service demand
BME families not receiving support due to language barriers	<ul style="list-style-type: none"> • Review of Family Support worker caseload to ascertain demand for translation/interpreting support - identify alternatives where appropriate

Transition processes from young people's to adult services is compromised by the proposal	<ul style="list-style-type: none"> • Oldham's SEND implementation programme will oversee the full local roll out of the reforms and every service across education, health and social care should see improvement in their approaches to transition.
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4b. Have you done, or will you do, anything differently as a result of the EIA?
Proposals have evolved since consultation started and although the overarching intention remains the same a greater level of retention of specialist provision is now envisaged.

4c. How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?
<p>Social care activity and performance data will demonstrate levels of demand and appropriateness of response. The proportion of disability cases at the 'higher end' of intervention and in looked after children numbers will be monitored. Progress around conversion of care plans to EHC plans and the issuing of new plans will be overseen by the SEND Programme Board.</p> <p>A line of communication has now been established between the Director of Safeguarding and POINT and the parent voice will be fed into the intended review of this proposal six months following implementation.</p>

Conclusion
<p>1. Assessment and Care Management</p> <p>Integration of the social work team for children with disabilities into the wider children's social care service. Deletion of Team Manager post and reduction of posts from 8 to 6 although two posts are currently vacant. The team currently supports approx. 200 children and their families.</p> <ul style="list-style-type: none"> • As a result of the proposal, no one currently meeting the criteria will lose their entitlement to social work support. The social workers will be deployed as a 'team within a team' and still retain the support and oversight of a dedicated senior practitioner. The main impact is likely to be the ability to respond to future demand which may rise either due to demographic trends or the requirements of the SEND Reforms. Service demand will be kept under close review and the issue wouldn't be fact that families wouldn't get a service but whether it would be from the specialist team. As there are a not insignificant number of disability cases on wider social work caseloads anyway (for example child protection, children in care) there is a wider degree of experience and expertise to be drawn on. • Transition processes from young people's to adult services has traditionally been an area of concern (nationally, not just in Oldham). We are anticipating that if we get the SEND reform implementation including the 0 – 25 approach (Children and Families Act 2014) right in Oldham, transition processes and outcomes should improve. <p>2. Family Support</p> <p>Integration of the 3 Family Support workers with the wider Family Support Team resource. Potential reduction in the number of 'specialist' posts from 3 to 1 enabling two posts within the wider service to be deleted.</p>

- The proposal has been amended to guarantee no changes to the current position in respect of staff numbers until a review of caseloads is undertaken in the first three months of the financial year i.e. by end June 2015. Although the overall staffing numbers for family support will reduce this will not necessarily mean that the 'specialist' posts will. Part of the rationale for the review is to get a greater level of understanding as to the nature of the work being undertaken and how important this is in supporting families. Reduction in overall capacity clearly impacts on the number of families that can be supported at any one time. The investment by the Council in the new 'early help' offer including the Family Focus teams mean that there will hopefully be less demand on social care family support services.

Stage 5: Signature		
Lead Officer:	K. Scragg	Date: 12th January 2015
Approver signature:	Maggie Kufeldt	Date: 12th January 2015
EIA review date: 31st October 2015.		

APPENDIX 1: Action Plan and Risk Table
Action Plan

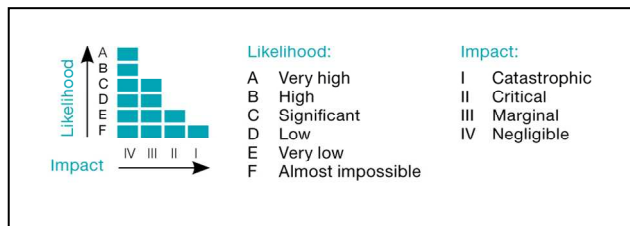
Once you have decided on the course of action to be taken in order to reduce or mitigate the impact, please complete the action plan below (An example is provided in order to help you)

Number	Action	Required outcomes	By who?	By when?	Review date
1.	Review caseload of disability service Family Support workers	<ul style="list-style-type: none"> • Understanding of full range of workers roles and responsibilities • Identification of number of families requiring support with interpreting/language 	Saul Ainsworth Head of Service	June 30 th 2015	31 st October 2015
2.	Monitor effectiveness of intervention of SEND reforms including progress regarding Education, Health and Care plans and transition processes	<ul style="list-style-type: none"> • The success of ensuring a 0-25 approach is embedded within social care • The expectations around the social care element of the EHC process are met 	Steve Edwards Interim AAD Learning and Attainment	Monthly	31 st October 2015
3.	Meet parents/carers following implementation of proposals	<ul style="list-style-type: none"> • Parents /Carers and their representatives (POINT) have the opportunity to feedback on their experience of services following the changes to the Director of Safeguarding 	Kim Scragg Director of Safeguarding	30 th September 2015	31 st October 2015

Risk table

Record any risks to the implementation of the project, policy or proposal and record any actions that you have put in place to reduce the likelihood of this happening.

Ref.	Risk	Impact	Actions in Place to mitigate the risk	Current Risk Score	Further Actions to be developed
R1.1	Demands across mainstream services compromise the ability to maintain a specialist offer to children with disabilities and their families.	Statutory obligations would still be met, quality of care planning and family support would be compromised.	'Team within a Team' approach in respect of the social work response incorporating 'ringfenced' caseload. Review of Family Support caseloads before decision on resource reductions.	D II	Effectiveness of 0-25 approach on improving transition to be investigated.



Equality Impact Assessment Tool

C045: Childrens' Services Redesign - Proposal 4 Re-profiling the DSG High Needs Block (All Age Disability Service)

Stage 1: Initial screening	
Lead Officer:	Gary McBrien
People involved in completing EIA:	Gary McBrien, Kay Wrench, Debbie Jayet Laraffe, Ed Francis
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	Yes x

General Information

1a	Which service does this project, policy, or proposal relate to?	<p>All Age Disability Service, team for hearing, visual and physical impairment</p> <p>This proposal relates to:</p> <ul style="list-style-type: none"> Budget template CO45 – Children's Services Redesign <p>The current savings target against the overall template amounts to £2.52 million and the work is split into several elements each with their own EIA.</p> <p>This EIA relates to proposal 4.</p>
1b	What is the project, policy or proposal?	A range of measures to achieve the proposed savings of £145,000
1c	What are the main aims of the project, policy or proposal?	<ol style="list-style-type: none"> To achieve a budget saving of £70,000 by service redesign and deletion of vacant/temporary posts as capacity is built in schools to deliver these services. To generate income of £75,000 by increasing the level of trading the Quality Effectiveness and Support Team (QEST) service to schools.
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit,	This proposal is unlikely to have a significant effect upon service delivery as the reductions have been achieved through the development of capacity and skills

<p>and how?</p>	<p>by the current teams in schools and a change in the type of specialist input required in these areas to meet outcomes for children with sensory and physical impairment.</p> <p>Our aim is to do this by having a minimal impact on teaching, support and front line services, taking into account changes in circumstance and need for the work we do.</p> <p>Our proposal to create a head of sensory and physical impairment brings us in line with many services across the country and allows for streamlining of managerial responsibility and processes. Whilst we already work closely together it will further offer opportunity for collaboration whilst acknowledging the strengths of the highly specialist staff we have. There is no desire to create generic team members.</p> <p>We will also be in a better position should we move to any kind of regional approach to or trading of service delivery in the future.</p> <p>The realignment of responsibilities in the VI/PI team offers the potential to remove a post based on evidence from the team of a decrease in demand for services as schools build and develop capacity around children with physical disability and the use of ICT to effectively improve outcomes. Whilst these services will still be offered they will be targeted to the children and young people with the most complex needs and who require the greatest levels of highly specialist input.</p> <p>Similarly the building of capacity in mainstream schools allows for the reconfiguration of teaching assistant posts within the central HI team.</p> <p>It is essential that skilled staff are not eroded from the VI team as qualified and experienced staff retire. It is essential to build and strengthen this offer.</p> <p>The creation of an HI coordinator post offers a reduction in management and an increase in front line support, offering increased capacity for children to benefit from input from a qualified teacher of the deaf.</p> <p>In respect of the QEST team it is currently funded by a combination of Dedicated Schools Grant funding and traded income from schools. The plan to increase traded income and reduce the DSG commitment will depend on the degree to which schools will want to purchase the service (approx £300k in 2013/14). If this</p>
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	is not forthcoming than the costs of the team will be reduced to enable the saving to be made.
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1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
<i>E.g. vulnerable residents, individuals at risk of loneliness, carers or serving and ex-serving members of the armed forces</i>		<input type="checkbox"/>	<input type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1h	How have you come to this decision?	The proposal is in line with direction of travel in respect of building capacity in schools and development of traded services. Front line support will increase.

Stage 5: Signature

Lead Officer:
Ed Francis

Date: 24/11/2014

Approver signature:
Paul Cassidy

Date: 24/11/2014

EIA review date: January 2016



REFERENCE: C046 (Adult Social Services - Redesign)

TOTAL SAVING: 2015/16 £6,197k; 2016/17 £5,132k

FTE IMPACT (2015/16): 7

Savings through transformation

What service area/s does this proposal relate to?

This proposal relates to social care and support services for adults with care and support needs, aged 18 and over, and is grouped under three main themes:

Prevention and independence

- Development and implementation of a prevention strategy
- Implementation of web-based information hub
- Support to people of all ages at the earliest point, to negate the need for more targeted services

Better Commissioning

- Income generation
- Alternatives to residential care
- Review of contractual arrangements

Integration

- Reablement and intermediate care
- Shared governance
- Long term care – quality care home offer
- Integrated Health and Social Care Assessment Teams expansion
- Care management redesign including resource allocation and management
- Dementia
- Carers
- Learning Disability
- Mental Health

The overall vision for adult care in Oldham is to ensure as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delay or avoid the need for targeted services. In order to achieve this and manage the expected future demands, there is a need to move away from traditional “social” and “health” care, and focus on prevention, integration and a more person centred model of holistic care. The proposals contained within this paper will help to deliver this vision.

What is the proposal?

The proposal consists of a number of projects relating to adults with care and support needs, that aim to address:

- An improved universal offer
- Early intervention and prevention
- More help to live independently
- Focus on reablement and recovery
- Reduced reliance on residential care
- Safe, good quality long term care
- Protection of Vulnerable Adults and safeguarding
- Targeted integration of services with NHS

Prevention and Independence

The proposal is to work with stakeholders and across sectors to develop sustainable alternatives to traditional social care and support that use prevention and early intervention to help people retain the highest levels of independence for as long as they can. This proposal aims to:

- Reduce overall demand for services through an improved universal offer and timely information provision
- Improve access to innovative prevention and early interventions to help people retain the highest levels of independence for as long as they can
- Increase opportunities for people of all ages to regain abilities or at least prevent deterioration wherever possible
- Ensure that vulnerable people are supported to remain safe at home, giving them choice and control over services to meet their unique personal needs
- Maximise opportunities to work with partners, in particular NHS colleagues where integrating and joining up services adds demonstrable value and improved outcomes
- Reduce the reliance on the council's (and partners) financial resources
- Support providers to deliver high performance and quality

To support this there will be a Prevention Strategy refresh. The strategy will be made up of two key parts:

1. A short document that outlines the directorate's vision for prevention in Oldham and how this ties in with the rest of the corporate priorities, such as the cooperative agenda and get Oldham working. The document will also have some clear and engaging visual descriptions of how prevention will be embedded throughout the Oldham offer.
2. A set of enabling actions that will help the strategy come to life and support the programme to achieve key strategic objectives. There will be three of these; the first will be the web-based information service; the second will be a practical implementation plan to ensure support is available at the earliest point, and the third will be around developing a 'prevention hub' in order to have a physical base for prevention activities in Oldham.

The strategy is now ready to be signed off and published.

Better Commissioning

The proposal is to maximise the benefit of commissioned activity by considering all potential commercial options and driving innovation and creativity in the provider market, and amongst our own staff.

- Income generation – this proposal will look at a number of opportunities to generate income including:
 - ensuring an agreed percentage of community care spend is brought back into the council through the effective implementation of Fairer Charging and residential care charging policies
 - bringing in income from Helpline charges
 - producing a range of actions to reduce deferred, but especially non-deferred, social care debt
 - increasing income at the Link Centre for use of facilities, and looking at ways to bring other resources into Oldham to reduce demand on the community care budget.
- Alternatives to residential care – this proposal will look at a number of alternatives to long term residential care including:
- alternative housing options – increasing the offer of housing with support, developing alternate housing options for older people with dementia and younger adults with autism :
- ongoing reablement – this proposal will focus on incentivising providers of home care to continue to support people to regain their independence as part of longer term packages of care, through a gain share model via an outcomes framework, focusing efforts on those people where a positive impact is most likely to be achieved. We will learn from good practice elsewhere, then develop a local scheme in consultation with service users, partners and providers.
- end of life home care – this proposal is to identify those providers in the home care market with specialist skills that will reduce admissions to residential and nursing care, or hospital at the end of someone’s life, and develop a distinct offer to enable people to die with dignity in the place of their choice. Research into existing specifications for this service is already underway. The development of a local scheme in consultation with users, partners and providers will then commence.
- alternatives to respite care – this proposal will focus on developing community based alternatives to residential respite care, such as temporarily increased care hours, day or night sitting services, expansion of shared lives scheme, utilisation of vacant extra care housing units. Research into alternative options is already under way. The development of options in

consultation with users, carers, partners and providers will then commence. It is envisaged alternative options will be available during 2015.

- Review of contractual arrangements – this proposal will seek reductions in the cost of a number of services across a range of our externally commissioned arrangements, including:
 - supporting people services for socially excluded groups and older people
 - reablement and response services
 - alternative arrangements for medication and meal calls
 - a review of all day services to identify opportunities for rationalisation or consolidation.

Integration

This proposal builds on the integration of services across Primary Care, Community Health Care and social care, and is a major priority for partners in Oldham. A significant amount of integration work has already commenced and the Better Care Fund (BCF) provides opportunities to further work already under way. The vision for health and social care services in Oldham will see a radically new system, which will combine improvements in people's experiences, better health outcomes and better use of the available resources across the health and social care economy. This programme of work will focus on;

- Reablement and intermediate care – this proposal will review the pathway from intermediate care to reablement and consider the extent of the opportunities for integration to provide a fully joined up and efficient rehab offer for Oldham. The integration of intermediate care and reablement is important in both helping reduce demand on residential care and repeat hospital admissions, and also reducing the overall cost of the service through integration. Implementation plans developed by October 2014.
- Shared processes and decision making– this proposal will promote integration by agreeing areas of commonality, a shared governance and understanding, thereby improving decision making and processes
- Long term care – quality care home offer – this proposal is focussed on the provision of health care support to care homes to enable people to remain out of hospital wherever possible, and the redesign of the Oldham Care Home Quality Standard. A range of practical support to care homes will be implemented throughout 2014. Revised, integrated quality standards will also be agreed and in place by the end of 2014.
- Integrated Health and Social Care Assessment Teams (IHSCAT) expansion – a review of the effectiveness of the integrated teams and proposals for expansion. Achieving this aim will necessitate reviewing other integrated teams (particularly the integrated care team, the hospital social work team and the end of life team) and stand-alone teams to ensure that a more strategic approach is taken to integrating health and social care services.

This brings distinct advantages for Health agencies and the local authority; reducing demand for complex and costly interventions will allow resources to be directed to increase capacity for early intervention and prevention, which in turn will help to improve outcomes for local people, manage demand for intensive treatment and support and manage associated costs. Implementation by March 2016

- Dementia - this proposal will develop the concept of Oldham as a “dementia friendly town” and enable people with dementia to receive an early and accurate diagnosis, to receive the information and support they need to make decisions about their life and to lead as full and active life as possible and for their carers to feel well supported. People with dementia will have their individual needs assessed and receive coordinated services, throughout the dementia care pathway, from well trained and skilled practitioners who treat them with dignity and respect.
- Carers – this proposal will review the role of the Link Centre and the Carers Centre contract for the provision of support to carers. Approximately 11% (over 24,000) of people in Oldham are carers. Nationally it is estimated that carers save the economy £119 billion a year. Applying this methodology to Oldham indicates that carers save the local economy approximately £462 million per annum. Improving the range and quality of services for carers makes good financial and economic sense and is a key priority of the Oldham Health and Wellbeing Strategy. The Care Act, which comes into force in April 2015 extends local government duties towards carer's. We will continue to develop our offer for carers throughout 2014/15 which will help us to meet our new duties and reduce admissions and readmissions to residential care and hospital. (partial BCF)
- Care management redesign – We will involve staff, managers, our strategic and operational partner organisations and people who use our services in redesigning care management, assessment and related services, including Integrated Health and Social Care Assessment Teams This will ensure we maximise opportunities for integration to develop cost effective and efficient structures that focus more on early intervention and prevention to control expenditure on more costly, intensive interventions by helping people to live as independently as possible for as long as possible. New structures will be implemented in April 2015.
- The development of a revised approach to the allocation of resources to people to fund their care needs (Resource Allocation System), a review of the panel processes currently in place to approve these allocations, and the roll-out of pre-paid cards (or an alternative solution) to all individuals with Direct Payments.
- Learning Disability – this proposal focuses on redesigning learning disability services. During the course of 2014 we will engage with staff, our Health partners and other stakeholders to develop options for the future delivery of services to learning disabled people. These will include, but not be limited to

- Further integration of health and social care provision
- Disaggregating elements of provision from specialist services where these can be provided more efficiently and cost effectively in other ways
- Commissioning specialist, high cost, low demand services in partnership with other Greater Manchester local authorities
- Reviewing and redesigning our arrangements for supported living

Options for the provision of learning disability services will be finalised and appraised late in 2014 allowing sufficient time to seek formal approval to proceed and prepare for implementation in 2015.

- Mental Health – this proposal will seek to develop a single provider arrangement with Pennine Care to build on their already well established relationship with the council and Oldham CCG for the delivery of a range of community health services. If implemented this proposal would see Pennine Care being responsible for arranging and delivering all mental health provision across the health and social care economy, with incentives to focus on preventative action to support a reduction in higher cost reactive support. This proposal would include the transfer of council staff into Pennine Care.

Financial Impact

In 14/15 the council is budgeting to spend £22 million (net) on discharging its statutory duty to assess and meet the social care needs of older people, and £23 million (net) on younger adults excluding recharges and corporate support costs. This expenditure can be broken down as follows:

Function/Service	2014/15 Gross Budget
Permanent residential or nursing care for older people	£8 million
Care at home for older people, including home care, respite breaks, day services and direct payments	£5 million
Prevention including reablement services through the trading company	£4 million
Supporting People support to Older People	£1.1 million
Supporting People – socially excluded groups	£1.8 million
Carers Services	£0.9 million
Social Work, Care Management, Care Arrangers and Financial Assessment	£3 million
Mental Health	£5.6 million
Adults with Learning Disabilities	£10.5 million

Whilst we must reduce community care expenditure we must also make sure we are able to discharge our statutory duties in respect of vulnerable adults, a proportion of whom will need intensive and /or long term care and support.

Maintaining safe services whilst delivering a complex programme to transform services, reduce costs and improve longer term outcomes will be challenging, not least because as our resources reduce local need and demand for social care are projected to increase and the introduction of the Care Act in 2015 presents additional duties for local government.

The savings proposed are as follows:

Prevention and Early Intervention	
Prevention Strategy and practical implementation	
Web based information hub	Invest to save
Early help and intervention	
Better Commissioning	
Income generation	£51,000
Alternatives to residential care	£377,070
Review of contractual arrangements	£2,009,930
Total	£2,438,000
Integration	
Reablement and Intermediate Care	Better Care Fund
Shared governance	Better Care Fund
Long term care – quality care home offer	Better Care Fund
Integrated Health and Social Care Assessment Team Expansion	Better Care Fund
Dementia	Better Care Fund
Carers	Better Care Fund plus £207,000
Better Care Fund	£5.9 million
Care Management Redesign including resource allocation and management	£100,000
Reducing and managing demand for social care across adult client groups (older people, physical disability and learning disability)	£500,000
Learning Disability	£1,341,970
Mental Health	£842,746
Total	£8,891,716

What impacts might the proposal have in terms of:

- The ability of the service to deliver its expected outcomes?

The approach to manage the expected demand within reduced resources will be one that:

- Intends to lessen demand;
- Is focussed on outcomes;
- Promotes delivery models that can deliver savings;
- Supports people to avoid using residential care services, but where they do reduces the length of stay and delays the point of admission; and
- Invests in preventative services.

