

**Appendix 2**

**Deferred Tranche 1 Budget Reduction  
Proposals**

## Budget Saving Pro-forma 2016/17 and 2017/18

### Section 1

<b>Reference:</b>	<b>E004</b>
<b>Portfolio</b>	<b>Health and Wellbeing</b>
<b>Directorate:</b>	<b>Health and Wellbeing</b>
<b>Division:</b>	<b>Adult Services</b>
<b>Responsible Officer and role:</b>	<b>Maggie Kufeldt, Executive Director, Health and Wellbeing</b>
<b>Cabinet Member and Cluster :</b>	<b>Cllr J Harrison, Health and Wellbeing Cluster</b>

<b>Title:</b>	<b>Mental Health</b>
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### Section 2

<b>2015/16 Budget for the section:</b> <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	<b>Expenditure</b>	<b>£11,071k</b>
	<b>Income</b>	<b>(£3,625k)</b>
	<b>Net Expenditure</b>	<b>£7,446k</b>
<b>Total posts numbers in section:</b> <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	<b>FTE</b>	<b>40 staff paid for by LA, 135 staff all together within the integrated teams (Pennine Care)</b>

	<b>2016/17</b>	<b>2017/18</b>
<b>Proposed Financial saving:</b>	<b>843</b>	<b>0</b>
<b>Proposed reduction in FTE's</b>	<b>1.5</b>	<b>0</b>

### Section 3

<p><b><u>Background:</u></b></p> <p><i>Brief description of the proposal ie: what will be different, how will changes be implemented, timescale for implementation</i></p>	<p>This will be achieved by reviewing and re-designing Mental Health service provision, which will include;</p> <ul style="list-style-type: none"> <li>• Reviewing care packages and reducing the cost of support provided to individuals where safe to do so</li> <li>• Improving outcomes for individuals by helping people to maintain their independence and promote recovery</li> <li>• Reviewing and remodeling or re-commissioning mental health services provided under contract, and working with the CCG to review and remodel mental health services across the health and social care economies</li> <li>• Reducing management and staffing costs where they can be achieved without an adverse impact upon service delivery and outcomes for people with mental health</li> </ul>
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	problems
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<p><b><u>Proposed Savings £k:</u></b></p> <p><i>Through efficiency, income generation, transformation, decommissioning, etc</i></p>	<p>Review of Individual Mental Health Cases: £370k          Revising the delivery model at Edward House: £100k          Improving recovery rates and flow through services: £323k          Reduction in contract price/staffing: £50k</p> <p>Total (2016/17) reduction: £843k</p>
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<p><b><u>Further Financial Implications &amp; Considerations</u></b></p> <p><i>ie Capital implications or invest to save, pump priming etc , variations to budget</i></p>	<p>Some resources for review activity may be needed, as additional staff may need to be recruited to undertake client reviews.</p>
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<b>Economic Impact Summary</b>	
<p><b>Total net FTE job losses (gains):</b>  <i>(including Council, Unity partnership, 3<sup>rd</sup> sector, other partners, private sector)</i></p>	Cannot quantify at this stage – dependent upon commissioning model agreed
<p><b>Total financial loss to partners (£k)</b>  <i>(including Unity partnership, 3<sup>rd</sup> sector, other partners, private sector)</i></p>	<p>Revising the delivery model at Edward House: £100k</p> <p>Reduction in contract price/staffing: £50k</p>
<b>Type of impact on partners</b>	Negative

## **Section 4**

<b><u>Key Milestones</u></b>	
<b>Milestone</b>	<b>Timescale</b>
Community Mental Health team begin case reviews	July 2015 (ongoing as part of 2 year approach)
Review of staffing and management capacity completed	March 2016
Review of commissioned mental health services completed	September 2015
Redesign of service at Edward House completed	31 May 2016
Consultation on new delivery models completed (commissioned services)	Aiming for February 2016
Commissioned service redesign completed	31 May 2016

Mandatory – Completion of EIA & Consultation within PVFM timeline	Completed 12 January 2015 Reviewed September 2015
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<b>Key Risks and Mitigations</b>	
<b>Risk</b>	<b>Mitigating Factor</b>
Review of cases by community mental health team does not deliver the required financial savings	Head of Service to receive monthly progress reports including the volume of reviews completed and savings delivered/projected
Review of staffing and management capacity is delayed, reducing ability to achieve project objectives	Head of Service to put a plan in place with Pennine Care Mental Health Trust during January 2016 to ensure that management and staffing capacity is reviewed by March 2016
Commissioners do not have sufficient capacity to review mental health services	The review of mental health services will be a priority for the Council's lead commissioner. The Head of Service and Head of Commissioning will support and ensure sufficient capacity is available
NHS Commissioners do not engage with the review process	Senior management will negotiate an approach with the CCG to ensure shared understanding and commitment to achieving agreed objectives
Redesign of service at Edward House is not completed	Turning Point (the provider) has a plan in place to redesign the service and will monitor and report progress and issues to the Head of Service each month
Consultation on the new delivery models leads to challenge and delays	Active involvement of service users, their families, carers and other stakeholders from an early point in the project will reduce the risk of challenge. Proposals can be revised following consultation as may be needed to get the best outcomes
New delivery models are not implemented by March 2016	The detailed project plans will set out the steps required to develop and implement new delivery models.  Contingency plans will be in place to ensure that new models are in place. Delays may necessitate phasing implementation.  The Head of Service will work with commissioners to identify alternative approaches to delivering financial efficiencies and improving outcomes

## **Section 5**

### **What impact might the proposal have on the following?**

#### **Property Implications** *ie closures, maintenance costs, transfer of Assets, property savings, etc*

The provider of the service at Edward House has sourced alternative accommodation for the redesigned service and is working with the prospective landlord to obtain the necessary planning approvals to proceed. A memorandum of understanding between the Council and Turning Point is in place to set out risk sharing, roles and responsibilities etc.

The review of Highbarn for Mental Health rehabilitation services also has property implications; however this has been captured within the contracts template for adult social care.

#### **Service Delivery and future expected outcomes:**

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 and recovery 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.

#### **Organisation (other services)**

Mental Health reviews constitute a wider approach to managing client reviews across adult social care, and this might have an impact on other client review work.

#### **Workforce**

*Note: Please detail here any direct or indirect impact on the employees beyond reduction in numbers, for example, changes working methods, job roles or delivery models*

Cannot quantify at this stage until further scoping has been undertaken – will be dependent on commissioning model agreed. It will be important to consider any changes to the mental health workforce within the context of wider work to review the social care workforce.

#### **Communities**

There should generally be a positive impact on communities as people are supported to retain, or regain their independence as quickly as possible, and receive the right care, at the right time.

## **Service Users**

Packages of care will be reviewed and reduced where safe to do so.

Benefits to service users include;

- Preventing, reducing and delaying need for intensive mental health interventions
- Improving recovery rates
- Helping people to retain, or regain their independence as quickly as possible
- Reducing the rate at which people re-present to mental health services

## **Partner Organisations (Public & Private) inc Third Sector (Voluntary, Faith & Third Party Organisations)**

The proposals will require close working with Pennine Care Mental Health Trust managers and staff, commissioners and providers of mental health services and other stakeholders (in particular the CCG) to agree the detailed project plan, performance and financial efficiency targets and delivery responsibilities. Engaging with Service users, families and carers will also be important when developing the future model and our commissioning approach going forward.

## **Section 6**

### **Supplementary Information**

None.

## **Section 7**

### **Consultation Information –**

*This should include as a minimum the following:*

- *What has been consulted on so far? With whom and when?*
- *Further consultation required?*
- *Date consultation to be started and concluded*

**NB – All public consultations must be completed prior to approval by Cabinet/Council.**

<b>Trade Union Consultation</b>	We will consult with and brief trade unions as a starting point when we have reviewed the mental health workforce. We will then consult on proposals for change with service users, their families, carers and other stakeholders to be completed by March 2016.
<b>Staff Consultation</b>	This will be required if staffing proposals require a reduction in posts, or a re-structure of the service.
<b>Public Consultation</b>	From 3 August 2015 to February 2016
<b>Service User Consultation</b>	Edward House services users are being consulted as part of changing the service model delivered from this establishment and this will continue until the implementation of the new service.