The potential risks and benefits of implementing the proposals in the context of an ageing society, projected increases in need for social care and emerging national policy are:

Risks	Benefits
Longer waiting times for assessment and review if fewer care management staff are employed	Transforming the care management workforce to focus on prevention, demand reduction and improved outcomes
Market destabilization resulting from significant reductions over a relatively short period of time of people in residential and nursing homes or in receipt of home care. Such destabilization could lead to a shift in the balance of supply and demand, increased unemployment and increased empty properties.	Incentivizing new delivery models and market development
Insufficient resources to make the necessary investment in prevention and early intervention, resulting in an acceleration of demand for social care	Opportunities for innovation and partnership working with the voluntary sector to stimulate the market for preventative services
A reduction in the quality of service provision	An opportunity to review our approach to defining and assessing quality, in partnership with service users and carers, providers and key partners
The additional responsibilities imposed by the Care Act will need to be absorbed, and may have an impact on the achievement of our strategic aims and objectives	An opportunity to embed the requirements of the Care Act in our approach
Supporting people services for socially excluded groups help prevent repeat homelessness as well as addressing issues around worklessness, substance misuse and offending behaviour. Without adequate provision of these	Opportunities to ensure our approach to early help and prevention includes support for socially excluded groups

services the likelihood would be greater demands on statutory services, plus a range of negative consequences for individuals and the wider community.	
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- **Communities?**

Risks	Benefits
Additional pressure on families and carers, as well as service users to continue to cope under stress	The proposals will have a positive impact on communities in that as many people as possible are enabled to stay healthy and actively involved for longer by delaying or avoiding the need for targeted services. The planning and design of services to support carers will be carer led to ensure these are of most benefit to enable carers to continue in their roles.
Additional risk to health, wellbeing and safety where vulnerable adults receive less support than they would in the past	People will experience an improved, joined up customer journey
Additional pressure on voluntary and community organisations as they try to fill gaps in provision	
Possible objections from other residents of housing schemes if greater use of these schemes for those with complex care and support needs is encouraged.	
Potential increases in street homelessness and unsafe 'sofa-surfing', increases in crime and a reduction in the health and wellbeing of a significant group of Oldham residents	

- **Workforce?**

The proposals create an opportunity to work in a more integrated way with partners, and to develop our workforce to focus more on demand management, prevention and outcomes.
A reduction in the workforce and a refocussing of the role of care management may

have a negative impact on the capacity of the workforce to shift culture and behaviour at the required pace, and staff members' ability to undertake their roles in a creative and innovative way.

There may be staffing implications for commissioned services, in that contract reductions may require a reduction in staff numbers. The options around mental health and learning disabilities may result in the TUPE transfer of staff.

In all cases, the impact of fte reductions, including the impact on the remaining workforce must be assessed as the detail of the proposals is developed.

Detailed workforce planning and assessment learning and development required to support staff to deliver new roles and activities will need to be worked up.

- **Organisational Impact?**

The success of the transformation programme depends heavily on the engagement of all parts of the organisation and our key partners to establish a joined up approach. To support this we have established a fortnightly Transforming Adult Services group.

The creation of the prevention strategy and its successful implementation depends on the buy-in and embedding of its principles across the council and the borough as a whole. This will mean a fundamental change, not just to the way individual need is assessed and care delivered, but in the way that everyone with a presence in a community sees prevention as part of their responsibility.

- **Equality Impact Screening**

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:

	Yes / No
Disabled people	Yes
Particular ethnic groups	No
Men or Women (include impacts due to pregnancy/maternity)	No
People of particular sexual orientation/s	No
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	No
People on low incomes	Yes
People in particular age groups	Yes
Groups with particular faiths/beliefs	No

EIA required:	Yes
EIA to be completed by:	Helen Ramsden
Date:	Nov 2014 & Jan 2015

Consultation information

Consultation has taken place with service users, staff, trade unions and providers about future models of delivery focusing on early intervention and prevention and a move away from long term residential care options except in exceptional circumstances.

Consultation has taken place with partners around the integration options linked to the Better Care Fund

Further consultation will be required with all affected staff, service users, carers, providers and partners, once the proposals are more fully developed

Executive Summary

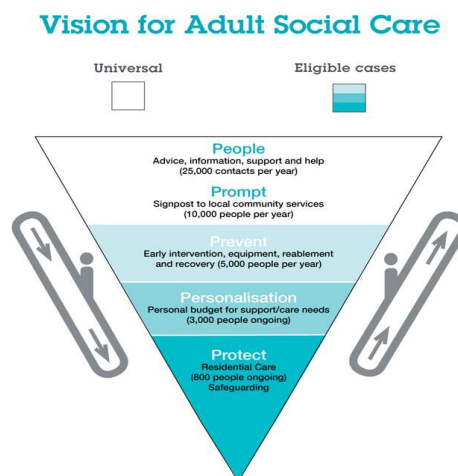
What does this proposal relate to?

This proposal relates to social care and support services for adults with care and support needs, aged 18 and over.

The proposal captures activity under the Better Care Fund and the management fee reductions for Oldham Care and Support for 15/16 and 16/17.

What is the vision of transformation?

The overall vision for adult care in Oldham is to ensure as many people as possible are enabled to stay health and actively involved in their communities for longer and delay or avoid the need for targeted services. In order to achieve this and manage the expected future demands, there is a need to move away from traditional “social” and “health” care, and focus on prevention, integration and a more person centred model of holistic care. The proposals contained within this paper will help to deliver this vision.



What are the challenges to achieving the vision?

There are a number of challenges to achieving the transformation within reduced budgets, in particular:

- Increasing demographic pressures – a growing and ageing population with increased prevalence of long term conditions such as dementia
- Impact of new legislation – new responsibilities to assess, arrange and fund care for more people
- Rising demand and assessed need for services

How do we intend to address the challenges and achieve the vision?

At a strategic level we will plan and commission services to improve outcomes and reduce demand, working with partners to reform the current public service offer recognising the connectivity and interdependencies across agencies and sectors. We will work to achieve best value with public money and manage and develop provider markets to meet current and future need.

This will be delivered through the Adult Programme, organised around three main areas of work:

1. Prevention and Independence – Aims and Objectives

To work with stakeholders and across sectors to develop sustainable alternatives to traditional social care and support that use prevention and early intervention to help people retain the highest levels of independence for as long as they can. The project will

- reduce overall demand for services through an improved universal offer and timely information provision;
- improve access to innovative prevention and early intervention projects to help people to retain the highest levels of independence for as long as they can;
- increase opportunities for people of all ages to regain abilities or at least prevent deterioration wherever possible;
- ensure that vulnerable people are supported to remain safe at home, giving them choice and control over services to meet their unique personal needs;
- maximise opportunities to work with partners, in particular NHS colleagues where integrating and joining up services adds demonstrable value and improves outcomes;
- reduce the reliance on the council's (and partner agencies') financial resources; improve the quality of providers in the market by reducing reliance on providers of poor quality.

Prevention and Independence Projects

Prevention Strategy and practical implementation	
Web based information hub	Invest to save
Early help and intervention	

2. Better Commissioning - Aims and Objectives

The key objective is to maximise the benefit the Council obtains from its supply base by adding value through moving away from more traditional commissioning models, focussing on outcomes, challenging the “status quo”, considering all potential commercial options, and driving innovation and creativity amongst Council staff and suppliers.

Better Commissioning Projects

Income generation	£51,000
Alternatives to residential care	£377,070
Review of contractual arrangements	£2,009,930
Total	£2,438,000

3. Integration – Aims and Objectives

The integration of services across Primary Care, Community Care and Social Care is a major priority for partners in Oldham. A significant amount of integration work has already commenced within the urgent care partnership, and the Better Care Fund provides opportunities to further work already under way. The vision for health and social care services in Oldham will see a radically new system which will combine improvements in people’s experiences, better health and social outcomes, and better use of available resources.

Integration – Projects

Reablement and Intermediate Care	Better Care Fund
Shared governance	Better Care Fund
Long term care – quality care home offer	Better Care Fund
Integrated Health and Social Care Assessment Team Expansion	Better Care Fund
Dementia	Better Care Fund
Carers	Better Care Fund plus £207,000
Better Care Fund	£5.9 million
Care Management Redesign including resource allocation and management	£100,000
Reducing and managing demand for social care across adult client groups (older people, physical disability and learning disability)	£500,000
Learning Disability	£1,341,970
Mental Health	£842,746
Total	£8,891,716

Overall Total
£11,329,716

What are the main risks and mitigations?

Risk	Mitigation
<p>The Better Care Fund does not in itself address the immediate financial challenges, but acts as a catalyst to improve services and value for money. The council and the CCG will, therefore, have to redirect funds from existing activities to shared programmes that deliver better outcomes for individuals by adopting a shared approach to delivering services and setting priorities, through the Health and Wellbeing Board in order to shape sustainable health and care for the foreseeable future. There may be risks nationally to the drivers to integration through the Better Care Fund.</p>	<p>The development of this fund is part of an initial phase of health and social care integration in Oldham – partners have expressed an ambition to apply a similar approach to a second phase of wider health and social care integration that will go much further beyond the delivery plans and schemes outlined in this submission. Partners in Oldham believe that the fund is just the start of Oldham’s transformational journey, and much more work will be needed to deliver the longer term ambitions for public services and people in Oldham. A strong local partnership and the brokering of a secure local agreement will be necessary in order to achieve integration in the absence of the Better Care Fund.</p>
<p>Implications of the Care Act – The introduction of the Care Act will result in a significant increase in the cost of care provision from April 2016 onwards that is not fully quantifiable at the moment and will impact the sustainability of current social care funding and plans.</p>	<p>A Task and Finish Group has been established to understand and map the possible impacts of the introduction of the Care Act on Oldham residents and the business of the Council, including the financial implications the changes will bring. The Task and Finish Group will ensure that the council and its residents are fully prepared for the changes introduced by the legislation. The Group will also ensure that the activity related to implementing the Care Act is linked back to and joined up with Better Care Fund projects and schemes.</p>
<p>The outcome of consultation renders some proposals untenable</p>	<p>Any proposals taken forward to full consultation include a comprehensive consultation and communication strategy. Time limited pilot schemes are considered to determine the outcomes and better articulate the benefits as part of the consultation</p>
<p>Destabilising and de-motivating current provision and providers in 2014/15</p>	<p>Early discussions and engagement with current providers to see if they can reconfigure to operate new ways of working within the new funding envelope. Each proposal will include a provider impact assessment to understand the key risks associated with specific providers</p>

Governance

The Adult Transformation Programme will be managed through the three themes of Prevention and Independence, Better Commissioning and Integration, with identified project leads. Progress will be overseen by the Commissioning Portfolio Change Board with support from the Project Management Office. Integration projects will also report to the Integrated.

Equality Impact Assessment Tool

C046: EIA 1: Adult Social Care Redesign (Prevention elements)

Stage 1: Initial screening

Lead Officer:	Hayley Summers
People involved in completing EIA:	Hayley Summers
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	Yes

General Information

1a	<p>Which service does this project, policy, or proposal relate to?</p>	<p>Oldham' prevention agenda and the recently created Adults Prevention Strategy relating to budget proposal C046 Adult Social Care.</p> <p>Oldham Council like other Local Authorities and partner agencies currently faces the increasing challenge of reduced funding against a back drop of increased demand. One of the ways of dealing with this challenge is to reduce reliance on Council and health services; in order to do this we need to encourage and support Individuals to help themselves. A further way we can deal with the challenge is to prevent individuals entering the social and health care system at the more costly crisis point and instead work with individuals to identify and understand their needs at a much earlier stage.</p> <p>By doing this we can support people by matching them up with lower level and more preventative services. There are some individuals who we are unfortunately unable to prevent reaching the crisis point however we may be able to slow down their journey which is likely to be better for the individual. Not only do preventative services tend to be less costly than the more expensive reactive services but it is much better for an individual to receive a preventative measure and not reach the point of crisis.</p> <p>The proposal does not have any specific savings attached to it; however the schemes under the prevention project will likely bring about cost avoidance and also help reduce or delay the demand on health and social services in Oldham. A high proportion of</p>
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		<p>preventative services are provided by voluntary sector and service users with lived experiences who want to help others in a similar position and therefore there is little cost to provide most preventative services at the Link Centre.</p> <p>Members are asked to support the move towards a more preventative model of working.</p>
1b	<p>What is the project, policy or proposal?</p>	<p>There are three parts to the project as follows:</p> <p><u>1.Link Centre to become hub of preventative services, activities and support</u></p> <p>The Link Centre is a diverse resource provided by Oldham Council which offers a large number of support groups, services and signposting facilities for a range of people. The Link Centre is also the Centre for Independent Living which supports and works with people of any age with a disability, vulnerability or any additional need. The Link Centre currently has 68 groups (service user and volunteer led) which offer a range of support from confidence building, activity based learning, job clubs, meditation and IT support through to peer and social support.</p> <p>The Centres 38 services include a newly developed Women’s Centre and Carers Centre. Alongside this there are a number of drop-in/signposting services and counselling facilities. The services and groups which the Link Centre offers are lower level preventative services and so ideal for those individuals who are not deemed Fair Access to Care Services (FACs) eligible for other support. However we would not stop those who are FACs eligible using the building as the services are just as much for those who are in receipt of other services or who have already reached the point of crisis.</p> <p>Therefore it has been recommended that the Link Centre should become the hub of preventative services and activities for vulnerable people in Oldham. This will be the focus as a key project as part of the overall prevention strand of the Adults Transformation Programme – Prevention agenda.</p> <p><u>2. Volunteering for All</u></p> <p>Volunteering carries many benefits including, connecting the volunteer with others, boosting social skills and networks. Volunteering can help individuals give something back to their community and make</p>

where they live a better place. This fits with the Councils campaigns and strategies around 'love where you live' and the place agenda. Considering a person's time as money would ensure we were maximising the 'Oldham Pound' as significant time would be given to support Oldham's people and communities.

Other benefits to volunteering include, increasing self-confidence, self-esteem and self-satisfaction; volunteering has been shown to combat depression and can reduce loneliness and social isolation. Research has shown those who volunteer have a lower mortality rate than those who do not. Volunteering can also create the 'happiness effect' and it is likely helping others kindle happiness. Volunteering can be fun and fulfilling and provide an arena to explore and share hobbies, interests and passions. There are a number of skill development benefits from volunteering whether basic skills like teamwork, communication, problem solving, task management or organisation through to creating an opportunity to learn new work related assets and attributes which may lead to a career development or even a change in career. This supports the Council's agenda to 'Get Oldham Working' through creating 1500 work opportunities by 2015. Increasing individual's skills and abilities will likely raise resident's aspirations.

The concept is for the Link Centre to be the hub of volunteer development and support, for groups helping; facilitating or assisting individuals with social or health care needs and in particular looking to reduce their reliance on health and social care services. The scheme has been produced with consultation and support of Voluntary Action Oldham who will be leading on the training of the schemes volunteers and will be working very closely with the schemes volunteer coordinator.

The Link Centre will work closely with the District Partnerships in Oldham in order to look at local need in relevant communities. As not all voluntary activities would be based in the Link Centre but delivered in the various communities. This may also be a way of gaining a higher number of volunteers as people may be more likely to volunteer if their local community directly benefits. By working with volunteers in the district areas it could be possible to devolve some powers and decision making around volunteers in the local areas therefore giving the people back more responsibility and encouraging 'helping themselves'. This is a great way of

integrating communities and people within those communities. It is suggested that the scheme works closely with one District Partnership to begin with as a pilot and this could be Chadderton.

Volunteering is incredibly diverse in terms of breadth and scope; no one should feel they cannot take part in some form of volunteering. For those on benefits they can volunteer without it impacting on their benefits. People with disabilities should not be deterred from volunteering as in the Link Centre, due to its accessibility, individuals with a range of complex needs and disabilities can access the building. The scheme will work in three ways either:

- 1) An individual is willing and able to volunteer themselves
- 2) An individual needs the assistance of a peer volunteer who will support them to access a volunteering opportunity. With the intention that over time the individual will not need the help of the peer volunteer.
- 3) An individual is not able or willing to be a volunteer but could benefit from accessing the services or support provided by a volunteer.

There are a range of volunteering opportunities which have been devised and will not only provide an excellent opportunity or service for individuals but also help support health and social care services.

3. Link Centre Champions

The third Project is developing and supporting a group of Link Centre service users and volunteers called the 'Link Centre Champions'. The group help organise events relevant to users of the building; signpost people to services and support; and answer questions visitors have about the Link Centre and its offer. The group help influence and shape decisions made about the Link Centre and are involved in the development and delivery of various training such as disability awareness training. They featured at the Oldham Safeguarding Conference by performing a powerful piece on Safeguarding through the eyes of a service user, this is something the Chair of the Safeguarding Board would like them to roll out across professionals, schools and private sector across Oldham to raise awareness of adult safeguarding issues. The Link Centre Champions also support the Oldham Disability Information Point

		<p>which is an area where any professional, service user or carer can gain access to information about relevant services across Oldham either electronically or in paper format for disabled and vulnerable people. Alongside this provision there are a number of groups, services and drop ins in the Link Centre on a range of topics, themes and support which the Link Centre Champions signpost people to. For further information please visit the Link Centre website, directory of services http://www.oldham.gov.uk/directory/103/link_centre_services.</p> <p>The group have also been involved in sense checking documents before they are used in the public domain. By working in co-production with the group it can be assured that the direction of the Link Centre incorporates the needs of the relevant client groups. This is also in line with the recent care bill and personalisation agenda which highlights the importance of service users being involved in decisions about their own personal care.</p>
1c	What are the main aims of the project, policy or proposal?	<p>The various three elements of the project aim to bring about:</p> <p>Preventative Hub:</p> <ul style="list-style-type: none"> • There will be an informative web page as part of the Oldham Council website clearly outlining the groups and services available at the Link Centre. • A menu of services will be devised outlining the groups and services available along with any prerequisites of attending. This document will be supported with smaller documents without the full detail of the group but will include dates and times of group meetings. • A number of promotional materials, campaigns and calendar of events will be generated and used to promote the Link Centre as a prevention hub. • There will be a communication plan put in place to ensure that all professionals, partners and relevant services users are aware of the information available to them. • Working with the Districts there will be champions and volunteers identified in the district areas to support signposting of people to the service the Link Centre provides. <p>Volunteering For All:</p> <ul style="list-style-type: none"> • There will be a Volunteer Coordinator in place to

		<p>coordinate the scheme, driving the ambitions forward and supporting the volunteers.</p> <ul style="list-style-type: none"> • There will be a database of readily available and trained volunteers and peer volunteers to take up opportunities as they arise. • There will be a clear pathway for people to transition through the scheme from volunteering with a peer volunteering, to volunteering alone and or accessing a service provided by a volunteer. • There will be a clear referral pathway for primary care workers in particular GP's and hospital admissions teams to refer/ direct clients through to the Link Centre. • Training and support for volunteers are in place. • Clear process for programme in place and documented. <p>Link Centre Champions:</p> <ul style="list-style-type: none"> • A number of training initiatives, for example disability awareness, train the Personal Assistant (PA) from the service users eyes and perspective • Organising events which are integral to vulnerable people of Oldham • Supporting the Safeguarding agenda through delivering workshops • Assisting in direction of Link centre offer; groups and services available by inputting to decisions • Expanding the number of Link Centre Champions. • Successful promotion and profile raising of the Link Centre and the Link Centre Champions
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	These three projects will bring about an increased and targeted offer focused on prevention and therefore the effects are solely positive for the people of Oldham in particular those who are carers, disabled, vulnerable people or those with any form of additional or complex needs.

1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
Carers		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	As the proposal bring about a new increased offer there will be no negative impacts.	

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1h	How have you come to this decision?	As the projects will expand the current preventative offer for Oldham residents then there are only positive impacts from these projects and therefore a full EIA is not required.