<b>Any other consultation</b>	N/A
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## **Section 8**

### **Equality Impact Screening**

Is there <b>potential</b> for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	<b>State Yes / No against each line</b>
Disabled people	Yes
Particular ethnic groups	No
Men or Women (include impacts due to pregnancy/maternity)	No
People who are married or in a civil partnership	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 – care reviews will also be undertaken within the Over 65 mental health community care budget
Groups with particular faiths/beliefs	No
Comment: People who experience mental health issues may also experience higher levels of deprivation, be on lower incomes or be out of work. 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.	

*If by answering yes to any of the question 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/downloads/file/124/equality\\_impact\\_assessment\\_toolkit](http://intranet.oldham.gov.uk/downloads/file/124/equality_impact_assessment_toolkit)

EIA required:	Yes
EIA to be completed by:	Colin Elliot
By:	26 October 2015

## **Section 9**

Responsible Officer:	Maggie Kufeldt, Executive Director, Health and Wellbeing
Support Officer Contact:	Claire Hill
Support Officer Ext:	3125

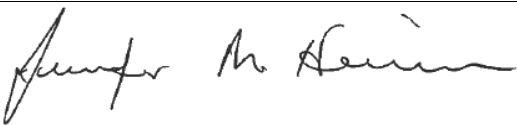
Cabinet Member Comments and/or approval
Approved

**Please return completed form to: [financialplanning@oldham.gov.uk](mailto:financialplanning@oldham.gov.uk)**

Submitted to Finance:	31 July 2015
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**Section 10**

**Approval by Lead Cabinet Member**

Cabinet Member:	Cllr J. Harrison Social Care and Safeguarding
Signed:	
Date:	31 July 2015

**Approval by Supporting Cabinet Members**

Cabinet Member:	
Signed:	
Date:	

Cabinet Member:	
Signed:	
Date:	

Cabinet Member:	
Signed:	
Date:	



# Equality Impact Assessment

## E004: Mental Health

Lead Officer:	Colin Elliott
People involved in completing EIA:	Colin Elliott, Claire Hill
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

## General Information

1a	Which service does this project, policy, or proposal relate to?	<p><b>C046 – Adult Social Services – EIA 8 – Mental Health</b></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"> <li>• Staffing - £2,427,603</li> <li>• Community Care Budget – adults under 65 - £2,140,310</li> <li>• Community Care Budget – adults over 65 - £5,710,230</li> <li>• Contracts - £793,000</li> </ul> <p>Total gross budget: <b>£11,071,143</b></p> <p>As part of our proposals to re-design this area of provision, we are planning to achieve the following reductions in expenditure during 2016/17:</p> <p>Review of Individual Mental Health Cases: <b>£370k</b>  Revising the delivery model at Edward House: <b>£100k</b>  Improving recovery rates and flow through services: <b>£323k</b>  Reduction in contract price/staffing: <b>£50k</b></p> <p>Total (2016/17) saving: <b>£843k</b></p>
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 with Pennine Care NHS Foundation Trust since 2005, which includes integrated mental health</p>

teams for Adults (under 65) and Older People (over 65's).

We propose to reduce Council expenditure on mental health services by reviewing and re-designing Mental Health service provision, which will include;

- Reviewing care packages and reducing the cost of support provided to individuals where safe to do so
- Improving outcomes for individuals by helping people to maintain their independence and promote recovery
- Reviewing and remodeling or re-commissioning mental health services provided under contract, and working with the CCG to review and remodel mental health services across the health and social care economies
- Reducing management and staffing costs where that can be achieved without an adverse impact upon service delivery and outcomes for people with mental health problems

Our intention is 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.

This approach will be beneficial for local people and is also strategically important; demand for mental health support is projected to increase in coming years as local authority budgets reduce. It is vital that we maintain a strong focus on preventing crisis, promoting mental health and wellbeing and, where people do experience mental ill health, help them to recover and live independently as soon as possible.

We will 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 the community 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.

1c	What are the main aims of the project, policy or proposal?	<p>The 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 to reduce, delay or avoid the need for targeted services.</p> <p>The main aims of the project support delivery of that vision and include:</p> <ul style="list-style-type: none"> <li>• Ensuring that Oldham Council is able to discharge its duties under the Care Act (2014).</li> <li>• Ensuring that Oldham Council is able to respond effectively to adults in need of mental health assessment and support, and their carers, in light of projected increases in demand and reducing resources.</li> <li>• Improving 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.</li> <li>• Improving 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 mental health services by intervening earlier and helping people to live as independently as possible in the community for as long as possible.</li> </ul>
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<p>People who experience mental health issues may also experience greater deprivation, be on lower incomes or be out of work.</p> <p>Whilst people with mental health related support needs 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 reduce need and improve outcomes by intervening at an earlier stage.</p> <p>We have clear criteria that we adopt around eligibility and wellbeing and the applied criteria can increase, as well as decrease a care package. The focus of reviews is upon people's assets and strengths, what they, with help from family and friends, can do for themselves rather than the more traditional approach of focusing mainly upon deficits and support needs.</p> <p>We will review 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 in a marriage or civil partnership	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?	<p>We do not anticipate that revising the delivery of mental health support will result in any detrimental impacts upon groups with protected characteristics. However, the potential vulnerability of the client groups, which include individuals with multiple and complex needs for treatment and support, requires that a full equality impact assessment of our plans is completed prior to implementation.</p> <p>We are involving staff, the people that use our services and carers in developing our delivery models, our proposals will be revised in light of comments from</p>

	<p>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.</p> <p>We will improve our capacity to respond to local need by targeting our resources more effectively and we will work with people to prevent, reduce and delay need for care and support by making better use of existing staffing and other resources.</p> <p>We have clear criteria that we adopt around eligibility and wellbeing and the applied criteria can increase as well as decrease care packages. The focus of reviews is upon people's assets and strengths, as well as the things they need help with, providing a balanced and rounded view of how best to help people to be as independent as possible.</p> <p>This Equality Impact Assessment has been conducted taking into account the information available to us at present. We will review and revise the content as may be needed in light of consultation which is currently underway with customers and their families. Any substantial revisions to the Equality Impact Assessment or to our plans will be reported to elected members in accordance with usual Council governance processes.</p>
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## Stage 2: What do you know?

### What do you know already?

Most people under the age of 65 in contact with Community Mental Health Teams are likely to have, or be recovering from a severe or enduring mental health condition. Many of the older people who use mental health services have dementia and may also have other mental and physical health related conditions.

Table 1 below shows the estimated prevalence of a number of mental illness conditions in Oldham compared to the values in England, Table 2 illustrates the volume of different categories of mental health related admissions to hospital in Oldham compared to national averages.

Whilst the data relates to periods between 2011 and 2014 it is unlikely that there has been a significant change in the relationship between Oldham's performance and average performance across the country. It is therefore probable that the prevalence of numerous mental health conditions and the volume of mental health related hospital admissions remain higher in Oldham than national averages.

This illustrates the scale of the challenge in promoting mental health and wellbeing in Oldham,

and also why it is so important to change the way we work to get better outcomes. 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 and recovery offer, will support a reduction in demand for more costly secondary mental health care and support.

**Table 1.**

<b>Prevalence indicator</b>	<b>Oldham Value</b>	<b>Number of people in Oldham using Census 2011 population</b>	<b>England Value</b>
Percentage of adults (18+) with dementia (2011/12)	0.55	929	0.53
Percentage of adults (18+) with depression (2011/12)	12.49	21,026	11.68
Percentage of adults (18+) with learning disabilities (2011/12)	0.47	791	0.45
Percentage of young people (5-16) with any mental health disorder (2013)	10.11	3,738	9.60
Percentage of young people (5-16) with emotional disorders (2013)	3.88	1,435	3.70