Stage 5: Signature	
Lead Officer: Hayley Summers	Date: 30.10.2014
Approver signature: Paul Cassidy	Date: 24.11.2014
EIA review date: January 2016	

Equality Impact Assessment Tool

C046: EIA 2: Adult Social Care Redesign (Care Management and Assessment Services)

Lead Officer:	Colin Elliott
People involved in completing EIA:	Colin Elliott
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	Yes <input checked="" type="checkbox"/> No

General Information

1a	Which service does this project, policy, or proposal relate to?	<p>Redesigning Care Management and Assessment Services. Budget Reference Number: C046</p> <p>This Equality Impact Assessment relates to the redesign of Adult Community Care Management, Assessment and related services provided by Oldham Council.</p>
1b	What is the project, policy or proposal?	<p>The proposal is to redesign and where necessary restructure Adult Community Care Management, Assessment and related services provided by Oldham Council to ensure the services are efficient, cost effective and fit for purpose in the future.</p> <p>We will take a phased approach to this work. We will:</p> <ul style="list-style-type: none"> • Redesign our management structure at Head of Service level and above • Redesign our arrangements for assessing the needs of people to make sure they are discharged from hospital with appropriate social support • Redesign our care management and related management and staffing arrangements (across client groups) to make sure we have the right capacity in the right places • Agree sustainable and efficient care management and assessment arrangements with Pennine Care Mental Health Trust <p>Whilst the functions delivered by the services will not change as a result of the redesign process we will make better use of existing capacity by targeting our staffing and other resources more effectively within localities.</p>

		<p>This is necessary to ensure that we are able to deliver additional duties under the Care Act 2014 when the legislation comes into force in April 2015 and to improve our response to Oldham residents.</p> <p>In practice this will entail:</p> <ul style="list-style-type: none"> • Examining the potential to move resources out of specialist services into locality teams where there is evidence that this approach will add value and improve outcomes. • Further the integration of health and social care teams and functions where it is cost effective to do so and where integration will improve customer experience and health and well-being outcomes. <p>The target for reducing operating costs by redesigning Adult Services is £100,000. (£50,000 to be achieved in 2015/16, £50,000 to be achieved in 2016/17).</p> <p>At this stage we anticipate that the required level of savings will be delivered by a reduction in management costs. There may also be scope for further efficiencies. That will become clearer as we develop our plans in more detail.</p>
1c	What are the main aims of the project, policy or proposal?	<p>The main aims of the project include:</p> <ul style="list-style-type: none"> • To ensure that Oldham Council is able to discharge its duties under the Care Act (2014) when it comes into force in April 2015. • To ensure that Oldham Council is able to respond effectively to adults in need of social care assessment and support and their carers in light of projected increases in demand, reducing resources and new statutory duties. • To improve our capacity to work with Oldham residents who are, or appear to be in need of support to promote their independence, prevent, reduce and delay need for support and to help local residents to achieve the best outcomes. • To improve our ability to respond to social care need within localities, as well as the needs of particular groups, including those with characteristics protected under equality legislation. This may entail

		<p>moving elements of what we do out of specialist services so that we can work more effectively to respond to the needs of local communities.</p> <ul style="list-style-type: none"> To improve our capacity and ability to work with carers and to take other approaches that will help us to prevent, reduce, and delay demand for traditional social care services by intervening earlier and helping people to live as independently as possible in the community for as long as possible. <p>We are currently analysing data on local need and demand for social care and support to develop the detailed evidence base required to inform decisions about how we should target resources in future. Our aim is to improve the quality and value of Assessment and Care Management so we can help Oldham residents to achieve the best outcomes possible.</p>
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<p>We do not anticipate that this proposal will have a detrimental impact on any section of the community. It is our intention that targeting our resources more effectively will improve our responses to groups with characteristics protected under equality legislation and to the community as a whole.</p> <p>We anticipate that redesigning our services will have a positive impact upon people with disabilities of all ages, carers and upon older people in need of care or support.</p>

1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people		X		
Particular ethnic groups	X			
Men or women (include impacts due to pregnancy / maternity)	X			
People of particular sexual orientation/s	X			
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	X			
People on low incomes	X			
People in particular age groups		X		
Groups with particular faiths and beliefs	X			

Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
Vulnerable residents and carers.		X		

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
		X
	<p>The services currently being delivered will be re-designed to improve their operational delivery and flexibility to respond to local need for assessment and support.</p> <p>There should not be a negative impact on any section of the community. We will be better equipped to respond to local people, particularly to disabled people, older people and carers.</p> <p>We anticipate that our target for financial savings (£100k) will, primarily, be delivered by reductions in management costs. We do not anticipate a significant reduction in front line staffing.</p> <p>Targeting our resources more effectively will enable us to deliver new duties when the Care Act comes into force, improve our response to local people and the outcomes we achieve.</p>	

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes X No
1h	How have you come to this decision?	We do not anticipate any detrimental impacts as a result of the redesign of adult services. However, given the potential scale of change to management and staffing structures, and the vulnerable nature of the

people in need of social care and support it will be prudent to conduct a full equality impact assessment and to review our findings when the detail of our plans is in place.

We will involve staff, the people that use our services and carers in developing our delivery models, our proposals will be revised in light of comments from those groups. Acting on stakeholder views will help us to ensure we are better able to respond to the needs of individuals, groups with protected characteristics (under equality legislation) and communities in Oldham.

We will improve our capacity to respond to local need by targeting our resources more effectively. There will be not be a substantial change to the way we work with individuals, families and carers in the community but we will be more able to work with people to prevent, reduce and delay need for care and support by making better use of existing staffing and other resources.

Where it will add value and improve outcomes we will look to further integrate our services with local Health services. Such judgements will be evidence based and negotiated with NHS agencies to ensure that together we are able to deliver a better service and outcomes for Oldham residents.

We will review potential equality impacts in September 2015.

Stage 2: What do you know?

What do you know already?

Adult social care tends to be provided to people who have characteristics protected by equality legislation. Therefore any substantial change to services provided, or the way in which they are delivered might have positive or detrimental impacts upon individuals or groups with protected characteristics.

This is illustrated by the following information which provides an overview of social care and support provided to Oldham residents.

Demographic Information

A summary of people supported by Oldham Council in residential settings and in their own homes during 2013-2014 (following an assessment of need) is provided below:

Table 1: Numbers supported by Social Services during 2013-14

	Total Clients	Community Based Services
Physical Disability - 18 to 64	493	480
Mental Health - 18 to 64	200	169
Learning Disability - 18 to 64	431	419
Other - 18 to 64	10	10
Older People - 65 and Over	2726	1908
Total	3860	2986

Table 2: Numbers helped to live at home during 2013-14

	Total Clients	Home Care
Physical Disability - 18 to 64	480	156
Mental Health - 18 to 64	169	31
Learning Disability - 18 to 64	419	34
Other - 18 to 64	10	0
Older People - 65 and Over	1908	1367
Total	2986	1588

Oldham, in common with many local authorities across the country faces projected increases in demand for health and social care in coming years as a result of a number of factors. These include:

- An ageing population
- People living longer with complex and multiple health conditions
- Children with learning and physical disabilities surviving into adult hood as a result of better medical treatment and care.

In coming years demographic growth is projected across all sections of the local population that are likely to require some form of social care and support in future. Some examples are provided below:

Table 3: Projecting Adult Need and Service Information Data*

	2014	2015	2020	2025	2030
Total population aged 18 and over predicted to have a moderate or severe learning disability **	851	856	867	881	895
People aged 18-64 predicted to have a moderate or serious physical disability	13,395	13,482	13,813	13,992	13,852
People aged 75 and over predicted to have registerable eye conditions	998	1,024	1158	1389	1530
People aged 18-64 predicted to have <u>psychotic</u> disorder	851	856	867	881	895
People aged 18-64 predicted to have two or more <u>psychiatric</u> disorders	9709	9736	9798	9838	9791
Total population aged 65 and over predicted to have dementia	2357	2416	2717	3143	3672
People aged 65 and over with a limiting long-term illness, by age, projected to 2030	4882	4978	5146	5146	5724
Total population aged 65 and over predicted to be admitted to hospital as a result of falls	718	728	820	949	1046
People aged 65 and over providing unpaid care to a partner, family member or other person, by age, projected to 2030	4927	5014	5314	5724	6283

* The above information (relating to Oldham) is taken from a national dataset produced in 2013.

** Information relating to people with moderate and severe learning disabilities is included to illustrate the sections of the learning disabled population most likely to require social care and support. The total learning disabled population in Oldham is projected to increase from a current baseline of 4,003 to 4143 by 2020. (Oldham Joint Strategic Needs Assessment for Adults with Learning Disabilities 2014)

What don't you know?

Whilst we understand overall demand and need for the services we commission and provide across different client groups (including assessment and case management) we do not yet have the detailed evidence base that will be needed to target our resources more effectively across localities.

We are analysing available data to gain a better understanding of the nature, complexity and geographical distribution of future demand across client groups. This includes analysing the composition of demand for social care and support that arises from managing risk as people (often frail, older people) are discharged from hospital, and how that demand is distributed across the borough when people return home or to other settings (such as extra care housing, residential and nursing homes).

We are establishing the stronger, more sophisticated evidence base that will help us to make informed decisions about the number and type of staff that will be needed to operate within localities and to meet the complex needs of particular groups, such as people with multiple needs, sensory impairments or individuals who are nearing the end of their life.

Further data collection

Extensive discussions have been held with Adult Services' managers and staff to develop options for improving our response to local residents, and to position services to deliver additional duties that will come into force when the Care Act is implemented in April 2015. Discussions with staff at all levels indicates that we can make better use of existing capacity, and if we achieve that by redesigning services the outcome will be a positive impact on people with characteristics protected by equality legislation.

We are now working with partner agencies to develop more detailed plans that will be put to consultation with people who are, or may in future be in need of social care and support and their carers.

Summary (to be completed following analysis of the evidence above)

Does the project, policy or proposal have the potential to have a <u>disproportionate</u> impact on any of the following groups? If so, is the impact positive or negative?	None	Positive	Negative	Not sure
Disabled people		X		
Particular ethnic groups	X			
Men or women (include impacts due to pregnancy / maternity)	X			
People of particular sexual orientation/s	X			
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	X			
People on low incomes	X			
People in particular age groups		X		
Groups with particular faiths and beliefs	X			
Are there any other groups that you think that this proposal may affect negatively or positively?				
Vulnerable residents and carers.		X		

Stage 3: What do we think the potential impact might be?

Consultation information

<p>3a. Who have you consulted with?</p>	<p>The Adult Services Transformation Programme has been included in three public consultation events and discussed with representatives of the voluntary sector and providers of residential and homecare in Oldham.</p> <p>Four briefings for staff and trade unions on the Adult and Children’s Social Care budget proposals were held in August 2014.</p> <p>Numerous workshops have since been held with managers and staff across Adult Services to involve them in considering what currently works well, what can be improved and how we can redesign services to get better outcomes and deliver new statutory duties.</p>
<p>3b. How did you consult? (inc meeting dates, activity undertaken & groups consulted)</p>	<p>Workshops were held with managers and staff on the following dates: August: 28th September: 5th/12th/15th/22nd/30th October: 6th/15th/23rd</p> <p>The redesign of adult services has also routinely been discussed at meetings with service and team managers.</p> <p>We are now engaging our NHS and other partners in developing more detailed proposals which we will consult upon with people who use our services, their families, carers and others with an interest (such as local voluntary sector agencies and providers of social care services).</p>

3c. What do you know?

At this stage we do not anticipate any adverse or negative impact on people in need of social care assessment, case management and support. We believe that by redesigning the way we work to deliver new duties under the Care Act (2014) we will improve the service that we offer to local people, including disabled people, older people and carers. However further work is required to develop the evidence base needed to finalise our plans.

(1) Potential impact of the proposal will be on the groups that have been identified.

As previously stated, we do not anticipate any adverse or negative impact on people in need of social care assessment, case management and support. We believe that by redesigning the way we work to deliver new duties under the Care Act we will improve the service that we offer to local people, including carers. However further work is required to develop the evidence base needed to finalise our plans.

Potential impacts will be reassessed following consultation with a broader range of stakeholders, including our statutory and other partner agencies, people in need of social care and support, their families and carers.

(2) What we are planning to do to mitigate potential negative impacts.

Careful management of the transition to new working arrangements (when detail is finalised) will minimise disruption to people who use our services, families, carers and partner agencies. We will assess and put in place plans to mitigate identified risks as our proposals are finalised and we will review potential equality impacts prior to implementation.

3d. What don't you know?

N/A

3e. What might the potential impact on individuals or groups be?

<p>Generic (impact across all groups)</p>	<p>Redesigning our services will improve our capacity and ability to identify people in the community who may benefit from information, advice or support and to intervene earlier to prevent, reduce, and delay demand for traditional social care services by helping people to live as independently as possible in the community for as long as possible. We do not anticipate that redesigning services will have a negative impact upon any section of the community. Making better use of our existing capacity and targeting our resources more effectively is likely to have a positive effect and improve our response to local residents.</p>
<p>Men or women (include impacts due to pregnancy / maternity)</p>	<p>We do not anticipate that redesigning our services will have any differential impact upon men or women. The Care Act requires that we are more proactive in identifying and responding to people who may not be in need of traditional social care and support. By redesigning the way we work to provide better information to the local population on their rights, entitlements and options available to them, all sections of community will be better informed about the full range of universal, community and social support available to them and those they care for.</p>
<p>People of particular sexual orientation/s</p>	<p>We do not anticipate that redesigning our services will have a differential impact upon people of particular sexual orientations. However changing the way we work, to be more responsive to local people and to provide better information is likely to have a generally positive impact across all sections of the community.</p>
<p>Disabled people</p>	<p>Targeting our resources more effectively to intervene at an earlier stage to prevent, reduce or delay individuals' need for traditional social care and support is likely to have a positive impact upon disabled people. Our aim is to make sure we have the capacity we need to help people to live as independently as possible in the community for as long as possible.</p>
<p>Particular ethnic groups</p>	<p>We do not anticipate that redesigning our services will have a differential impact upon people of particular ethnic groups. However changing the way we work, to be more responsive to</p>

	local people and to provide better information is likely to have a generally positive impact across all sections of the community.
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	We do not anticipate that redesigning our services will have a differential impact upon people who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment. However changing the way we work, to be more responsive to local people and to provide better information is likely to have a generally positive impact across all sections of the community.
People on low incomes	We do not anticipate that redesigning our services will have a differential impact upon people on low incomes. However changing the way we work, to be more responsive to local people and to provide better information is likely to have a generally positive impact across all sections of the community.
People in particular age groups	The majority of people who receive social care assessments, case management and other services are over 64 years of age. Taking a more proactive approach, intervening earlier and helping people to live as independently as possible in the community for longer will be of benefit to older people by promoting quality of life in old age and delaying the necessity for individuals to be placed in residential care.
Groups with particular faiths and beliefs	We do not anticipate that redesigning our services will have a differential impact upon groups with particular faiths or beliefs. However changing the way we work, to be more responsive to local people and to provide better information is likely to have a generally positive impact across all sections of the community.
Other excluded individuals and groups (e.g. <i>vulnerable residents, individuals at risk of loneliness, carers or serving and ex-serving members of the armed forces</i>)	We must redesign our services so we have the capacity we will need to work more proactively with carers and to help people who might otherwise require social care and support to be as independent as possible and achieve their potential. Targeting our staffing and other resources more efficiently to achieve these aims will improve our response to carers and other vulnerable and excluded groups.

Stage 4: Reducing / mitigating the impact

4a. Where you have identified an impact, what can be done to reduce or mitigate the impact?

Impact:	We do not anticipate that the redesign of the services will have a detrimental impact on any groups with characteristics protected under equality legislation, or other excluded individuals or groups.
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4b. Have you done, or will you do anything differently as a result of the EIA?

As previously stated we do not anticipate that the redesign of the services will have a detrimental impact on any groups with characteristics protected under equality legislation, or other excluded individuals or groups. We will consult with stakeholders on more detailed proposals when these are in place and we will review the equality impact assessment and our

proposals, amending them as may be required by September 2015. If there should be any significant emerging issues or changes to our proposals as the detail is developed or following consultation we will report them and our proposed response to elected members via established overview, scrutiny and cabinet mechanisms.

4c. How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?

As stated above we will review and where necessary revise more detailed proposals by September 2015 and will keep revised arrangements, the outcomes they achieve and potential equality impacts under close review once new structures are in place.

Conclusion

Redesigning our care management and assessment services will enhance our ability to:

- Ensure that Oldham Council is able to discharge its duties under the Care Act (2014) when it comes into force in April 2015.
- Ensure that Oldham Council is able to respond effectively to adults in need of social care assessment and support and their carers in light of projected increases in demand, reducing resources and new statutory duties.
- Improve our capacity to work with Oldham residents who are, or appear to be in need of support to promote their independence, prevent, reduce and delay need for support and to help local residents to achieve the best outcomes.
- Improve our ability to respond to social care need within localities, as well as the needs of particular groups, including those with characteristics protected under equality legislation. This may entail moving elements of what we do out of specialist services so that we can work more effectively to respond to the needs of local communities.
- Improve our capacity and ability to work with carers and to take other approaches that will help us to prevent, reduce, and delay demand for traditional social care services by intervening earlier and helping people to live as independently as possible in the community for as long as possible.

At this stage there is no reason to believe that redesigning the services will have a negative impact upon any section of the population or upon groups with characteristics protected under equality legislation and we anticipate that there will be a positive impact arising from greater capacity to promote independence and wellbeing by intervening earlier with people who might otherwise require more intensive social care.

We will consult with stakeholders on more detailed proposals when these are in place and we will review the equality impact assessment and our proposals, amending them as may be required by September 2015 and reporting any changes to relevant council committees and cabinet.

Stage 5: Signature

Lead Officer: Colin Elliott, Assistant Director, Adult Services

Date: 8.1.2015

Approver signature: Maggie Kufeldt

Date: 12.1.15

EIA review date: September 2015

Equality Impact Assessment Tool

C046: EIA 3: Adult Social Care Redesign (Alternatives to residential care)

Stage 1: Initial screening

Lead Officer:	Jonathan Sutton
People involved in completing EIA:	Jonathan Sutton
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	Yes Date of original EIA:

General Information

1a	Which service does this project, policy, or proposal relate to?	<p>The project, Alternatives to Residential Care, relates to services for older people.</p> <p>The project is part of the 'Savings Through Transformation Programme – Budget Code CO46 – Adult Social Services and is included in the 'Better Commissioning' strand of the programme.</p> <p>The key objective of 'Better Commissioning' is to maximise the benefit the Council obtains from its supply base by adding value through moving away from more traditional commissioning models, challenging the "status quo", considering all potential commercial options, and driving innovation and creativity amongst Council staff and suppliers.</p> <p>The project aim is to save £377k in a full financial year. This saving will be made out of the total residential care budget of £11.9m.</p>
1b	What is the project, policy or proposal?	<p>The emphasis of the Alternative to Residential Care project is about ensuring that, wherever possible, service users are given the option of remaining in their own homes instead of going into a care home on a short-term basis. This approach would potentially generate savings for the Council and provide choice and better outcomes for service users and their carers.</p> <p>There are three streams in the Alternatives to Residential Care Project;</p> <ul style="list-style-type: none"> - 1. Extended Reablement/Gain Share Model

		<ul style="list-style-type: none"> - 2. End of Life Care - 3. Alternatives to Respite Care – Shared Lives Scheme <p>1. The extended reablement stream seeks to maintain, and enhance, the reablement work carried out by the Oldham Care and Support Reablement Service after the service user has left their service. The way in which this will work is by commissioning a new reablement service from care at home providers instead of the traditional care at home service currently provided. Currently care at home providers have no financial incentive to adopt a reablement approach and are actually more likely to benefit financially if service users become more dependent and require more services. The extended reablement stream will have the potential to reduce short-term admissions to residential care if service users, also supported by their carers, are more independent.</p> <p>The extended reablement stream will be based on giving care at home providers a financial incentive to maintain or reduce care; the Council in effect will be willing to share the savings achieved by the reduction in care with the care at home provider.</p> <p>2. The End of Life Stream seeks to offer a new service for people on the end of life care pathway. The new service will be an enhanced care at home service, which works in partnership with other providers of end of life care.</p> <p>It is anticipated that by offering an enhanced care at home service for people on the end of life care pathway that fewer people will need to be admitted to care homes for the final stages of their lives. The research relating to end of life care suggests that many people would chose to die in their own homes if they believe that they, and their carers, would be supported by appropriate services.</p> <p>3. The alternatives to respite care stream of the project focuses on widening the scope of the existing shared lives scheme, which currently focuses on working age people, to encompass older people. By broadening the shared lives scheme to include older people there will be a reduced need for short-term respite placements in care homes.</p>
1c	What are the main aims of the	<ul style="list-style-type: none"> • To ensure older people are provided with

	project, policy or proposal?	<p>the best possible services and widest choice when they need enhanced support to live independently at home.</p> <ul style="list-style-type: none"> • To ensure the mix and availability of alternatives to short-term residential care meets current and future needs across Oldham. • To improve value for money and to deliver enhanced services within the available budget, ensuring the Star Chamber savings targets for 2015/16 and 2016/17 can be achieved.
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<p>Older people, their carers and families.</p> <p>The project will benefit older people, their carers and families by offering a wider range of choice of services at critical times in their lives.</p> <p>The palliative care pathway will be enhanced by greater service provision which will allow people to die at home if they chose.</p> <p>The extended reablement offer will mean that older people's level of independence is either enhanced or maintained for longer which will result in less people needing a residential care service.</p> <p>The alternatives to respite stream of the project will increase the choice of respite care options for older people and their carers.</p> <p>There should not be any detrimental effect on older people and their carers because the range of services and options available to them will be increased. However the option of receiving a care home service will be maintained.</p> <p>The risks associated with the project will be managed through the risk register for the project. The overall performance of the project will be subject to monitoring through the Star Chamber process.</p>

1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Men or women (include impacts due to pregnancy / maternity)	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
<i>Carers</i>		x	<input type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	<input type="checkbox"/>	<input type="checkbox"/>

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input type="checkbox"/> No x
1h	How have you come to this decision?	This project seeks to reduce the reliance that older people sometimes have on a residential care home service by providing an enhanced range of alternative services. However the option of using a residential care home service is not being removed and will be available if it best meets the needs of an older person and their carers.