**Table 2.**

<b>Hospital Admissions</b>			
<b>Indicator</b>	<b>Age</b>	<b>Oldham Latest</b>	<b>England Latest</b>
Attendances at A&E for a psychiatric disorder per 100,000 population	All ages	556.06	243.54
		2012/13	
Number of bed days per 100,000 population.	18+ yrs	4729.42	4685.94
		2013/14 Q1	
Emergency admissions for self harm per 100,000 population	All ages	202.90	190.99
		2012/13	
Hospital admissions for unintentional and deliberate injuries, ages 0-24 per 10,000 population	<25 yrs	160.22	116.03
		2012/13	
Schizophrenia emergency admissions: Rate per 100,000 population	18+ yrs	80.00 (2009/10 - 2011/12)	57 (2009/10-2011/12)
		2011/12	
Emergency Hospital Admissions for Intentional Self-Harm: Directly age-sex standardised rate	All ages	204.85	187.96
		2012/13	
Young people hospital admissions for self-harm: rate per 100,000 aged 10 - 24	10-24 yrs	398.23	352.26
		2010/11-2012/13	
Child hospital admissions due to alcohol specific conditions: rate per 100,000 aged under 18	<18 yrs	68.33	42.72
		2010/11-2012/13	
Young people hospital admissions due to substance misuse: rate per 100,000 aged 15 - 24	15-24 yrs	61.92	75.21
		2010/11-2012/13	
Child hospital admissions for unintentional and deliberate injuries: rate per 10,000 children 0-14	<15 yrs	164.16	103.83
		2012/13	
Young people hospital admissions for unintentional and deliberate injuries: rate per 10,000 young people 15-24	15-24 yrs	153.91	130.65
		2012/13	

	Value higher than England
	Value lower than England

## What don't you know?

The World Health Organisation recognizes the impact of mental health on all aspects of people's lives in its definition of mental health:

'Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.'

There is a shift in the way mental health is now being considered. Whilst the prevention and treatment of people with mental health disorders is still important, it is acknowledged that promoting good mental health and wellbeing is wider than this and includes ensuring all people, not just those with a defined condition, are experiencing positive mental health and are therefore able to fulfil their potential in relation to academic achievements, productivity, and helping towards experiencing good physical health.

Whilst we have a good understanding of people who require social care and support as a result of mental ill health, earlier intervention (for example by All Age Early Help services) will lead to services working with people who in the past we would not have had contact with, unless their condition or situation worsened. We will monitor the impact on services and the outcomes achieved for individuals.

## 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 in a marriage or civil partnership	<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"/>	

<b>3e. What might the potential impact on individuals or groups be?</b> <i>(think about disability, race, gender, sexual orientation, transgender, age, faith or belief and those on low incomes and other excluded individuals or groups)</i>	
Generic (impact across all groups)	Our proposals to review individual cases and improve the rate at which people move through mental health 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 our proposals 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 who experience mental ill health.
Men or women (include impacts due to pregnancy / maternity)	We do not anticipate that our proposals 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. Earlier intervention and actively helping people to recover from mental ill health will help to achieve better outcomes.
People of particular sexual orientation/s	We do not anticipate that redesigning our services will have a differential impact upon people of particular sexual orientations.
Disabled people	Targeting our resources more effectively to intervene at an earlier stage to prevent, reduce or delay individuals' need for mental health related support is likely to have a positive impact upon disabled people. Our aim is to make sure we help people to live as independently as possible in the community for as long as possible.
Particular ethnic groups	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 local people and more actively reviewing cases is likely to have a generally positive impact across all sections of the community.
People in a marriage or civil partnership	We do not anticipate that redesigning our services will have a differential impact upon people who are in a marriage or civil partnership. However changing the way we work, to be more responsive to local people and more actively reviewing cases 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	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

reassignment	of gender reassignment.
People on low incomes	We do not anticipate that redesigning our services will have a differential impact upon people on low incomes. Changing the way we work, to be more responsive and intervene earlier with people is likely to have a generally positive impact across all sections of the community.
People in particular age groups	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.
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> )	Targeting our staffing and other resources more efficiently to make sure people get the right help at the right time and improving the journey through services will also improve our response to carers and other vulnerable and excluded groups.