Stage 5: Signature	
Lead Officer: Jonathan Sutton	Date: 31.10.14
Approver signature: Paul Cassidy	Date: 24.11.14
EIA review date: January 2016	

Equality Impact Assessment Tool

C046: EIA 4: Adult Social Care Redesign (Adults with Learning Disabilities – Supported Living Provision)

Lead Officer:	Michelle Hope
People involved in completing EIA:	Michelle Hope
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	Yes

General Information

1a	Which service does this project, policy, or proposal relate to?	<p>Services for Adults with Learning Disabilities – Supported Living Provision Budget Reference Number: C046 (Adults with learning disabilities – Supported Living)</p> <p>This EIA relates to the Supported Living element of the budget proposals for adults with learning disabilities.</p> <p>The council spends £6m per annum on supported living as part of its contractual arrangements with Oldham Care and Support. The council also spends £2.5m per annum on externally provided supported living provision. In total, the council spends £8.5m per annum on supported living provision.</p> <p>As part of our proposals to re-design this area of provision, we are aiming to achieve a reduction in spend as follows;</p> <p>External provision:</p> <ul style="list-style-type: none"> • 2015/16: £86,083 • 2016/17: £86,083 • Total: £172,166 <p>Oldham Care and Support provision:</p> <ul style="list-style-type: none"> • 2016/17: £240,658 <p>The plans outlined in this document have the potential to realise more savings than the figures outlined above. Specifically how much more will become clearer as the commissioning framework is developed and implemented. Savings beyond the figures outlined above will contribute to wider plans and savings targets relating to the re-design of provision for adults with learning disabilities.</p>
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1b	What is the project, policy or proposal?	<p>A project to improve supported living provision for adults with learning disabilities in Oldham.</p> <p>‘Supported Living’ is a term which refers to a form of arrangements where social care and support is provided to adults with learning disabilities in their own homes. Supported living services are for people who need extra help to live in their own homes, whether as tenants or owner occupiers, living alone or with others. Support can mean 24-hour care or simply a few hours a week to help with every-day tasks. Supported living aims to ensure that people have choice and control in their lives, and can live as independently as possible.</p> <p>Over the last 12 months, an audit process has been carried out to review the way people with learning disabilities are cared for in supported living environments in Oldham. Supported living placements are secured from a range of service providers across Oldham. This review has enabled the council to develop much needed intelligence on the numbers of people living in supported living accommodation, where they are, and who provides services to them.</p> <p>In addition to this, the recent Learning Disabilities Self-Assessment Framework, and Joint Commissioning Strategy for Learning Disabilities currently being developed, has highlighted the need for a more consistent approach to the way supported living is organised and managed.</p> <p>The project has a number of specific work streams which aim to improve the way in which supported living is provided to adults with a learning disability in Oldham. The major element of the project is to implement a commissioning framework for supported living, which will culminate in a tender process for providers, and aims to ensure that better outcomes for people, and better value for money from supported living can be achieved in Oldham.</p> <p>The commissioning framework will include new contracts for providers and a self-assessment framework for providers to complete. This will ensure robust quality and monitoring processes are put in place, and that provider standards are consistent and of the highest quality. The framework will also include a pricing structure which will apply to all providers of</p>

		<p>supported living services, and will ensure the council can achieve better value for money in this area. The framework will be applied in two phases. During 2015/16, all external supported living provision will be tendered against the framework, and during 2016/17, all Oldham Care and Support supported living provision will be tendered against the framework.</p> <p>The work-streams of the project are as follows;</p> <p>Commissioning / Procurement</p> <ol style="list-style-type: none"> 1. Supported living audit, reviews and re-alignment of individual budgets 2. Market mapping / Market Position Statement for supported accommodation for people with learning disabilities 3. Re-design (procurement) of supported living care provision – phase 1 (non OCS provision) 4. Re-design (procurement) of supported living care provision – phase 2 (OCS provision) <p>Contracts</p> <ol style="list-style-type: none"> 5. Developing clear mechanisms for payment systems 6. SLA's between housing providers, care providers and the Council <p>Internal Controls</p> <ol style="list-style-type: none"> 7. Vacancy Management Panel transition from OCS to the Council
1c	What are the main aims of the project, policy or proposal?	<p>Key objectives of the project:</p> <ul style="list-style-type: none"> • To ensure people with learning disabilities and complex needs are provided with the best possible service with regards to their living and accommodation needs, and that they are fully supported to live their lives as independently as possible. • To implement a commissioning framework and delivery model for supported living in Oldham. • To ensure the mix and availability of supported accommodation meets current and future supported living needs across the Borough.

		<ul style="list-style-type: none"> • To ensure specific problems and issues brought to light from the supported living review can be resolved for all parties involved. • To ensure risks and safeguarding are managed in a clear way using a defined process. • To improve value for money and to deliver supported living provision within the available budget, ensuring we can meet the requirements of the savings targets for 15/16 and 16/17.
1d	<p>Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?</p>	<p>Adults with learning disabilities, and parents, families and carers of adults with learning disabilities.</p> <p>The project and its associated work streams will, in the long term, have a positive effect on people with learning disabilities living in supported living environments, as a new framework for service provision will be implemented, including new standards, monitoring, and performance indicators that providers must deliver as part of their contract with the local authority.</p> <p>However, it may have possible negative impacts on some individuals in the short term, as the service is re-developed and plans put in place through developing the commissioning framework and implementing the procurement exercise. Some people with learning disabilities may change their care provider, or may even move into a new home which is more suitable for their needs. Any new care package or living environment would improve a person's outcomes in the longer term, as the framework would introduce a new set of service standards and improvements to the way services are delivered. However, people whose circumstances do change might experience a short period of instability.</p> <p>Any changes to a persons living environment or care provision would involve consultation, discussion and agreement with the person in question and their parents, families and carers, to ensure people retain choice and control over their lives.</p>

1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
Families, parents and carers of people with learning disabilities		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1h	How have you come to this decision?	The project aims to improve service provision for adults with learning disabilities; however, due to the complexity and monetary values associated with the project, and also the particular vulnerability of the client group, a Full EIA is considered best practice in this instance.

Stage 2: What do you know?

What do you know already?

Demographics

The following data has been taken from the recent Joint Strategic Needs Assessment for Adults with Learning Disabilities in Oldham, which was published earlier in 2014. It provides a summary of population numbers, and predicted future changes to the demography of adults with learning disabilities in Oldham:

- It is estimated that 1.8% of the Oldham population will have some level of learning disability.

Overall, number of people with a learning disability is expected to increase by 3.5% from 4003 to 4143 by 2020.

- The largest expected increase will be in the 65+ age group which will steadily increase from 712 to 813, which will impact on service provision.
- The increase in expected rates is partly due to longer life expectancy (especially those with Down's syndrome), with more children and young people with complex and multiple disabilities surviving into adulthood, the rise in the reported number of school aged children 27 with autistic spectrum disorders and the greater prevalence of learning disability in some minority ethnic groups.
- Those adults with a moderate learning disability are expected to increase from 837 to 867 by 2020, with the largest increase in the 55 – 64 age group.
- The identification of people with a learning disability by GPs has steadily increased from 613 (2007/08) to 857 (2011/12).
- The numbers of people with a learning disability known to the local authority (4.5 per 1000) is above the England average (4.27 per 1000).

Table 5: Numbers predicted to have a learning disability in Oldham projected to 2020

	2012	2013	2014	2015	2016	2018	2020	% change
18-24	553	545	539	541	533	519	510	-7.7
25-34	740	757	769	772	782	792	794	+7.3
35-44	735	716	704	702	693	694	714	-2.9
45-54	705	715	723	728	731	724	698	-1
55-64	558	549	554	559	568	587	612	+9.7
65-74	415	428	432	441	446	454	455	+9.6
75-84	216	220	228	231	233	247	260	+20.4
85+	81	82	84	84	88	92	98	+21
total	4003	4012	4033	4058	4074	4109	4141	+3.5

Projecting Adult Needs and services Information (PANSI) and the Projecting Older People Population Information (POPPI) (2012)

Table 8: Known Adults 18 – 65+ with learning disability 2013

	Predicted Number	GP Practices (All ages)	Local Authority	Number Not Known to GP Practices	Number Not Known to Local Authority Services
Oldham	1013	818	595	195	418

Table 8 above, shows the predicted number of adults with a 'moderate to severe' and severe learning disability against adults known to Oldham Council and GP Practices as of the 31st March 2013. Although, a direct comparison cannot be made with the ASCOF and NHS IC QOF data set because of the difference in definitions it gives some indication of unmet need, because of the gap in predicted numbers and those known to services. The numbers of adults being identified by GPs has steadily been increasing since 2007/08 from 3.43 per 1000 to 4.69 per 1000 in 2011/12, which is above the England average of 4.54 per 1000.

How many adults with learning disabilities use Supported Living Services in Oldham? How many Care providers? Housing Providers?

A strategic review of supported living accommodation and the needs of people with learning disabilities in Oldham is currently being carried out, and is due to be completed over the next 6 months.

This review has enabled the council to develop much needed intelligence on the numbers of people living in supported living accommodation, where they are, and who provides services to them. The following provides an overview of information collected from this process;

Numbers of adults with a learning disability in supported living accommodation in Oldham: 168, plus 10 clients in rehabilitation services, 20 clients with very low support in the form of social care 'pop-ins' and 65 clients resident in properties where the Council no longer retains nomination rights and/or clients purchase their own support via a cash IB (individual budget).

Numbers of supported living care providers: 12, providers as follows;

- Oldham Care and Support
- Imagine, Act, Succeed
- Mencap
- Seva Support
- Able Care
- Care Uk
- Future Directions
- North West Initiatives
- Select Support Partnerships
- Heathbank Support (Scope)
- Prime Time
- Oxygen

Number of Supported Living properties known to the council: 63

Number of Landlords (property owners of supported living establishments): 8. Landlords are as follows;

- Great Places
- Places for People
- Regenda
- Partners
- Contour Housing
- Aksa
- FCHO
- Guinness Northern Counties

Interim contracts have been put in place with the major care providers of supported living services in Oldham. These were implemented on the 1st July 2014. This is enabling the council to collect better monitoring information from care providers, and to ensure robust, more formal contract monitoring can take place, until a new commissioning framework and tender process for providers can be finalised.

What don't you know?

- Further information and analysis is needed on the current performance of providers – information is being gathered from the interim contracts recently put in place.
- Further analysis on specific locations of supported living properties is also currently being developed.
- A market position statement and more detailed analysis of current and future needs of people with learning disabilities is also being finalised, which will help develop further intelligence for this project.

Further data collection

We have carried out a number of consultation events to discuss these proposals with people with learning disabilities, and their parents, families and carers. We are also holding ongoing forums for supported living care providers.

Summary (to be completed following analysis of the evidence above)

Does the project, policy or proposal have the potential to have a <u>disproportionate</u> impact on any of the following groups? If so, is the impact positive or negative?	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think that this proposal may affect negatively or positively?				
Families, parents and carers of people with learning disabilities		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Stage 3: What do we think the potential impact might be?

Consultation information

3a. Who have you consulted with?	<p>Two main groups have been consulted on these proposals;</p> <ul style="list-style-type: none"> • Adults with learning disabilities, and their parents, families and carers • Providers of Supported Living Services
3b. How did you consult? (inc meeting dates, activity undertaken & groups consulted)	<p>People with learning disabilities can often have communication difficulties. In developing the approach to this consultation, it was recognised that a specialist, bespoke approach was necessary, using people who understand ways to effectively communicate with people with learning disabilities.</p> <p>To ensure people's voices were heard clearly, and to ensure the consultation was done in a robust and meaningful way, OPAL, (Oldham Personal Advocacy Ltd – who provide advocacy and day care services to people with learning disabilities) were commissioned to carry out the consultation with people with learning disabilities and their parents, families and carers.</p> <p>Three events were held:</p> <ul style="list-style-type: none"> • Weds 8th October 2014 – 1pm – 4pm at the Link Centre • Weds 15th October 2014 – 9.30am – 12pm at the Link Centre • Thurs 16th October 2014 – 4.30pm – 7pm at OPAL <p>In addition to these events, OPAL have also been carrying out a number of 1:1 consultation meetings with individuals who might not be comfortable attending larger events, or may have not been</p>

free to attend.

As part of the consultation, questions and discussions focussed on key areas such as;

- What is important to you to make sure you are feeling settled, safe and well at home.
- How you have choice and control over where you live and who you live with
- What works well
- How things could be done differently

A provider forum has also been set up to ensure an ongoing mechanism for consulting with providers of supported living services. The first forum was held on 15th October 2014, where our commissioning intentions were discussed with all the main providers of supported living services in Oldham. As we develop the commissioning framework over the coming months, these meetings will continue to be held on an ongoing (two monthly) basis – to ensure providers are engaged and understand the implications throughout and beyond the process.

3c. What do you know?

We are currently developing a market map and market position statement for services and support for people with learning disabilities – and this will include a strategic analysis of need over time using the demographic data developed from the Learning Disabilities Needs Assessment, and the information presented in Stage 2 of this document. This will help to develop a clear picture of the availability and mix of supported living provision and other housing options for people with learning disabilities, and will inform the development of the commissioning framework and wider Learning Disabilities Joint Commissioning Strategy also being developed. This will ensure the council and its partners are clearer on how we will need to respond to the demographic changes over time as set out in stage 2. This will also ensure the council sets out its strategic direction and focus going forward for the provider market in terms of the mix and availability of supported housing options for people with learning disabilities more broadly.

Information and feedback collected from the public consultation exercise described in section 3b will be used to directly shape the detail within the commissioning framework and our broader Joint Commissioning Strategy for people with learning disabilities.

The **overarching themes** which emerged from the consultation are as follows;

- **Choice**
- **Staff**
- **Planning**
- **Information**
- **Looking to the future**

The following provides a **summary of the main points raised in the consultation** under each of the above themes;

CHOICE

- **It is important that people have choice about the other people they live with -** Where the matching process had worked well in the past, people were happy and felt secure, settled and safe, however sometimes people had experienced problems getting on with the people they live with.
- **It is important that people have choice about where they live/ the location they live** - People talked about the importance of being close to family members and in communities they knew and were known. People talked about feeling safe to go out and confident in familiar areas and unsafe and vulnerable if they were near schools and groups of rowdy people.
- **It is important that people have choice over the service provider that provides them with care** - a number of service providers were responsible for the provision of supported living services many of which were working well.
- **It is important that people have choice about how they spend their time** - The importance of doing a range of activities both at home and in the community or town was important to many people. Fulfilling days covered a wide range of topics including doing more cooking, visiting family, having a job/volunteering, getting away and going on holiday. Many people talked about not wanting to feel lonely and isolated and stuck in the house without friends.

STAFF

- **It is important that the staff who provide care to individuals are of a high quality -** Well trained professional staff was a key feature of discussions in all groups.
- **It is important that people have consistency of staff** - The consistency of staff providing care was seen as critical by all groups- they possess detailed knowledge of the person they are caring for, which is important for being able to quickly notice and act on changes of behaviour spotting signs of illness at an early stage, for recognising what is important to the people they care for and use that knowledge to provide exceptional support. This was seen as important with care managers and social workers who had time to get to know the individuals on their case load and therefore could work more effectively when planning care and advising on supported living options and conduct a matching process based on detailed knowledge of the individuals.

PLANNING

- **We need to ensure a long term approach when placing people in supported living arrangements.** Most groups talked about the need for a longer term approach to supported living arrangements to take account of people's changing needs as they grew older.
- **People need enough time to make important decisions about where they live.** Having trial periods and being introduced to a new living environment slowly is important for a smoother transition.

INFORMATION

- **Better awareness of the options available to people is needed** - there was little understanding of the range of supported living options open to people.
- **Better information about the process is also needed** - in terms of what happens when and who does what.

LOOKING TO THE FUTURE

- **Learn** from other areas where good practice exists and research what works well – for example look at management models which are values based and combine economies of scale and avoid institutionalisation.
- **Look at how we can utilise existing resources more** - are there any old buildings in the borough which could be updated and utilised?
- **People's transport needs also need to be** an integral part of the planning process so that people know how they can access activities within the wider community.

3d. What don't you know?

Following the conclusion of the public consultation, we now have a good idea about the how we need to re-shape supported living services in the borough. However, we will need to continue to gather specific feedback on the detail of the commissioning framework as this is now currently being developed. The commissioning framework will be directly shaped using the feedback from the consultation, however further consultation will be undertaken on an ongoing basis with the current providers of services, health partners, and with people with learning disabilities and their families, parents and carers.

When the framework has been developed, further consultation with people with learning disabilities and their families, parents and carers will be undertaken through the Learning Disability Partnership Board, and current providers of supported living services will continue to be consulted through the recently established Supported Living Provider forum. Consultation and discussion with health partners will be conducted both informally and through the Integrated Commissioning Partnership Forum.

3e. What might the potential impact on individuals or groups be?

Generic (impact across all groups)	n/a
Men or women (include impacts due to pregnancy / maternity)	n/a
People of particular sexual orientation/s	n/a

Disabled people	<p>As previously mentioned in this document, the project and its associated work streams will, in the long term, have a positive effect on people with learning disabilities living in supported living environments, as a new framework for service provision will be implemented, including new standards, monitoring, and performance indicators that providers must deliver as part of their contract with the local authority.</p> <p>However, it may have possible negative impacts on some individuals in the short term, as the service is re-developed and plans put in place through developing the commissioning framework and implementing the procurement exercise. Some people with learning disabilities may change their care provider, or may even move into a new home which is more suitable for their needs. Any new care package or living environment would improve a person's outcomes in the longer term, as the framework would introduce a new set of service standards and improvements to the way services are delivered. However, people whose circumstances do change might experience a short period of instability. Any changes to a person's living environment or care provision would involve consultation, discussion and agreement with the person in question and their parents, families and carers, to ensure people retain choice and control over their lives.</p> <p>In addition to ensuring people are supported properly with any transition period, the points raised through the consultation will also need to be addressed to ensure any risks to providers, individuals and parent / family carers are addressed and mitigated. The detail of this is set out in stage 4a and the action plan at appendix 1.</p>
Particular ethnic groups	n/a
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	n/a
People on low incomes	n/a
People in particular age groups	n/a
Groups with particular faiths and beliefs	n/a
Other excluded individuals and groups (e.g. <i>vulnerable residents, individuals at risk</i>)	Similarly with the families, parents and carers of people with learning disabilities, they may also be negatively impacted in the short term if their relative goes through a period of change, either

<i>of loneliness, carers or serving and ex-serving members of the armed forces)</i>	<p>with a change in care provider, or if they move to a more suitable living environment. However, as already highlighted, the impact of these changes in the long term will support a better outcome for their relative, and will support a more consistently higher quality of service.</p> <p>Mitigating actions to ensure transitions are smooth for the individual concerned are set out in stage 4a and the action plan at appendix 1.</p>
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Stage 4: Reducing / mitigating the impact

4a. Where you have identified an impact, what can be done to reduce or mitigate the impact?

<p>Impact 1: Change</p> <ul style="list-style-type: none"> • A person or family member who experiences a short term period of change – for example a change in care provider or change in living environment. 	<p>Any changes to a persons living environment or care provision would involve consultation, discussion and agreement with the person in question and their parents, families and carers, to ensure people retain choice and control over their lives. This will be documented and managed through the care planning process.</p>
<p>Impact 2: Choice</p> <ul style="list-style-type: none"> • about the other people they live with • where they live/ the location they live • choice over the service provider that provides them with care • choice about how they spend their time 	<p>We will ensure that people who move to a new property are properly engaged in the decision making process – which will also include the desires of parents and family members – however it will remain most important to understand the views of the person themselves. Choice about where they live, who they live with, who provides their care, and what their package of care looks like will take a person-centred approach, and this will be specified and delivered through the care planning process. Daytime activities and ensuring people have choice and variety of daytime activities will also be specified through care planning.</p>
<p>Impact 3: Staff</p> <ul style="list-style-type: none"> • High quality staff • Consistency of staff 	<p>The commissioning framework and service specification will specify training and other requirements of provider staff to ensure good quality provision and approach to staff management, and will also include performance indicators for providers to support and encourage continuity of staffing.</p>
<p>Impact 4: Planning</p> <ul style="list-style-type: none"> • Long term approach to planning placements • Ensuring enough time for decision making 	<p>We will ensure that the care planning process includes clear requirements with regards to reasonable implementation timescales and that there is a stepped approach to decision making on any changes to a person’s accommodation – to ensure any changes are implemented in a way that is comfortable for the individual concerned, and that they make use of approaches such as informal visits and trial periods.</p>

<p>Impact 5: Information</p> <ul style="list-style-type: none"> • Better awareness of the options available • Better information about the process 	<p>As part of developing and publishing the Market Position Statement and Market Mapping outlined in this document, a suite of information about the housing options that are available, and the process of moving will be made available on the council's website. This information will be aimed at people with learning disabilities and parents / family carers, and will also be available in Easy Read format.</p>
<p>Impact 6: Looking to the future</p> <ul style="list-style-type: none"> • Learning from other areas / research • utilise existing resources • transport needs 	<p>As part of developing the commissioning framework, best practice from other areas and an analysis of existing resources will be undertaken to inform the process. Transport needs of the individual will be taken into consideration as part of the care planning process, and the accommodation decision making.</p>
<p>Impact 7: Change impacts on providers</p>	<p>To mitigate any potential impacts on the provider market, a regular provider forum has been established to ensure open lines of communication are present and that providers understand and are engaged with the development of plans in a fair and timely manner.</p>

4b. Have you done, or will you do, anything differently as a result of the EIA?