<b>Consultation information</b>	
<i>This section should record the consultation activity undertaken in relation to this project, policy or proposal.</i>	
3a. Who have you consulted with?	<p>We will consult with service users, staff and wider stakeholders in advance of implementing our plans.</p> <p>As previously stated we do not anticipate that our proposals will have a detrimental impact on any groups with characteristics protected under equality legislation, or other excluded individuals or groups. We will finalise the equality impact assessment and our proposals, amending them as may be required following consultation.</p>
3b. How did you consult? (inc meeting dates, activity undertaken & groups consulted)	See above.

<b>Stage 4: Reducing / mitigating the impact</b>	
<i>As a result of what you have learned, what can you do to minimise the impact of the proposed changes on equality groups and other excluded / vulnerable groups, as outlined above?</i>	
<b>4a. Where you have identified an impact, what can be done to reduce or mitigate the impact?</b>	
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.

	<p>We have clear criteria that we adopt around eligibility and wellbeing and the applied criteria can lead to an increase, as well as a decrease in support provided to individuals. The focus of reviews is upon people's assets and strengths, as well as the things they need help with. This provided the best chance of making sure people get the right support at the right time to help them to become as independent as possible.</p>
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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 our proposals will have a detrimental impact on any groups with characteristics protected under equality legislation, or other excluded individuals or groups. We will review the equality impact assessment and our proposals, amending them as may be required following consultation with stakeholders. 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 our proposals and, once implemented, will keep the arrangements, the outcomes they achieve and potential equality impacts under review.

**Conclusion**  
*This section should record the overall impact, who will be impacted upon and the steps being taken to reduce / mitigate the impact*

Our approach to reducing mental health expenditure, by improving outcomes for individuals and the options available to them will enhance our ability to:

- Ensure that Oldham Council is able to discharge its duties under the Mental Health Act and the Care Act.
- Ensure that Oldham Council is able to respond effectively to adults in need of mental health related 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 groups with characteristics protected under equality legislation.
- Improve our capacity and ability 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.

We have clear criteria that we adopt around eligibility and wellbeing and the applied criteria can increase a care package as well as decrease. The focus of reviews is upon strengths and away

from the traditional deficit model of need and taking all circumstances into account.

At this stage there is no reason to believe that implementation of our proposals to reduce mental health related expenditure 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 our proposals and review the equality impact assessment and our proposals in light of that consultation.

This Equality Impact Assessment has been conducted taking into account the information available to us at present. We will review and revise the content as may be needed in light of consultation which is currently underway with customers and their families. Any substantial revisions to the Equality Impact Assessment or to our plans will be reported to elected members in accordance with usual Council governance processes.

### Stage 5: Signature

**Lead Officer:** Colin Elliott, Assistant Director, Adult Services

**Date:** 8<sup>th</sup> January 2016

**Approver signature:** Maggie Kufeldt, Executive Director, Health and Wellbeing



**Date:** 8/1/2016

**EIA review date:** April 2016

## Budget Saving Pro-forma 2016/17 and 2017/18

### Section 1

<b>Reference:</b>	<b>C001</b>
<b>Portfolio</b>	<b>Finance and HR</b>
<b>Directorate:</b>	<b>Corporate and Commercial Services</b>
<b>Division:</b>	<b>Finance</b>
<b>Responsible Officer and role:</b>	<b>Anne Ryans, Director of Finance</b>
<b>Cabinet Member and Cluster :</b>	<b>Cllr A Jabbar, Finance and HR</b>

<b>Title:</b>	<b>Business Support Redesign</b>
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### Section 2

<b>2015/16 Budget for the section:</b> <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	<b>Expenditure</b>	<b>£ 4,344k</b>
	<b>Income</b>	<b>£ (4,484k)</b>
	<b>Net Expenditure</b>	<b>£ (140k)</b>
<b>Total posts numbers in section:</b> <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	<b>FTE</b>	<b>157.04</b>

	<b>2016/17 £k</b>	<b>2017/18 £k</b>
<b>Proposed Financial saving:</b>	<b>350</b>	<b>0</b>
<b>Proposed reduction in FTE's</b>	<b>15</b>	<b>0</b>