Yes, following the feedback from the consultation outlined in section 3c, actions will be put in place as set out in **Appendix 1 – action plan and risk table**.

4c. How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?

The impact of the new framework and changes described in this document will be monitored and measured via contract monitoring procedures which will be put in place as part of the framework and following the implementation of the tender process. Key performance indicators will be set out in the service specification. This quality monitoring will ensure a consistent level of quality, ensure safeguarding and other risks are picked up quickly, and will include qualitative feedback information gathered from service users.

We will also monitor the ongoing experience and outcomes of service users through the social work review process, which will monitor whether people's needs are being met and whether specified personal outcomes are being achieved.

Conclusion

The project and its associated work streams will, in the long term, have a positive effect on people with learning disabilities living in supported living environments, as a new framework for service provision will be implemented, including new standards, monitoring, and performance indicators that providers must deliver as part of their contract with the local authority.

However, it may have possible negative impacts on some individuals in the short term, as the service is re-developed and plans put in place through developing the commissioning framework

and implementing the procurement exercise. Some people with learning disabilities may change their care provider, or may even move into a new home which is more suitable for their needs. Any new care package or living environment would improve a person's outcomes in the longer term, as the framework would introduce a new set of service standards and improvements to the way services are delivered. However, people whose circumstances do change might experience a short period of instability.

Any changes to a person's living environment or care provision would involve consultation, discussion and agreement with the person in question and their parents, families and carers, to ensure people retain choice and control over their lives.

All feedback from the consultation will be used to inform the commissioning framework going forward, and further consultation will be undertaken on an ongoing basis with the current providers of services, health partners, and with people with learning disabilities and their families, parents and carers.

Summary of proposal

- 'Supported Living' is a term which refers to a form of arrangements where social care and support is provided to adults with learning disabilities in their own homes.
- The major element of the project is to implement a commissioning framework for supported living, which will culminate in a tender process for providers, and aims to ensure that better outcomes for people, and better value for money from supported living can be achieved in Oldham.
- The commissioning framework will include new contracts for providers and a self-assessment framework to ensure robust quality and monitoring processes. The framework will also include a pricing structure to achieve better value for money.
- The framework will be applied in two phases. During 2015/16, all external supported living provision will be tendered against the framework, and during 2016/17, all Oldham Care and Support supported living provision will be tendered against the framework.

Potential Impact on groups identified

- In the long term, the project will have a positive effect on people with learning disabilities living in supported living environments, as a new framework for service provision will be implemented, including new standards, monitoring, and performance indicators that providers must deliver as part of their contract with the local authority.
- Possible negative impacts on some individuals may be felt in the short term, as some people may change their care provider, or may even move into a new home which is more suitable for their needs.
- Some providers might also be impacted as they go through a period of instability and change whilst the framework and tender process is implemented.

Mitigating the potential impact

- To mitigate any potential impacts on individuals during implementation, we would ensure that any changes to a persons living environment or care provision would involve meaningful and timely consultation, discussion and agreement with the person in question and their parents, families and carers, to ensure people retain choice and control over their lives.
- To mitigate any potential impacts on the provider market, a regular provider forum has been established to ensure open lines of communication are present and that providers understand and are engaged with the development of plans in a fair and timely manner.

Stage 5: Signature	
Lead Officer: Michelle Hope, Planning and Commissioning Manager Date: 4 November 2014	
Approver signature: P. Cassidy	Date: 24.11.14
EIA review date: January 2016	

APPENDIX 1: Action Plan and Risk Table

<i>Once you have decided on the course of action to be taken in order to reduce or mitigate the impact, please complete the action plan below (An example is provided in order to help you)</i>					
Number	Action	Required outcomes	By who?	By when?	Review date
Impact 1: Change	Ensure consultation, discussion and agreement with the person in question and their parents, families and carers, is documented and managed through the care planning process.	Ensure people retain choice and control over their lives	Care Management	Ongoing process	Annual review
Impact 2: Choice	Ensure choice about where they live, who they live with, who provides their care is included in care packages and person centred plans and that this is delivered through the care planning process and commissioning framework.	Ensure people retain choice and control over their lives	Care Management	Ongoing process	Annual review
Impact 3: Staff	Ensure these considerations are incorporated into the commissioning framework.	Ensure people receive a good quality and consistent service from provider staff	Michelle Hope	April 2015	n/a
Impact 4: Planning	Ensure that the care planning process includes clear requirements with regards to reasonable implementation timescales and that there is a stepped approach to decision making on any changes to a person's accommodation	People feel comfortable with any changes	Care Management	Ongoing process	Annual review
Impact 5: Information	Develop information package on supported accommodation options for people with learning disabilities on the council website.	People are better informed of the options and support available to them	Michelle Hope	April 2015	Annual review
Impact 6: Looking to the future	Ensure best practice from other areas and an analysis of existing resources will be undertaken to inform the process. Transport needs of the individual will be taken into consideration as part of the care planning process,	Best practice and current resources taken into account when developing the	Michelle Hope	April 2015	n/a

	and the accommodation decision making.	approach			
Impact 7: Change impacts on providers	Ensure provider forum continues as a formal communication mechanism with providers.	Providers are informed and are able to shape their business according to need	Michelle Hope	Ongoing	n/a

Action Plan

Risk table

Record any risks to the implementation of the project, policy or proposal and record any actions that you have put in place to reduce the likelihood of this happening.

Ref.	Risk	Impact	Actions in Place to mitigate the risk	Current Risk Score	Further Actions to be developed
1	Rationalisation of provision for some service providers may lead to destabilization and de-motivation	Destabilisation of provider	Regular provider forums have been established to ensure provider concerns are heard and providers are communicated with in a timely manner.	D III	n/a
2	Implications of the Care Act - The introduction of the Act will result in a significant increase in the cost of care provision from April 2016 onwards that is not fully quantifiable at the moment and will impact the sustainability of current social care funding and plans.	Impact on resources	A programme management approach has been set up to ensure social care activity is Care Act compliant, and that the future implications are clearly understood, including the impact on people with learning disabilities.	C II	n/a
3	Operational pressures may restrict the ability of the workforce to deliver the proposals	Non-delivery of the project	A robust project management framework is put in place to ensure implementation timescales are met.	D III	n/a

4	Risk of individual projects and work streams not meeting required timescales	Non-delivery of the project	A robust project management framework is put in place to ensure implementation timescales are met.	D III	n/a
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Equality Impact Assessment Tool

C046: EIA 5: Adult Social Care Redesign (Carers Services)

Stage 1: Initial screening

Lead Officer:	Hayley Summers
People involved in completing EIA:	Hayley Summers
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	Yes

General Information

1a	Which service does this project, policy, or proposal relate to?	<p>This EIA relates to the Carers Service element of Budget Proposal C046: Adult Social Care Redesign.</p> <p>Oldham Carers Services, which supports those Carers known to us in Oldham. (Although the service is available to any carer in Oldham who would like to utilise the services or support available)</p>
1b	What is the project, policy or proposal?	<p>There are three parts to the project as follows:</p> <p><u>Carers Self-Assessment and new assessment forms</u> The carer's assessment process is currently under review nationally and it is recommended that there is a move towards enabling a carer's self- assessment which could be undertaken online. As well as potentially reducing costs and time self-assessment enables carers more empowerment as they are completing the forms themselves and supports the co-operative agenda as it encourages self-help and reduces reliance on the carer's service. For those carers who may not have access to a computer or who haven't got an understanding of how to use a computer they would be able to complete a self-assessment using the ICT facilities at the Link Centre were there would be volunteers available to assist carers to complete the assessment form and access the computers. Carers will still be able to request a supported assessment to be undertaken by an assessment worker in line with the Care Act.</p>

Carers Individual Budget (IB) Criteria

Currently the Council and Clinical Commissioning Group (CCG) jointly fund the Carers Individual budgets at £178k each; although the CCG would like to see more evidence of the health impacts of using a carers IB on the carers if they are to continue the funding beyond in year.

If carers are deemed eligible for a Carer's Individual Budget (IB) they will receive a one off payment of up to £300 (Band A £100, Band B £200 & Band C £300); this should be used to provide the carer with a break. Carers do not automatically receive a carers IB the following year but can apply for a review to see if they are again eligible. The proposal is to review the Carers IB criteria and consider reducing the amounts awarded to each of the three bandings. The carers criteria was set up as a pilot and at that time was deemed fit for purpose however there are examples of carers/ cared for receiving a number of services and support and then receiving the highest Carers IB. There is no statutory requirement to offer a Carers IB or dictating the amounts, however bearing in mind the IB is to recognise the work a carer undertakes then it should be a significant amount. If the amounts for each banding are reduced it would enable the carer's service to continue to offer more carers an IB.

Review current carers centre contract and provision

The Carers Centre is currently delivered by Wired whose contract runs through to May 2015 with an option to extend for 2 years, there is a 3 month notice period to terminate the contract early. This creates an opportunity to look at delivery of the Carers Centre and consider feedback from carers as to what they feel should be offered in line with the Care Act. Whilst we are faced with delivering efficiencies, the review will include looking at ways to continue delivery of much needed carers services whilst also offering value for money and ensuring optimum use of the Oldham pound. Some carers have questioned if it has not been a consideration for the Council to run an in-house carers centre as there is a perception this might cost less than an external provider. Therefore the review will consider and consult with carers to find out if there is an appetite for an in-house Carers Centre alongside a 'Carers Cooperative Commission' this is where groups of carers could provide support and services for carers. We know from reviewing the carers groups in Oldham those that seem to be most popular and effective of the

		<p>groups are the ones where they are illness specific and ran by carers. Some of these groups we already support either financially, helping them overcome barriers or just providing them a go to person when they have any ad hoc queries or support requirements Therefore the ask from Cabinet will be to agree a principal model of a 'Carers Cooperative Commission' which could achieve required savings. Although some carers have been consulted with on their thoughts of such a model and it was included in the wider directorate consultation; further consultation will take place in the New Year with carers to work up the detail of the model and how it will best work for carers. Following this consultation the final decision will follow the usual council decision making process in time for the current contracts end date. The alternative option is to retender for an external provider to run our Carers Centre for a reduced value contract to meet savings required.</p>
1c	<p>What are the main aims of the project, policy or proposal?</p>	<p>The various three elements of the project aim to bring about:</p> <ul style="list-style-type: none"> • A revised carer's assessment form. • A choice for carers to undertake an electronic internet based Carers Self-Assessment enabling carers to feel empowered and in control of their assessment. • Supporting carers to undertake the assessment online and therefore potentially increasing skill of carers to utilise ICT skills. • A fairer carer's individual budget process/ criteria where only those carers most in need and or not in receipt of other services will receive the higher amounts. • An increased number of carers than currently will receive a Carers Individual Budget from the same pot of monies. • Review of current carers centre provision with a view to continue much needed carer's services. • Potential to work with more carers and volunteers to help support services and provide a peer support service, support and groups. • Generation of time and budget efficiencies in order to achieve the budget reduction that Oldham Council currently faces.
1d	<p>Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit,</p>	<p>Any effect either detrimental or positive would be on the carers of Oldham and or the staff who are currently employed to support the carers of Oldham.</p>

and how?	
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1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People in particular age groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
Carers		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
		<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> • Hope new provider of Carers Centre will continue to deliver the much needed carers services for carers in Oldham. • The new carers assessment forms will be more carers specific and easy to undertake with clear support plan derived for carers in line with the Care Act requirements.. • A fairer IB criteria will enable more carers to receive a carers IB from the same pot of 	<ul style="list-style-type: none"> • If a carer receives a lesser amount of Carers IB this may have a detrimental impact. Although it should be noted that a carers IB is not a statutory obligation however Oldham Council and Oldham CCG are committed to delivering Carers IBs in Oldham.

	monies.	
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1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1h	How have you come to this decision?	<p>As there is so much unknown in terms of the impact and although I feel the impact is more likely to be none or positive I would like to ensure we have considered all angles and have looked at all mitigating actions to ensure we continue to support carers in Oldham in the best way possible with the budget available.</p> <p>Also although we believe Oldham is already delivering what the Care Act asks of carer's services to deliver and offers higher amount of services to carers in comparison to neighbouring boroughs/ areas. We are not clear on whether the Care Act implementation April 2015 will likely increase the amount of carers registered and therefore how we will meet the demand with a backdrop of reduced resources.</p>

Stage 2: What do you know?

What do you know already?

According to the 2011 census there are 24,322 carers in the Borough of Oldham, with just under 4500 carers currently registered with the Oldham Carers Centre. The caring role is often very demanding, draining and tiring both physically and mentally; with a high proportion of carers giving up their own work, hobbies and interests to focus on the life and support of the cared for. More often than not support, provision, health care or health checks are aimed at the cared for as they are recognised as needing care. However it is often the carer who is left exhausted and run down and in many cases at crisis point. The role of carers and the support that is provided to them is of critical importance in addressing health and social care needs in Oldham. This is a key theme in Oldham's Health and Wellbeing Strategy and high on the council's agenda also. Without carers giving up their time to take care of loved ones there is an estimated cost to the care system of several billion pounds. Therefore it is essential we support carers in the best way possible to ensure they can continue to carry out their caring role.

The current provision is a Carers Centre which Oldham Council Commission Wired to deliver and this is in contract until May 2015. There is also a small in house Council team who support the delivery of carer's services in Oldham in particular supporting several carers groups. Under the Care Act, from April 2015, all carers will be entitled to a carer's assessment which could lead to a range of services and support being put into place, signposting and information on a range of services. Oldham council Carers Services also offer carers the option to apply for a one off carer's individual budget of up to £300 based on criteria met, a range of drop in facilities with a number of activities, various support groups and services available at the Link entre, emergency

card and short term respite facilities.

What don't you know?

We don't know what the impact of the Carers Act 2014 will have on numbers of carers in Oldham known to us and or reregistered with us receiving services and support. Although we believe Oldham is already delivering what the Care Act asks carers services to deliver and offers higher amount of services to carers in comparison to neighbouring boroughs/ areas. We are not clear on whether the Care Act implementation April 2015 will increase the amount of carers registered and therefore how we will meet the demand with a backdrop of reduced resources.

Further data collection

Following implementation of the Care Act in April 2015 – will review numbers of carers registered and those who have come forward for an assessment.

Summary (to be completed following analysis of the evidence above)

Does the project, policy or proposal have the potential to have a <u>disproportionate</u> impact on any of the following groups? If so, is the impact positive or negative?	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think that this proposal may affect negatively or positively?				
Carers		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Stage 3: What do we think the potential impact might be?

Consultation information

3a. Who have you consulted with?

Consultation with some carers and representative groups has taken place also discussed the options with the current Carers Centre Providers Wired. Also shared with the Carers

	Commissioning Group and Carers Partnership Group. The options were also included in the wider Directorate consultations. However wider consultation will take place with Carers in order to shape a potential Carers Cooperative Commission model in January – March 2015.
3b. How did you consult? (inc meeting dates, activity undertaken & groups consulted)	Via meetings and updating various representative Carers Groups. We will be writing out to a selection of carers to ask their thoughts on the provider of the carers centre. Also a number of workshops will take place early 2015 inviting Carers views on how a potential alternative model of carers services might look & feel for carers.

3c. What do you know?

As of 19th August

- Carers have reported that the drop-ins delivered by Wired have not been well attended at late.
- Carers have reported that the drop- ins provided by wired don't include the activities and services that they used to.
- Carers have reported that they leave the carers drop ins early as a session booked after which they cannot stay for and they don't want to leave part way through this and feel that it should be at a different time.
- Carers have reported that the services of Wired have not been what they feel they should have been.
- Carers spoken to acknowledge that the Carers IB might be reduced and are grateful of any help and support.
- Carers spoken to during a Carers IB review acknowledge that new Carers IB criteria will enable more carers to receive a carers IB and feel this is positive.
- Carers spoken to welcome a new carers assessment form if it is more carers centred and have given comment on lay out and what should be included
- Carers at the Carers commissioning Group are happy with the carers centre being ran and managed by the Council rather than an external organisation.

3d. What don't you know?

As we haven't yet written out to carers we don't know whether carers will have a preference for an external provider or an in house carer's centre in conjunction with the potential model of a 'Carers Cooperative Commission'.

3e. What might the potential impact on individuals or groups be?

Generic (impact across all groups)	NA
Men or women (include impacts due to pregnancy / maternity)	NA
People of particular sexual orientation/s	NA
Disabled people	As Carers mainly care for those who would be deemed as being in disabled groups there may be an indirect impact on disabled

	<p>people.</p> <p>If a carer who cares for a disabled person receives a smaller amount from their Carers Individual Budget or if the carer receives an increase or decrease in a service provided to them; therefore if the carer is impacted on (negative or positive) then this impact may in turn have an impact on the person they care for. For instance if the Cares IB was used to provide a carer with a carers break in the form of a holiday, but that carer cannot afford to take a holiday if the amount is reduced then the carer may be tired and this may affect the person cared for.</p>
Particular ethnic groups	NA
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	NA
People on low incomes	Most carers tend to be in the low income group particularly for those who have had to give up work to care for their loved one as they have no other support. Therefore if there is an impact on carers (positive or negative) then this is an impact on low income groups.
People in particular age groups	NA
Groups with particular faiths and beliefs	NA
Carers	<p>If there is a negative impact on carers it will likely be if they receive a lesser amount of Carers IB due to the new criteria which may have a detrimental impact on them. Although it should be noted that a carers IB is not statutory obligation however Oldham Council and Oldham CCG are committed to delivering Carers IBs in Oldham.</p> <p>Positive Impacts may include: More groups provided by carers for carers with peer support which we know from meeting with existing groups that are ran/led by carers and supported by the Council appear to be the most successful and highly attended groups in Oldham.</p> <p>Fairer Carers IB criteria will mean an increased number of carers will receive a carers IB.</p> <p>New Assessment forms which will be more carers centred and enable a production of a support plan for the carer.</p> <p>The option for a carer to undertake a carer's self-assessment giving feeling of empowerment in the process and great levels of input. This is in line with the Care Act. Carers will also get support and access to a computer to complete the self-assessment and</p>

	therefore may help develop ICT skills.
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Stage 4: Reducing / mitigating the impact

4a. Where you have identified an impact, what can be done to reduce or mitigate the impact?	
Impact 1: New Assessment Forms for Carers Assessments	This will likely bring a positive impact as the forms are more carers specific and focussed. Staff will be trained on the new assessment forms and how these will be entered onto Frameworki. Staff will be able to get a support plan for the carers from the form which will make the process easier and more in line with the Care Act. Staff will also be made aware of the range of services available to carers and not just carers IB.
Impact 2: Carers Self-Assessment	Carers may not be confident at undertaking a self-assessment particularly using IT. Therefore there will be carers and former carers who are trained up and able to support carers undertake a carer's self-assessment. This creates a peer supporting opportunity and one were potential for lasting and supporting relationships, shared experiences and support for one another might be created. For those who really struggle with technology we could still provide a paper form for them to complete and offer the peer support. The Link Centre would be used to utilise the computer facilities there. Carers can still request there is assessment to be undertaken by a carer's assessment worker in line with the Care Act requirements.
Impact 3: Carers IB – New Criteria	Some carers through the new criteria may not get the same amount as previous years. However this enables us to make the same pot of monies go further so that we can support more carers with some monies. As well as a Carers IB, Staff undertaking a Carers IB Assessment, would be made aware of the numerous other services that are available to carers. These include information and signposting as and when they need it, numerous groups and services provided by cares for carers and the facilities at the Link Centre which includes over 70 self-help groups and over 40 services. There may even be an opportunity for carers to set up their own groups if they feel there is a gap. If a carer is really struggling as they have been awarded a reduced carers IB amount in comparison to other Carers IB payments they have received previously. It may be possible to look at a transitional arrangement were they are given an amount in between the two or alternatively the case could be reviewed to see if there are any alternative services for them.
Impact 4: Proposed model of a 'Carers Cooperative Commission'	As part of the proposed model of a carer's cooperative commission we will support carers to form groups which will in turn support other carers. We know from groups already up and running in Oldham that this works well and carers get a lot of

	<p>support from one another. Therefore this model could be expanded. There would be a carer's strategy service that would support the groups by arranging some form of funding, assisting with signposting and information and also supporting the groups in overcoming challenges and any barriers.</p> <p>There would be a carer's cooperative forum set up where representatives from the carers groups would meet regularly with a carer's strategy team. Information would be shared, updates on carers initiatives or schemes/ themes affecting carers and would also create an arena for carers to share ideas and experiences of what is successful in their groups etc.</p> <p>Carers would not just have the services and facilities of a carers cooperative commission and carers strategy team but a much wider offer through the services and facilities at the Link Centre which is available to all carers and not just the cared for.</p>
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4b. Have you done, or will you do, anything differently as a result of the EIA?

There has been a lot more careful consideration given to the potential model of a Carer's Cooperative Commission and how this would work and be supported. There has also been more consultation and planning of the proposals outlined.

4c. How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?

There will be a detailed action plan which will be generated for each element of the proposal including a detailed high level project plan which will be reviewed and progress monitored by the Adults Transformation Programme and Care Act Implementation group.

Conclusion

From undertaking the EIA it has been found that the likelihood will be an overall positive or no impact on carers in Oldham. This is because a new Carers Assessment form will be more carers centred/ focussed which will generate a support plan for carers and enable carers to be aware of the wide range of services available to them. It will also generate the possibility to offer a carer a self-assessment option.

In terms of a Carers IB although it is recognised that some carers may receive a reduced amount of a carers IB than in previous years, it will enable a more fair eligibility criteria attached to the bandings and overall should mean that we can increase the amount of carers receiving a Carers IB than currently. One mitigating action that we are currently undertaking is speaking to carers during the review assessment to consult with them suggesting that the amounts of Carers IB received may vary in following years dependent on new criteria. Carers are reacting positively to this and suggesting it is the recognition that is important and not necessarily the amount received. Carers also seemed happy if this generates a way for more carers to receive a Carers IB. The other mitigating action could be if a carer really struggles with the amount awarded we would look at a transitional amount between the two.

In regards to a Carers Cooperative commission based on the thoughts and feedback from carers to date it is thought that the proposed model of working is an alternative way to deliver carers services whilst empowering carers and carers group to help themselves and support one another whilst also meeting the requirements of a reduced budget. By working the detail up through consultation with Carers in early 2015, will enable a proposed model to meet the needs of carers in Oldham and therefore hopefully enabling us to mitigate any potential negative impacts. Having a Carers Cooperative Commission forum of representative carers and groups will also enable continual review of such a model and enable sharing of ideas, thoughts, updates on current carer's impacts and campaigns whilst also supporting one another and sharing of good practice.

Stage 5: Signature

Lead Officer: Hayley Summers

Date: 26.11.14

Approver signature: Paul Cassidy

Date: 26.11.14

EIA review date: January 2016

APPENDIX 1: Action Plan and Risk Table

Action Plan

Once you have decided on the course of action to be taken in order to reduce or mitigate the impact, please complete the action plan below (An example is provided in order to help you)					
Number	Action	Required outcomes	By who?	By when?	Review date
1	New Carers Assessment Form	<ul style="list-style-type: none"> ➤ Carers are more at the centre/ focus of the assessment forms 	Carers Strategy Team	March 31 st 2015	
2	Carers Self-Assessment process mapping and development of Self-Assessment process	<ul style="list-style-type: none"> ➤ Review of forms to enable carers to undertake a self-assessment 	Carers Strategy Team	March 31 st 2015	
3	Carers Self-Assessment Go Live	<ul style="list-style-type: none"> ➤ Alternative option for carers to undertake carers self-assessment ➤ Go Live date, carers to be engaged and informed 	Carers Strategy Team	September 30 th 2015	
4	Carers IB criteria review	<ul style="list-style-type: none"> ➤ Ensure a fairer criteria 	Carers Strategy Team	March 31 st 2015	
5	Carers Cooperative Commission	<ul style="list-style-type: none"> ➤ Consultation and engagement with Carers to define detail of a potential model ➤ Carers cooperative commission and forum set up with clear processes mapped out ➤ Engagement with carers, staff and partners 	Carers Strategy Team	June 30 th 2015	

Equality Impact Assessment Tool

C046: EIA 6: Adult Social Care Redesign: Review of Contractual Arrangements (Supporting People)

Stage 1: Initial screening

Lead Officer:	Lynda Megram
People involved in completing EIA:	Lynda Megram, Barbara Guest
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	No Two previous EIAs completed on the Helpline service, on 22.11.12 and 25.10.13 – the latter is attached at Appendix 1 .

General Information

1a	Which service does this project, policy, or proposal relate to?	Older Peoples services funded via 'Supporting People' funds: specifically Helpline Budget reference number - C046 Adult Social Services – Review of Contractual Arrangements (Supporting People)
1b	What is the project, policy or proposal?	<p>This proposal is an element of the Transforming Adults Services programme, under the Better Commissioning theme - review of contractual arrangements. The review of contractual arrangements seeks reductions in the cost of a number of services, including Supporting People funded provision: there are savings proposals of £125,000 across financial years 2015-17. The proposed reductions are split across service provision for socially excluded groups and for older people: £50,000 of this relates to 2015/16 and is to be found from older peoples services. The Supporting People budget for older people's services in 2014/15 is £728,650, split across 11 service providers.</p> <p>This EIA specifically addresses reductions in the cost of older people's services, for the Oldham Helpline provision: this is an emergency alarm service to enable older, vulnerable or disabled citizens to summon help at the press of a button.</p> <p>The proposal is suggesting that we continue our planned transitional service provision and maintain the positive impacts of this, without detriment to the cost reductions required.</p>

1c	What are the main aims of the project, policy or proposal?	<p>In May 2012 the council agreed a 2-year plan to increase Helpline charges for most customers. Last year's EIA on the Helpline Response Service dated 25.10.13 is attached as an appendix and outlines the work undertaken to analyse the potential impact on the varying Helpline customer groups of this change. This EIA focuses on one of the main customer groups, older people living in sheltered accommodation.</p> <p>Sheltered housing tenants using the Helpline service were offered transitional protection in 2012 so did not see an increase to their weekly charge. This was mainly due to the majority of these older people receiving Housing Benefit (an indicator of low income) and the complexities around the Supporting People subsidy arrangements for these individuals—which meant that changes to Helpline charging arrangements would severely impact on other areas, e.g. the warden / scheme manager charging arrangements, with the potential for multiple increased charges to affect this group.</p> <p>It was agreed that the transitional protection arrangements would be reviewed annually and that we would communicate with customers to confirm future proposals: this proposal seeks to retain transitional protection for the remaining Helpline users. The required savings target of £50,000 would still be met however, as the service is shrinking at a faster than anticipated rate, along with the councils funding commitment.</p> <p>Given the vulnerabilities of the customer group, and that the service and associated Supporting People subsidy is diminishing, it is recommended to continue the transitional protection for this group of older people. The expectation is that OCaS will also continue the roll out of reviews of the remaining customers, to risk assess their vulnerability and need for the service, which contributes to the pace of service decommissioning in a safe and managed way.</p>
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<p>If the transitional protection is <i>not</i> extended, there would be a disproportionate impact on those older people currently protected who would face charges for the first time: a very high proportion have low levels of income and are affected by a range of health problems or disabling conditions.</p> <p>Ceasing the transitional protection could also mean that</p>

		individual tenants may opt out of Helpline provision, potentially putting themselves at risk and having an impact on family/carers that may need to provide extra support: the review process that OCaS is undertaking is to manage individual risk and service decommissioning in a planned way whilst fulfilling the cost reductions required.
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1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
Carers		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Individuals at risk of loneliness		<input checked="" type="checkbox"/>		

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	No <input checked="" type="checkbox"/>
1h	How have you come to this	Two comprehensive EIA assessments were undertaken

	decision?	<p>previously which explored the characteristics of the customer groups potentially affected and reflected on the impacts of the proposals after phase one: the circumstances of the customer group have not changed and therefore we don't consider a full EIA is necessary. If the proposal is approved, the risks outlined here and in the previous EIAs would be managed in a planned way and we expect this to have a positive impact overall.</p> <p>The most recent full EIA is attached below.</p>
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Stage 5: Signature	
Lead Officer: Lynda Megram	Date: 3.11. 2014
Approver signature: Paul Cassidy	Date: 24.11.2014
EIA review date: January 2016	

Equality Impact Assessment Tool

Appendix 1

BWWTS 13 105 (Helpline)

Lead Officer:	Paul Cassidy
People involved in completing EIA:	Barbara Guest
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	No Original completed 22.11.2012

General Information

1a	Which service does this project, policy, or proposal relate to?	Helpline Response Service
1b	What is the project, policy or proposal?	<p>Increase charges for helpline, key-safe and assistive technology services</p> <p>The Oldham Helpline is an emergency alarm service to enable older, sick or disabled citizens to summon help at the press of a button. The service is provided so that people who want to continue to live independently can do so; secure in the knowledge that help, advice or reassurance can be provided quickly in an emergency situation.</p> <p>Key-safes are fitted outside a service user's home to provide carers and other essential services access to the home to carry out their caring or emergency duties.</p> <p>The Council is increasingly using a range of other items of technology, which can be monitored and responded to through the Helpline unit. This additional technology can increase the support or supervision levels provided to people in their own homes in order to help prevent harm or injury.</p> <p>Increasing helpline and associated charges was a 2 year plan, following integration between helpline and response services implemented on 1st May 2012. This is a scheduled annual review therefore to assess year 1 impact ready for the roll-out of year 2 in 2014/15.</p>
1c	What are the main aims of the project, policy or proposal?	<ul style="list-style-type: none"> • To introduce a banded charging scheme based on the level of service and technology required • To bring charges more in line with similar provision in other authorities • Simplify the charging structure by Integrating charges for assistive technology, helpline response service and the keysafe service • To generate income amounting to £180,000 in

		<p>2013/14 and a further £140,700 in 2014/15</p> <ul style="list-style-type: none"> To safeguard the poorest residents to ensure those on the lowest incomes will still be able to receive free provision To explore possible new markets and develop new products to bring in additional revenue
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<ul style="list-style-type: none"> All helpline response customers may be affected either by an increase in charge or by a reduced level of service However, 883 helpline response customers are also Fair Access to Care Services (FACS) eligible social care customers and could get the cost of their provision included in their individual budgets A fixed amount of Supporting People funding currently pays the cost of the Helpline (not the response) service for around 2,700 tenants in sheltered accommodation – some of those will face a charge for the first time Various housing providers commission us to provide the helpline service to their sheltered accommodation schemes and/or other designated properties. They may allow their tenants (where possible) to opt out of the service, or choose a different provider, or reduce the service offer to their tenants Changing the criteria for Supporting People funding will also affect approximately a further 1,000 tenants who don't use helpline, as the same criteria needs to be used to determine the amount of funding provided for other housing support services e.g. wardens Integration of assistive technology, keysafe and helpline response provision (which this charging structure drives) will improve the delivery of preventative services in the Borough, thereby potentially enabling more citizens to live safely and independently in the community

1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

People in particular age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
Some housing providers		<input type="checkbox"/>	<input checked="" type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1h	How have you come to this decision?	This is a major change to the current system and the impacts are variable. Amongst the current helpline customers around 800 are social care customers and 2,700 live in sheltered accommodation – and some people are members of both groups i.e. living in sheltered accommodation and recipients of social care services. The overlap with changes to Supporting People funding need to be fully understood. The impact on housing providers and any subsequent changes required in SLAs needs to be fully explored and taken into account when final decisions about this proposal and its implementation are made.
1i	Review date	October 2014

Stage 2: What do you know?

What do you know already?

- Baseline Helpline customer group = 4,988
- 883 are also social care customers
- Around 75% of sheltered housing tenants receive Supporting People funding to pay for their Helpline charge, as they qualify for Housing Benefit (an indicator of low income). This represents around 2,700 people.
- Tenants in Housing 21 Sheltered and Extra Care Housing group schemes cannot opt-out of the Helpline Response service as the system is hard-wired into these properties and is part of their core offer. Housing 21 Bungalows also have the community alarm infrastructure provided as part of their overall housing offer.
- Other housing providers have non-hardwired properties and the equipment is provided by the

community alarm provider, so they can de-commission accommodation as older people's housing and thereby have the Helpline units removed.

- Housing providers could commission a different community alarm/response provider than Oldham Helpline.

What don't you know?

- How many of the 883 social care customers are a sub-set of the 2,700 sheltered accommodation tenants
- What the income levels of the tenants in sheltered housing are who are not in receipt of either Housing Benefit or social care services - around 25% of tenants
- The impact on landlords and their other housing support services

Further data collection

- Cross-matching helpline customer data with social care service user data helped to understand exactly how many are customers of both services
- Cross-matching of a sample of Sheltered Housing tenants with Housing Benefit data (through Supporting People interface) enabled assessment of the financial impact on helpline customers and helped make decisions about how Supporting People funding should be targeted
- Questionnaires were sent out to all helpline and social care customers to get customer feedback
- Housing provider stakeholder meetings were organised in partnership with Housing Strategy and the Supporting People (Adult Social Care) Commissioner
- Public and Court Voice (Housing 21 sheltered housing representatives) meetings were held to gather further customer feedback

Summary (to be completed following analysis of the evidence above)

Does the project, policy or proposal have the potential to have a <u>disproportionate</u> impact on any of the following groups? If so, is the impact positive or negative?	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think that this proposal may affect negatively or positively?				
Some housing providers		<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Stage 3: What do we think the potential impact might be?

Consultation information

<p>3a. Who have you consulted with?</p>	<p>General public Helpline-only customers Sheltered Housing tenant representatives Social care service users and known carers Relevant housing providers Relevant staff</p>
<p>3b. How did you consult? (inc meeting dates, activity undertaken & groups consulted)</p>	<p>Prior to implementation of phase 1 in April 2013, a number of consultation activities took place around this option including: details of the proposal were available on Oldham Council's website and an email address was set up for the public to send their comments through; 3 adults service public meetings and a specific helpline public meeting were held; a free-phone customer service helpline was put in place to deal with any queries with a dedicated specialist member of staff returning service user calls if the customer service staff helpline could not deal with their queries.</p> <p>A questionnaire asking for social care service users' thoughts on the proposals was sent to 2,665 users of community services plus 881 known carers. Additionally, those 4,105 people receiving a helpline-only service received a separate helpline-specific questionnaire.</p> <p>A housing provider consultation meeting was held on 25th October 2012, with 9 people attending from 7 providers, with 5 of those providers sending in more detailed submissions after that event.</p> <p>Prior to implementation of phase 2 (the planned removal of transitional protection for sheltered housing tenants) in April 2014:</p> <p>a) consultation with individual sheltered housing providers by the Supporting People (Adult Social Care) Commissioner has continued b) a consultation meeting with Court Voice representatives was held in October 2013</p>

3c. What do you know?

Pre-implementation of increased charges in April 2013

1. Customer consultation results

Out of 4,105 helpline-only questionnaires sent out we received 1,067 completed questionnaires back. This represents a response rate of 26%, which is significant.

46% of these respondents disagreed with the proposal to charge different amounts for 3 different levels of service, with 35% agreeing (the remaining 19% were either neutral, didn't know or didn't respond).

44% did not agree that the proposed charges were reasonable, with 32% saying they thought the charges were reasonable. Of those who disagreed, a repeated comment was that to receive the same service as now (which currently costs £1.35 per week) people would have to purchase the Silver level provision (which would cost £5 per week) which therefore represented almost a four-fold increase in the

weekly charge, which they thought was excessive.

There was less clarity around service users' responses to questions about how Supporting People funding should be used. 24% agreed with the statement that fewer people in sheltered accommodation should have the helpline paid for so that the Supporting People funding could be targeted on the poorest. However, 27% disagreed. Around a third of respondents thought Supporting People monies should be used to support all residents on a low income not just those in sheltered accommodation. 17% agreed that Supporting People funding shouldn't be used to pay for anyone's helpline charge, but 21% disagreed with this. Significantly, there were high numbers of people who didn't respond to these questions (between 32% and 53%) which may indicate a lack of understanding about these questions.

With regard to charges for assistive technology, a resounding 60% of respondents agreed that people should receive this equipment and monitoring service for free whilst receiving up to 6 weeks of reablement or recovery services. 41% did not agree that people should be charged for this provision after 6 weeks, if they chose to keep it. About one-third of respondents agreed £1 per week charge per piece of equipment was reasonable, whilst around one-third did not, and the final third were either neutral, didn't know or didn't respond to that question.

The proposal to charge for the provision and installation of keysafes had a mixed response. 41% of respondents disagreed with the charge, although many of the comments reflected that people thought the proposed charge was too expensive, that cheaper units could be purchased, or that people's ability to pay should be a consideration.

2. Housing provider consultation results

Housing providers informed us that any change to the Supporting People funding formula to take account of an increase in Oldham helpline charge would affect other housing support provided by sheltered accommodation providers. Providers stated they would have to review their service offer to sheltered accommodation tenants and/or pass any increase in costs (as a result of reducing Supporting People funding) on to their tenants. A number of housing providers said they would consider changing their community alarm provider (although this would not be possible for Housing 21 tenants). Providers also said they would give tenants in dispersed properties the choice whether to keep or remove the helpline (in certain schemes this choice would not be available). They felt the financial impact on some tenants would be too great, which may lead to them leaving the accommodation and putting themselves at risk (and possibly increase the risk of people moving into residential care). This may also increase the number of void properties, affecting the revenue of the housing provider. Housing providers would have to consult their tenants before changing their service offer.

3. Cross-matching data results

Currently Supporting People funding is provided to tenants in sheltered accommodation who are also in receipt of any amount of Housing Benefit. Data checks told us that the majority (around 1,800) of those currently in receipt of Housing Benefit were actually receiving 75% or more, which is an indicator of relatively low-levels of income. However, around 300 people were in receipt of less than 75% of Housing Benefit, an indicator of being relatively better off than other tenants.

However, changing the Supporting People threshold so that only those receiving 75% or more Housing Benefit would have their housing support costs funded would have unintended consequences for many tenants. Removing Supporting People funding wouldn't just mean these 300 tenants had to pay their own helpline charge, but also their own warden and other support service charges – an additional cost of anything between £6-£20 per week.

Additional data checks told us that around 10% of tenants in supported accommodation (approximately 270 people) were also in receipt of other social care services as they had been assessed as being in substantial and/or critical need. This means they could receive the helpline as part of their care package, and be financially assessed for their overall contribution to the cost of their care package through the Fairer Charging scheme.

Interrogation of helpline data tells us that only around 10% of helpline customers actually press the alarm, but many of these press it frequently. We also know that around 40% of these calls come from sheltered accommodation tenants.

4. Other customer feedback

We know that the helpline is highly regarded by customers as we receive many comments of appreciation. Many people see it as a reassurance presence in case of emergency.

Post-implementation update

Helpline implementation

- The new charging system offering 3 levels of service (Bronze, Silver, Gold) and a higher one-off installation charge of £40 was implemented for all new helpline customers from 1st April 2013. This appears to have had no detrimental impact on the number of people choosing this service. There have been 178 new customers since April 2013. (Bronze 24, Silver 147 and Gold 7).
- The new charging system was implemented for around 1,800 existing customers (excluding sheltered housing tenants) from 1st April 2013.
- They were asked to choose which service level they wanted, and were given clear information and 1-2-1 advice about their options. If people wished to retain their current service level they had to choose Silver and they were offered a phasing in of the £5 weekly charge over 3 years i.e. £3 in year 1; £4 in year 2; £5 in year 3. This was introduced in response to the feedback from public consultation.
- The vast majority of the 1,800 customers chose to retain the Silver level of service and took advantage of the phasing in of the charge i.e. a total 1,509 people (84%)
- 12 people chose to upgrade to Gold, with 186 people reducing their service level to Bronze.
- 5% of customers withdrew from the service (around 90 out of 1,800), which was less than originally anticipated. Each person was visited and a risk assessment undertaken before it was agreed the helpline equipment could be safely removed.
- An annual invoice was introduced, which lets people see the charge for the whole year and their payment plans (similar to how Council Tax bills work) and a plan to maximise the number of people paying by direct debit has been successfully implemented.
- Sheltered housing tenants were offered transitional protection for 12 months until 1st April 2014 so did not see any change to their weekly charge. This was due to the complexities around helpline and warden support charges and the supporting people subsidy and how changes in one area would impact on another. It was felt 12 months would allow enough time for these complexities to be fully understood, and allow time for further discussions with sheltered housing providers, commissioners and housing strategy to come up with a joined-up solution.
- Sheltered housing customers will see the roll-out of the new charging system from 1st April 2014.
- Overall income for 2013/14 is projected at £547k. With the income budget set at £341k, which includes the £180k required Star Chamber savings, this will bring in additional income of £206k.

Key-safe implementation

- Charges to recover the full cost of tamper-proof key-safes, and a contribution to installation costs, was implemented for all new customers from 1st April 2013.
- 245 key-safes have been installed since 1st April, representing a similar number to previous years.
- £14,650 has been raised so far this year in charging income where previously nothing was charged or recovered.
- Some customers have taken advantage of the offer to spread the cost of the charge over 12 months, whilst others have paid the £50 + £15 installation cost in one lump-sum. The key-safe installation cost is reduced if a customer is paying to have the helpline unit installed at the same time.

Assistive technology implementation

- The new policy to charge £1 per week per piece of equipment installed was implemented for all new customers from 1st April 2013. There have been 60 new customers from this date.
- A review of existing customers was then undertaken to ensure all issues were fully appreciated prior to implementation of charges.
- Charging commenced for 109 existing customers from 1st October 2013
- Charging will be implemented for a further 40 “falls detector” customers from 1st November 2013 to ensure they’re receiving the right technology and/or service to support their current needs
- £6,836 has been raised so far this year in charging income where previously nothing was charged or recovered.

3d. What don't you know?

We know there are more women than men in sheltered accommodation but don't know their relative financial position. We don't know the financial position of other helpline customers (owner-occupiers or other tenants), apart from those also in receipt of social care services (around 27%).

3e. What might the potential impact on individuals or groups be?

Generic (impact across all groups)	<p>To receive the same level of helpline service, people would face a significant increase in their charge, which some people would struggle to pay. They may choose to have helpline removed or choose a different community alarm supplier.</p> <p>The Supporting People budget would not be able to meet the cost of any increased charges so those in sheltered accommodation currently having their helpline and other housing support services paid for via Supporting People would also face charges for the first time. Most of these tenants are in receipt of high levels of Housing Benefit and therefore on relatively low incomes. Removing any Supporting People subsidy may result in people leaving sheltered accommodation, putting themselves at risk of harm.</p> <p>Other helpline customers may choose to remove the helpline, which may put them at risk of harm.</p>
Men or women (include impacts due to pregnancy / maternity)	We know anecdotally there are more women than men in sheltered accommodation but don't know their relative financial position, so uncertain of disproportionate impact.
Disabled people	Majority of helpline customers are older people, some with disabilities, others with varying levels of health concerns. Other customers are under pensionable age with a range of disabilities. The increase in charges will therefore have a disproportionate impact on disabled people.
Particular ethnic groups	n/a
People of particular sexual orientation/s	n/a
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	n/a
People on low incomes	Any increase in charges will have a disproportionate impact on those with low incomes as this will leave them with less disposable income to pay for basic household costs such as fuel and food. Many may choose

	to remove the helpline, which may put them at risk of harm.
People in particular age groups	Majority of helpline customers are older people, with more than 50% in sheltered accommodation. A high proportion of sheltered accommodation tenants have relatively low levels of income and are affected by a range of health problems or disabling conditions. Any increase in charge will therefore be felt disproportionately by older people in general but by sheltered accommodation tenants in particular, given their known layers of disadvantage (low incomes and disability). Many may choose to remove the helpline, which may put them at risk of harm.
Groups with particular faiths and beliefs	n/a
Other excluded individuals and groups	n//a

Stage 4: Reducing / mitigating the impact

4a. Where you have identified an impact, what can be done to reduce or mitigate the impact?

Impact 1: Sheltered housing providers may de-commission helpline and/or their older people's housing	<ol style="list-style-type: none"> 1. Discussions with FCHO regarding proposed changes to Supporting People funding have resulted in their decision to de-commission their older people's provision on a gradual basis, as older people leave properties naturally. As new tenants move in the Helpline service will be able to approach them to see if they require the service. 2. Discussions with Villages Housing regarding proposed changes to Supporting People funding have resulted in their agreement to supplement the block contract from the Council to fully subsidise the increased cost of Helpline Bronze level for their tenants. The Helpline provider will enter into separate discussions with Villages to sell an upgrade to Silver level to individual tenants. 3. The Council is proposing to retain transitional protection at Bronze level for low income Housing 21 sheltered housing bungalow tenants and at Silver level for group scheme tenants. This subsidy will remain for up to 5 years but will be reviewed annually. 4. A detailed implementation plan for the ending of transitional protection for all other sheltered housing tenants is being drafted and discussions are continuing with the remaining housing providers to help minimise the impact of increased charges for their tenants. 5. Development and implementation of 24/7 support offer for tenants of Extra Care sheltered housing will provide on-site support for the most vulnerable tenants, reducing the need for the emergency response service over time.
Impact 2: Some customers may choose to remove the helpline, putting themselves at risk of harm	<ol style="list-style-type: none"> 1. The increase in charge for the Silver level service could be phased in over 2-3 years in line with the phasing allowed for all other Helpline customers from April 2013. 2. Helpline staff to assess risk when attend to remove helpline equipment and to make appropriate referral to social care (or other) services to ensure any risk is minimised. 3. Referrals can be made to Oldham Council's welfare rights service

	to ensure people are receiving all relevant financial support.
Impact 3: Some people may choose not to have key safe installed, thus preventing access to property in case of emergency resulting in door being damaged to gain entry	<ol style="list-style-type: none"> 1. Allowing customers to spread the purchase and installation cost across a period of up to 12 months has successfully minimised this impact. 2. Referrals can be made to Oldham Council's welfare rights service to ensure people are receiving all relevant financial support.

4b. Have you done, or will you do, anything differently as a result of the EIA?	
<ul style="list-style-type: none"> • Retained transitional protection for low income Housing 21 sheltered accommodation tenants • Entered into further discussions with other sheltered housing providers to see how we can jointly minimise risk • Phase in the increased cost of Silver Level for all other sheltered housing tenants. • Put in place a referral pathway between helpline staff and the welfare rights service. 	

4c. How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?	
<p>An implementation group has been set up consisting of operational helpline staff and helpline charging staff to regularly assess and monitor the impact of the proposal regarding people opting out of service or people not being able to afford to pay the charge. Oversight is also being provided by the Housing Strategy team and the Adult Social Care Commissioner to understand over-lapping impacts with other housing support proposals.</p>	

Conclusion	
<i>This section should record the overall impact, who will be impacted upon and the steps being taken to reduce / mitigate the impact</i>	
<p>This proposal will have a disproportionate impact on those older people who are disabled or have long-term limiting illnesses, especially those who may be just over the Housing Benefit threshold. The effect of the proposal may cause housing providers to reduce their community alarm offer in sheltered accommodation and may cause individual tenants to opt out of provision, putting themselves at risk. Consideration has been given to further protecting some sheltered accommodation tenants from the increase, phasing in of charges will be put in place for others, risk assessments will be conducted for any customer requesting removal of the helpline, people will be offered a benefit check to maximise their income, and customers are able to spread the cost of the key safe.</p>	

Stage 5: Signature	
Lead Officer: Paul Cassidy	Date: 25.10.13
Approver signature: Maggie Kufeldt	Date: 25.10.13
Review date: October 2014	

Equality Impact Assessment Tool

C046: EIA 7: Adult Social Care Redesign (Extra Care Housing – Phase 2)

Lead Officer:	Jane Bellwood
People involved in completing EIA:	Tim English, Jane Bellwood
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	Yes No X Date of original EIA: February 2014 (Attached Appendix 1)

General Information

1a	Which service does this project, policy, or proposal relate to?	Extra Care Housing Phase 2 b) Old Mill House (Lees) and Hopwood Court (Shaw) Extra Care Schemes
1b	What is the project, policy or proposal?	<p>To introduce additional services into these schemes to enable a full Extra Care offer to be delivered to tenants.</p> <p>This proposal will result in an increase in charges for residents in these two Extra Care Housing Schemes.</p> <p>To date tenants in ECH pay the same as those in sheltered despite having access to additional amenities e.g. restaurant, well-being suites, hairdressers, shops etc.</p> <p>The actual cost of the ECH service is not able to be provided accurately as this is within the Unitary Charge for the PFI contract across all 19 Group schemes delivered by Housing 21. However we are clear on the charges we pass on to tenants. The current cost of ECH compared to others regionally is extremely low compared with others in the North West region.</p> <p>The total cost for Extra Care housing including the new Communal service Charges and the new Housing Service Charge (for the Night Time Concierge Service) and Health and wellbeing Charge (for the daily Care Provision on site) will mean a maximum of £152.60 to new tenants.</p> <p>All will need to have some level of FACs eligible need in future to be considered for ECH. They will be financially assessed under housing benefit and fairer charging rules on their ability to pay for housing and care related charges. Unless they expressly state they do not want this assessment.</p> <p>For existing customers who have no care needs, they will be excluded from the new Wellbeing Service charge, they will typically pay £125.69 for all rents and related housing charges. If they are housing benefit eligible they will also gain assistance with their ability to pay the</p>

additional housing related service charge to support the cost of the new Night Time Concierge roles. If they are have full housing benefit all of the Concierge Charge will be paid for.

The proposal is the Concierge service charge will apply from the date of the start of the new service. The charge has been increased from when this was agreed by Cabinet last year.

The reason for this is that in 2014/15 a subsidy of £52k from Housing and Care 21 was provided to contribute to the cost of the concierge charge. They have had some reduction in staffing required across the whole PFI programme; this redirection of resource into the Court Manager/Concierge Service has had the impact of lessening the actual cost or tenants for the Phase 1 schemes.

In Phase 2 there is no additional subsidy for forthcoming, so to maintain an equitable approach the actual cost needs to be spread fairly across all 6 schemes going forward. This results in an increase for all those who need to pay for the concierge across all schemes, if they qualify for Housing Benefit entitlement. Hence the charges will be increasing for all tenants who are not Housing Benefit eligible from 2015/16. Below are the charges.

	Phase 1 ECH	Phase 2 ECH	(new tenants)	% increase
2014/15	£ 4.18	£ -	£ 12.55	0%
2015/16	£ 7.16	£ 7.16	£ 15.21	14%
2016/17	£ 12.68	£ 12.68	£ 15.21	21%
2017/18	£ 15.21	£ 15.21	£ 15.21	21%

The charge will be phased in over the next two years, by year 3 the weekly charge will need to be paid in full £15.21 by 2017/18. Currently the charge for the schemes agreed in February 2014 was £14.77 per week.

The cost to the Council of implementing the Wellbeing Service offer in ECH is £60,540 which equates to a unit cost of £27 per week to all those with FACs eligible care needs. We have only 4 tenants across the Phase 2 schemes who are self-funding and are required to pay/or contribute to this charge. An example of the typical cost of the Wellbeing service and all accommodation charges is £152.60 per week.

This will deliver 59.5K in net savings across both schemes, so this figure is less the cost of the new service offer at £65k:-

a) reduction in ECH residents going into short stay £15.5k

b) reduction in ECH residents going into long term residential care
£100.7k
c) reduction in spending on home care due to reduced rate within ECH
£8.4k

Below are the two schemes chosen for Phase two implementation of the new ECH model:

- Old Mill House, Lees
- Hopwood Court, Shaw & Crompton

The savings predicted from these 2 schemes are lower than in the previous 4 schemes that have recently been commissioned, as they have less people with FACs eligible care needs in these schemes.

For this reason, we will only implement the full Well-being Service once tenants in schemes and new tenants in scheme have transferred sufficient care to the new Provider to make the new service viable deliver. This will ensure the sustainability and viability of the new contract. This means in excess of 60 hours of care and ideally 100 plus hours needs to be delivered by the new provider before we implement the new service in full.

All void allocation to these schemes will be held once Consultation has opened, to ensure all current tenants are part of the consultation.

No	Extra Care Housing Scheme Name
1	Old Mill House, Lees
2	Hopwood Court. Shaw

The new charging model will ensure that HRA is more robust, flexible and responsive to any future budgetary pressures. The proposal will mean an income stream into the HRA that will offset in part of the additional costs of Housing 21 increasing staff capacity and services, the additional care/support/response service in ECH to enable a more flexible and responsive service offer in Extra Care Housing.

This will enable Adult Services to place those with higher needs in schemes to fully utilise the schemes to offer a viable and welcome alternative to Residential Care.

The service will maximise tenant's current capacity to live independently and will aim to delay/prevent the need for Residential Care for most tenants. This means that Extra Care offers a home for life and enables more successful placements into ECH.

The additional services to residents are clear and the cost will reflect the differential nature of Extra Care service offer from other Housing choices available. This will also enables Adults Social Care Management to place more tenants with higher needs into Extra Care in future.

1c	What are the main aims of the project, policy or proposal?	<p>The main aims of the proposal are:</p> <ul style="list-style-type: none"> • To improve the service offer in Extra Care to provide a mix of Care, Support, Response and Housing Management 24/7 tenants • To reduce the numbers having to go into Residential Care from Extra Care this impact on the Community Care budget within the General Fund resulting in an estimated saving of £28.4k against the long term residential budget • To create an additional income stream into the HRA to reflect the differential the ECH offer from Sheltered and to contribute via additional service charges to the cost of the new service offer, therefore offsetting the impact on the HRA and the need to spend Supporting People budget within the General Fund. • To provide access to flexible on site “step-up” or step-down care” to reduce the need for short stay accommodation from Extra Care in future by £15.5k a year, and to reduce the need for Emergency Admissions to hospital. This will impact on the Community Care budget within the General Fund. This will also impact on the speed at which tenants are able to return home from hospital. • To create a cost saving per hour in care delivered in the home (from £12.60 to £11.80). • To create an income stream into the general fund to help fund the Wellbeing Service cost and to sustain the service over the medium term. • To reduce the need for care and support through reviews of packages given the new service offer in ECH and tenants being able to have care delivered more flexibly and to enable access to restaurants and other services. This will impact on the use of Community Care budget spending within the General Fund. • To reduce the impact of calls and response from helpline and response service into ECH, which will impact on the budgets of the new trading arm (£30k is expected across the first 4 schemes). • To support Star Chamber budget efficiencies relating to reduction of residential care, short stay. • To enable tenants in ECH to remain able and independent for longer. • To provide the opportunity for health, respite, reablement services to be delivered within ECH more cost effectively. • To bring charges for ECH more in line with similar provision in other authorities • To generate income into HRA. The decision was taken last year on the level of charge in the first four schemes and this will need to be replicated in these additional two schemes. • To safeguard the poorest residents to ensure those on the lowest incomes will still be able to receive a high quality housing management and housing related support service.
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		<ul style="list-style-type: none"> • Make sure that the services provided that are subject to charge are delivered effectively and offer good value for money.
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<p>Negative impacts: These proposals may impact negatively on affordability of tenants in Extra Care who receive partial Housing Benefit (but this is expected to be negligible if any impact) and also those who are self-funders in ECH, who have not benefits to support their costs. We are providing support and benefits advice to those whose financial circumstances may be impacted by the proposals.</p> <p>Those who receive full housing benefits and/or who are supported in most/all of their care costs will feel no negative impact, but should receive significant benefits from the proposals.</p> <p>Increased charges will mean that those who have partial or no access to housing benefits will be disproportionately affected, than those in receipt of 100% Housing Benefit . For those in receipt of housing benefit they will not need to pay anything towards the new concierge service charge.</p> <p>In terms of the Wellbeing charge each tenant will be Financially Assessed on their ability to pay. They will only pay up to their assessed eligible charge in line with what they can afford and the Council's Fairer Charging Policy. F their care related charges (package of care plus Well-Being Charge) are over their assessed eligible amount the Council will pay the difference.</p> <p>This will impact negatively on income from Fairer Charging. Our modelling has shown that this will only relate to small group of tenants who fall between being eligible for full housing benefit and Fairer Charging limits, which will impact on their Fairer Charging Assessment and/or Housing benefit claim.</p> <p>Positive impacts: These proposals will impact positively on those in ECH as they receive an improved service offer that supports their independence for longer and improves their quality of life. The cost to tenants of the service will be still significantly lower than in some neighbouring boroughs offering value for money for those in ECH.</p> <p>For those with care and support, impacts will be felt in how this is delivered as we strengthen the offer on site, we will expect all new and existing tenants (where possible) to use the onsite services.</p> <p>In future using the onsite service will be a prerequisite for new tenants (where there receive a care package from a private care provider). This will enable the Authority to achieve efficiencies from care and support packages delivered in ECH as care in ECH costs less to deliver than in Community settings. This will often combine personal support tasks with social benefits of using communal facilities on site as well as</p>

	reducing the need for booked care.
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1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
<i>E.g. vulnerable residents, individuals at risk of loneliness, carers or serving and ex-serving members of the armed forces</i>		<input type="checkbox"/>	<input type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be? <u>Please note that an example of none / minimal impact would be where there is no negative impact identified, or there will be no change to the service for any groups.</u> Wherever a negative impact has been identified you should consider completing the rest of the form.	None / Minimal	Significant
		<input checked="" type="checkbox"/>

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1h	How have you come to this decision?	This is a major change for those in ECH and different groups will be impacted in different ways. In the past tenants have not paid more for ECH than Sheltered housing options and these proposals represent an enhanced offer that will come at an increased price. For

		those with low or no care needs, this may be perceived as unnecessary, but for those with care needs this offers good value compared with Residential Care options available. This will also bring the costs more in line with comparable services elsewhere.
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Stage 2: What do you know?

What do you know already?

We know the following about tenants within the two schemes:-

Scheme	Split of Male/Female	% accessing benefits	% who are FACs eligible (so have any Critical or Substantial Care/Support needs)
Hopwood Court	11/24	62%	19%
Old Mill House	13/25	60%	29%

What don't you know?

N/A

Further data collection

N/A

Summary (to be completed following analysis of the evidence above)

Does the project, policy or proposal have the potential to have a <u>disproportionate</u> impact on any of the following groups? If so, is the impact positive or negative?	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think that this proposal may affect negatively or positively?				
<i>E.g. vulnerable residents, individuals at risk of</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

loneliness, carers or serving and ex-serving members of the armed forces

Stage 3: What do we think the potential impact might be?

Consultation information

<p>3a. Who have you consulted with?</p>	<p>All the tenants in Hopwood House (Shaw) and Old Mill House (Lees).</p> <p>This equates to 76 tenants across the 2 schemes.</p>
<p>3b. How did you consult? (inc meeting dates, activity undertaken & groups consulted)</p>	<p>We carried out initial informal consultation with tenants and their families in 2013 to gauge their needs and what type of service they would need to enhance their quality of life and improve ability to live independently. This was fed into the service design for the service that has been recently launched in 4 ECH schemes in September 2014.</p> <p>Following the launch of the new ECH service, we assessed the benefits of this offer for other schemes, and then after initial Member agreement to consult formally in September 2014, we met with the Court Voice in each scheme (where there is one) and also with the Court Manager.</p> <p>Then we met with tenants to explain the new offer informally in October 2014. Their views were taken from these meetings. We also met individually with who couldn't access communal meetings, or who needed their representatives present.</p> <p>This then led to a four week period of formal consultation with all tenants where they were invited to share their views on the proposals.</p> <p>To help facilitate this we organised further meetings a week after the consultation opened. This gave us the opportunity to explain the offer further and for tenants to ask questions. We attended with experts in care charging, social care assessment and benefits advice present to help support the tenants in forming their views on the new offer and the benefits and disadvantages of the new offer and how this would impact them personally. We also offered personal appointments to enable new benefits advice and reassessment for those who wished to have this.</p> <p>Tenants were able to submit their views in a variety of ways:-</p> <ul style="list-style-type: none"> • Via their own Court Manager • By letter • By Freephone <p>Upon close of the consultation no formal representations have</p>

been made against the proposals to the Council. Tenants asked questions at the Public Meetings and at individual meetings and we stressed at the meetings that they needed to understand the proposals and their impacts from their own perspectives. Also that they were encouraged to make their views known via the methods above.

3c. What do you know?

We know that the following numbers of tenants will be impacted by the new charges in each scheme. This may be subject to some change as increases in charges may push some who initially were self-funders into being eligible for benefits in a few cases.

Scheme	Total Tenants in scheme	Numbers impacted by Concierge Charge (Not HB eligible)	Numbers impacted by Well-being charge (FACs eligible who fund own Care)	Numbers who are FACs eligible who have HB (not impacted)	Numbers not impacted (Full/Partial HB and with No FACs care needs)
Old Mill House	37	13	1	9	23
Hopwood Court	35	11	3	4	21

Currently there are only 19% Hopwood and 29% Old Mill House tenants who have a FACs eligible care need. That the Well-Being Service costs will be applied based on Fairer Charging assessment and tenants ability to pay for care.

- A range of informal consultation was carried out in all schemes and with Court Voices, tenants and families between July to October 2013.
- Informal consultation has taken place via onsite during October 2014.
- Formal consultation will open 17th November and close 15th December after 4 weeks.
- This includes a series of onsite meetings with tenants on scheme to provide them with individual information on how the changes will impact them.

Conclusions regarding Fairer Charging Income:-

- There will be no impacts on the income collected from those who receive housing benefit.
- There will be no impacts on those who are self-funding although they may qualify for benefits support quicker.
- There will be a reduction in the income collected from clients who do not receive housing benefit due to assets (being between £16k - £23.25k) or income, but who are not self funders and are entitled to assistance with the cost of their care as their assets are less than £23.25k.
- There will be a reduction in income collected from those who received partial housing benefit.
- Although 21 (Old Mill House) and 14 (Hopwood) are impacted by the charges, tenants in these groups are not seen as Low Income as they do not qualify for support for charges, due to their income or capital being assessed as too high to qualify for support.

3d. What don't you know?

There are 35 tenants across the 2 schemes who are self-funders; but only 4 in totals who are impacted by both charges. We have spoken to all those impacted by both charges either through their Court Manager or directly and are aware of the impacts for these people.

3e. What might the potential impact on individuals or groups be?

Generic (impact across all groups)	Changes will impact mostly in those who do not qualify for benefits, but the service improvement should have the potential to benefit all tenants.
Men or women (include impacts due to pregnancy / maternity)	There are more women in Extra Care than men, so more women will be impacted.
People of particular sexual orientation/s	None
Disabled people	There are some disabled people in the schemes, but overall there are only 29% (Old Mill House) and 17% (Hopwood Court) that have FACS level assessed care and support needs. The aim is for all tenants in scheme to have some level of assessed needs in future to make best use of these schemes.
Particular ethnic groups	None
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	None
People on low incomes	Overall there are 66% (Hopwood Court) and 45% (Old Mill House) of tenants who access housing benefits within these two schemes. But the changes proposed are expected to be Housing Benefit eligible so they will not be impacted adversely by the new charges. These tenants are assessed as being on low incomes and will be protected from the charges. There are others who are in receipt of higher incomes who do not qualify for support will be impacted by the new charges.
People in particular age groups	The schemes primarily, cater for those over 60 years of age, but not exclusively.
Groups with particular faiths and beliefs	None
Other excluded individuals and groups (e.g. <i>vulnerable residents, individuals at risk of loneliness, carers or serving and ex-serving members of the armed</i>)	None

forces)

Stage 4: Reducing / mitigating the impact

4a. Where you have identified an impact, what can be done to reduce or mitigate the impact?

Impact 1: Vulnerable service users who may experience changes in their charges

We have offered all individual benefits advice and reassessments for financial contribution for care and support charges. Meetings have been arranged with all those impacted (who wish to meet). This has enabled private meetings to provide accurate information on how the charges will impact them based on current information. This has ensured tenants are fully informed of the impacts for them, and how to make any representation against the consultation.

4b. Have you done, or will you do, anything differently as a result of the EIA?

No, the consultation has been comprehensive and inclusive.

4c. How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?

This will be monitored with the Partners Housing and Care 21 who offer supporting people services to tenants.

Conclusion

The overall impact for the existing 72 tenants in these two schemes is minimal. For those with care and housing needs only 3 self-funders will be impacted. Another 24 tenants who have no care needs and are self-funders will also be impacted and will need to pay the concierge charge, but this is being mitigated to reduce the impact by phasing this charge in over 3 years for these tenants.

Stage 5: Signature

Lead Officer: Jane Bellwood

Date: 05.01.2015

Approver signature: Maggie Kufeldt

Date: 12.01.2015

EIA review date: 1 year from implementation of the new model

C046: EIA 8: Adult Social Care Redesign (Mental Health PV Model)

Lead Officer:	Colin Elliott
People involved in completing EIA:	Colin Elliott, Michelle Hope
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	Yes

General Information

1a	Which service does this project, policy, or proposal relate to?	<p>C046 – Adult Social Services – EIA 8 – Mental Health</p> <p>This EIA relates to the provision of mental health services for adults, both over and under the age of 65.</p> <p>The council's gross budget for mental health can be broken down as follows;</p> <ul style="list-style-type: none"> • Staffing - £2,427,603 • Community Care Budget – adults under 65 - £2,140,310 • Community Care Budget – adults over 65 - £5,710,230 • Contracts - £793,000 <p>Total gross budget: £11,071,143</p> <p>As part of our proposals to re-design this area of provision, we are planning to achieve a reduction in spend as follows;</p> <p>£842,746 to be released during 2016/17.</p> <p>In addition to this, £600,000 has also been identified to contribute towards the delivery of the council's All-Age Early Help Offer, to support early intervention and prevention with mental health clients that will reduce demand and therefore expenditure on secondary mental health provision in the longer term. Alternative funding has been identified to cover these operating costs during 2015/16; however a contribution of £600,000 must be made from 2016/17 onwards. Total savings will be delivered in 2016/17 and totals</p>
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		£1,442,746.
1b	What is the project, policy or proposal?	<p>The council has operated co-located mental health services since 1992 and a single line management structure under a Section 75 agreement with Pennine Care NHS Foundation Trust since 2005, featuring fully integrated mental health teams for Adults (under 65) and Older People (over 65's).</p> <p>We are developing options for re-designing mental health provision with our partner, Pennine Care. The options set out in this document represent an overview of our initial proposals, which may change as detailed examination of the best approach for Oldham continues.</p> <p>The key elements of the options currently being considered can be summarised as follows;</p> <ul style="list-style-type: none"> • Developing a prime vendor model with Pennine Care – option 1 – transfer under and over 65 mental health community care provision and associated budgets to Pennine Care under the terms of a revised formal agreement and governance arrangements. • Developing a prime vendor model with Pennine Care – option 2 – transfer under 65 mental health provision and associated budgets to Pennine Care under the terms of a revised formal agreement and governance arrangements and integrate over 65 mental health community care provision with other council care management services for older people. • Reducing expenditure on commissioned/contracted services. • Investment and reducing demand through the All-Age Early Help Offer. <p>However we proceed we will aim to prevent, delay and reduce demand for traditional mental health treatment and care by intervening earlier and making sure people get the right help and treatment at the right time.</p> <p>Preventing and reducing demand for care</p> <p>Community care funding accounts for the largest proportion of the mental health budgets, in particular for people over 65.</p> <p>Community care funding is used to meet the cost of</p>

care in the community and in residential settings, including rehabilitation services. We currently deploy our resources to help people to live as independently as possible and to prevent relapse and readmission to hospital and residential care.

This approach is not only better for local people but is also strategically important as demand for mental health support is projected to increase in coming years. It is important that we maintain a strong focus on preventing crisis and promoting mental health and wellbeing.

Our intention is to provide people experiencing mental health problems with a broader range of help and support as early as possible, this and providing an enhanced rehabilitation offer, will support a reduction in demand for more costly secondary mental health care and support. Making better use of other preventative support options, such as talking therapies, peer/group support, and increased support in a community setting are some examples of the way in which this could be done.

We will work with NHS colleagues and people who use mental health services to redesign the way those services are delivered. Giving people with mental health problems more control over the support they receive will lead to better outcomes and reduce our costs in the longer term.

By operating more flexibly and making sure people get the right help at the right time to prevent ill health, promote and sustain recovery we anticipate that we could realise at least a 10% reduction in spend across the community care budget. This would represent the following figures;

10% Community Care Budget (under 65) = £214,031

10% Community Care Budget (over 65) = £571,023

10% of the total community care budget: £785,054

Developing a Prime Vendor Model with Pennine Care

Developing a prime vendor model with Pennine Care for Mental Health service provision would build on the already well established relationships that have been formed between Pennine Care, the council and Oldham CCG for the delivery of a range of community health

	<p>services.</p> <p>A prime vendor model would include the transfer of staff and budgets to Pennine Care. The model would incorporate an increased focus on prevention and early intervention (aligned to the council’s All-Age Early Help Offer) to reduce reliance on higher cost reactive support. Within this, there are two main options;</p> <p>(Option 1) Develop a prime vendor model – transferring all community care mental health funding to Pennine Care (for under and over 65s)</p> <p>Pennine Care would be required manage a 10% reduction across the community care budget, and have control over how these savings were profiled across services.</p> <p>(Option 2) Develop a prime vendor model – transferring the under 65 community care staffing and budgets to Pennine Care, whilst the council would retain responsibility for the over 65 community care budget and older people’s mental health teams. This element of provision could be re-distributed across localities, aligned to NHS clusters and district partnership areas.</p> <p>The prime vendor (Pennine Care) would manage a 10% reduction in the under 65 budget, with the council managing a 10% reduction in the over 65 budget. This approach would help share the management, responsibility and risks of delivering a large proportion of the total savings required.</p> <p>Retaining responsibility for older people’s mental health staff within the council might also provide scope to reduce management costs and make better use of staffing capacity as work could be shared across locality teams.</p> <p>Reducing contract spend</p> <p>Expenditure on contracts is also being reviewed. If we reduced total expenditure on contracted services (£793k) by 2.5%, that would realise additional savings of £19,825 per annum at current rates.</p> <p>Investment and reducing demand through the All-Age Early Help Offer</p> <p>The All-Age Early Help Offer provides important</p>
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		<p>opportunities for reducing and preventing demand and for realising the additional savings required. The emerging service, due for commencement April 2015, will support our ambitions for mental health and will aim to reduce demand to the level of investment re-directed to support the service (£600k). The service will reduce overall demand on the community care budget by supporting clients to 'step down' sooner from intensive to less intensive support services. It will also help to prevent demand by re-directing people from traditional and costly health and social care services at the point they present, to more cost effective community based support or universal services.</p>
1c	<p>What are the main aims of the project, policy or proposal?</p>	<p>The overall vision for adult care in Oldham is to ensure as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delay or avoid the need for targeted services. In order to achieve this and manage the expected future demands, there is a need to move away from traditional "social" and "health" care, and focus on prevention and integration and a more person centred model of holistic care. The approach to re-designing mental health provision aims to achieve this overall vision set for adult social care provision, as described in the options above.</p> <p>Redesigning the way we work will also be necessary to ensure that we can deliver our new statutory duties when the Care Act (2014) comes into force in April 2015, including a duty to prevent, delay and reduce the need for social care and support.</p>
1d	<p>Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?</p>	<p>People who experience mental health issues may also experience higher levels of deprivation, be on lower incomes or be out of work.</p> <p>Whilst people may receive support in different ways in future we do not anticipate there will be an adverse impact on any group with protected characteristics. For example, some people may receive support for a shorter period of time where we can improve outcomes by intervening at an earlier stage.</p> <p>We will assess the equality impact of our plans when they are finalised and will consider potential impacts upon all groups with characteristics protected under equality legislation.</p>

1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	X			
Particular ethnic groups	X			
Men or women (include impacts due to pregnancy / maternity)	X			
People of particular sexual orientation/s	X			
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	X			
People on low incomes				x
People in particular age groups				X
Groups with particular faiths and beliefs	X			
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
<i>E.g. vulnerable residents, individuals at risk of loneliness, carers or serving and ex-serving members of the armed forces</i>		<input type="checkbox"/>	<input type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	<input checked="" type="checkbox"/>	

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1h	How have you come to this decision?	Considering the vulnerability of the client groups, it is considered pertinent to undergo a full consultation exercise and equality impact analysis on the proposals to re-design mental health service provision.

Stage 2: What do you know?

What do you know already?

We are currently developing a full analysis of clients who use this service to inform the basis of the consultation and service re-design. This analysis will develop a picture of the specific support clients receive; and a full understanding of the individual patient pathways across client groups, and across wider services and support. This will help to identify specific support mechanisms that can be put in place to achieve an overall reduction in demand.

A Mental Health Joint Strategic Needs Assessment is also currently being developed, and will be used to inform the process of re-designing and re-profiling client support and overall long term demand on services.

When completed these datasets and information will inform our Equality Impact Assessment.

What don't you know?

See comments above.

Further data collection

See comments above.

Summary (to be completed following analysis of the evidence above)

Does the project, policy or proposal have the potential to have a <u>disproportionate</u> impact on any of the following groups? If so, is the impact positive or negative?	None	Positive	Negative	Not sure
Disabled people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think that this proposal may affect negatively or positively?				
<i>E.g. vulnerable residents, individuals at risk of loneliness, carers or serving and ex-serving members of the armed forces</i>		<input type="checkbox"/>	<input type="checkbox"/>	

Stage 3: What do we think the potential impact might be?

Consultation information

<p>3a. Who have you consulted with?</p>	<p>Consultation with service users, staff and wider stakeholders will take place during early 2015, following agreement with partners on the specific approach for developing a Prime Vendor Model and agreement on the preferred options for realising the required savings (as already described in this document).</p> <p>As previously stated we do not anticipate that the redesign of the service will have a detrimental impact on any groups with characteristics protected under equality legislation, or other excluded individuals or groups, however this will become clearer upon agreement of the preferred options and once the consultation has been implemented and evaluated. We will finalise the equality impact assessment and our proposals, amending them as may be required following the consultation, by September 2015.</p> <p>A report with full details of the preferred proposals, and a finalised Equality Impact Assessment will be presented to Cabinet, September 2015, for final decision making on the approach to realising savings in this service area during 2016/17.</p>
<p>3b. How did you consult? (inc meeting dates, activity undertaken & groups consulted)</p>	<p>See above.</p>

Stage 5: Signature

Lead Officer: Colin Elliott, Assistant Director, Adult Services
Date: 9 January 2015

Approver signature: Maggie Kufeldt, Executive Director, Health and Wellbeing
Date: 12 January 2015

EIA review date: September 2015

Equality Impact Assessment Tool

C046: EIA 9: Adult Social Care Redesign (Age UK and Oldham Care and Support)

Stage 1: Initial screening

Lead Officer:	Jonathan Sutton
People involved in completing EIA:	Jonathan Sutton
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	Yes Date of original EIA:

General Information

1a	Which service does this project, policy, or proposal relate to?	<p>A joint proposal from Age UK Oldham and Oldham Care and Support for a redesigned day care service for older people has been made to the Council.</p> <p>The proposal is part of the 'Savings Through Transformation Programme – Budget Code CO46 – Adult Social Services and is included in the 'Better Commissioning' strand of the programme.</p> <p>The key objective of 'Better Commissioning' is to maximise the benefit the Council obtains from its supply base by adding value through moving away from more traditional commissioning models, challenging the "status quo", considering all potential commercial options, and driving innovation and creativity amongst Council staff and suppliers.</p> <p>The proposal will save £260k in a full financial year from a proposed budget reduction of £548,270 in all the contracts with Age UK Oldham and Oldham Care and Support.</p>
1b	What is the project, policy or proposal?	<p>The day care service for older people has been in decline in recent years, with the numbers attending day care dwindling and a growing perception that the service is outdated and not able to meet people's needs. Occupancy rates for day care have fallen as low as 20% at times at the Ena Hughes Day Service and between 60-80% at the other services.</p>

		<p>From a commissioning perspective there are two key drivers when considering the day care service. First, there is clearly a need to explore if the service could be provided differently and therefore would be more appealing to people. Second, there is the requirement to place day care services within the scope of the adult transformation programme.</p> <p>The Council currently commissions two providers of day care services for older people, Age UK Oldham and Oldham Care and Support. The contracts with both organisations are currently being reviewed and therefore it is timely to consider the wider aspects of commissioning the day care service.</p> <p>A review of the day care service was undertaken, in partnership with Age UK Oldham and Oldham Care and Support, with the objective of achieving a model for a redesigned service. Central to this review was the belief that the day care service has the potential to support the prevention agenda and make a significant contribution to meeting the objectives of reducing hospital admissions and maintaining independence, by supporting carers. In order to achieve a transformation of the day care service there needs to be an emphasis on innovation and flexibility.</p> <p>From this review of the day care service a joint proposal was made by Age UK and Oldham Care and Support to the Commissioners for a new model of day care services.</p>
1c	<p>What are the main aims of the project, policy or proposal?</p>	<p>There are two parts of the joint proposal for a redesigned day care service, and these are set out below.</p> <p><u>1 Decommissioning of the Day Care Service at Ena Hughes</u></p> <p>Oldham Care and Support have proposed that it decommissions the provision of day care placements at Ena Hughes and offer the current service users a place at Laurel Bank, Limecroft or Stoneswood. There is sufficient availability within the three centres to accommodate all current service users. Laurel Bank is located in Shaw and Stoneswood is located in Uppermill. The proposed new Limecroft Day Care Service at Limecroft is located in Hollinwood and it is anticipated that most service users will chose to go to Limecroft which is close to Ena Hughes.</p>

		<p>The Luncheon Club Service provided by Age UK Oldham at Ena Hughes on Sundays would be transferred to Limecroft.</p> <p><u>2. Developing Limecroft as a Dementia Centre of Excellence</u></p> <p>Oldham Care and Support at Home (OCSH) became the commissioned provider of the Limecroft Residential Dementia Service on the 1st September 2014. The Limecroft building already has existing facilities which can accommodate a dementia resource inclusive of day services and catering facilities. In line with Commissioners intentions to develop a centre of excellence for Dementia Care in Oldham it is proposed that the existing day care provision at Trinity House be relocated in the Limecroft facility. It is the intention that this service will be provided by Age UK Oldham with the agreement of OMBC Commissioners.</p> <p>In order to achieve a transformation of the day services there needs to be an emphasis on innovation and flexibility. Support for carers will need to be at the heart of any new approach along with ideas to address the increasing prevalence of dementia and loneliness in the older population. Service users will be allocated a Keyworker who will develop a plan to support them to access activities in the community.</p>
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<p>Older people, their carers and families will benefit from a new innovative day care service, which offers a much wider range of activities and range of services. These could include evening day care or escorted appointments.</p> <p>People with dementia and their carers will particularly benefit from the development of a specialist centre for dementia. There will a range of services and specialists based at Limecroft, including Memory Clinics.</p> <p>There should only be a limited effect on older people and their carers because day care services will be improved. A small number of people will have to travel further for their day care service but Age UK has a dedicated escorted transport service which will be available to them. Service Users will be assessed on an individual basis to ensure that their travel arrangements meet their needs.</p>

1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
<i>Carers</i>		x	<input type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input type="checkbox"/> No x
1h	How have you come to this decision?	<p>The joint proposal by Age UK Oldham and Oldham Care and Support represents an opportunity to move away from a declining day care service to an innovative service which will actively work with service users to meet their needs.</p> <p>The development of a Dementia Centre of Excellence will improve the level of services to people with dementia and be a major driver to integrating specialist dementia services.</p>

Stage 5: Signature

Lead Officer: Jonathan Sutton

Date: 26.11.14

Approver signature: Paul Cassidy

Date: 26.11.14

EIA review date: January 2015

Budget Information

Reference:	D064C
Theme:	Total - Effective Democratic Accountability Supported by Strong Corporate Governance
Lead Member:	Cllr Jabbar

Proposal:	Use of Additional Resources to Support the Budget Process
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	2015/16 £k	2016/17 £k
Proposed Financial saving:	120	0
Proposed reduction in FTE's	0	0

Background

The Provisional Local Government Finance Settlement (PLGFS) was announced 18th December 2015. Taking into account revised funding streams, new burdens and revised pressures there was a balance remaining of £120k to support the Budget Process. This has allowed for a review of an earlier option (D040 – Review of District Arrangements) to be revised resulting in a balanced position.

Proposed savings

The saving will be realised by a review of all resources and pressures/priorities following the announcement of the PLGFS

Key Milestones

- Final Local Government Finance Settlement (Feb 2015)

Key Consultations

- Cabinet members to approve the allocation of resource

Impact on Voluntary, Community or Faith Groups or Organisations

Please list the groups or organisations affected and detail the impact on each:	
Group	Impact
N/A	N/A

Key Risks and Mitigations

- The Local Government Finance Settlement (Feb 2015) provides further detail resulting in an adverse position. However, figures provided in PLGFS were indicative and for one year only and unlikely to change significantly. In the unlikely event of this happening an overall budget review for 2015/16 would take place.

Equality Impact Screening

Is there potential for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	State Yes / No against each line
Disabled people	No
Particular ethnic groups	No
Men or Women (include impacts due to pregnancy/maternity)	No
People of particular sexual orientation/s	No
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	No
People on low incomes	No
People in particular age groups	No
Groups with particular faiths/beliefs	No

If the screening has identified a potential disproportionate adverse impact, you will need to complete an Equality Impact Assessment. This assessment form and the guidance for its completion can be found at:

<http://intranet.oldham.gov.uk/working-for-ombc/equality-diversity/eia.htm>

EIA required:	No
EIA to be completed by:	N/A
By:	N/A

Responsible Officer:	Anne Ryans
By:	13 January 2015

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