### Section 3

<p><b><u>Background:</u></b></p> <p><i>Brief description of the proposal ie: what will be different, how will changes be implemented, timescale for implementation</i></p>	<p>The Business Support Service provides support services to 62 services across the Council.</p> <p>The vision for the Business Support Service is to support the organisation to deliver customer focused services that improve the customer experience whilst reducing operational cost through effective end to end processes. This will be driven through the enablers of people, process and technology. The future delivery of the Business Support Service will be reviewed in order to deliver a £350k budget reduction.</p> <p>The Council had committed to consider which services could be transferred to the Unity Partnership with a view to the more</p>
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	<p>efficient, effective and economic delivery of the service. In this regard, Unity was asked to prepare a business proposal to support the Business Support service transfer at the same time as guaranteeing the delivery of a £350k budget reduction.</p> <p>When Unity Partnership investigated the Business Support Service transfer option, it developed a centralised solution to deliver the required budget reduction, however it was not able to put forward a proposal for the Council to review that would satisfy the Council's requirements and deliver the best long term value for money.</p> <p>As a consequence, the option to transfer the Business Support Service (BSS) to Unity has been formally closed. The alternative, an in house solution to provide a budget reduction requirement of £350k has now been prepared.</p>
<p><b><u>Proposed Savings £k:</u></b></p> <p><i>Through efficiency, income generation, transformation, decommissioning, etc.</i></p>	<p>The saving anticipated is £350k and comprises the following:</p> <ul style="list-style-type: none"> <li>(i) A reduction in supplies and services expenditure of £100k – this has already been identified</li> <li>(ii) The remaining £250k saving, comprising: <ul style="list-style-type: none"> <li>• reduction in postages related expenditure – potential £100k</li> <li>• tactical staff changes – potential £150k</li> </ul> </li> </ul> <p>There may be further transformational opportunities coming out of the work undertaken to date – these will be jointly explored between the Council and Unity, through workshop/s to be held in later in the year.</p> <p>BSS had already done some work to identify areas where it could make tactical staff changes prior to the withdrawal by Unity. These changes have been discussed and agreed with service areas and a developed set of proposals to achieve the required savings have now been identified. Consultation on these proposals with Unions &amp; staff started on 04/02/2016 and is due to complete on 28/03/2016.</p>
<p><b><u>Further Financial Implications &amp; Considerations</u></b></p> <p><i>ie Capital implications or invest to save, pump priming etc. , variations to budget</i></p>	<p>There is a cost of change of £36K that will be incurred in 2015/16 which is required to deliver the anticipated £100K p.a. reduction in postages related expenditure from 2016/17 onwards. The cost of change will be funded from a combination of existing budgets and by implementing some of the changes in the last quarter of 2015/16 which will allow the early realisation of savings.</p>

<b>Economic Impact Summary</b>	
<p><b>Total net FTE job losses (gains):</b>  <i>(including Council, Unity partnership, 3<sup>rd</sup> sector, other partners, private sector)</i></p>	<p>The tactical staff changes entailed the consideration of service delivery, the number of posts required to effectively meet the demands of directorate functions, including deletion of vacant posts and reduction of agency cover. In order to achieve economies of scale, service requirements will need to be given due consideration where functions are reducing and the necessity of business support will mirror this.</p> <p>The detail will require further discussions with service leads in order to minimise disruption across the service. The finalised proposals entail the deletion of 10 vacant posts and 1 vacant post will be frozen as part of this exercise and in some areas a mini-restructure will be undertaken to align teams and maximise management capacity.</p> <p>The respective staff within the Business Support service and the trade unions are being kept fully informed of any developments. Formal consultation with staff and the trade unions started on 04/02/2016 and is due to end on 28/03/2016.</p>
<p><b>Total financial loss to partners (£k)</b>  <i>(including Unity partnership, 3<sup>rd</sup> sector, other partners, private sector)</i></p>	None apparent
<b>Type of impact on partners</b>	Not Known

## **Section 4**

<b><u>Key Milestones</u></b>	
<b>Tactical Staff Changes</b>	
<b>Milestone</b>	<b>Timescale</b>
Formal withdrawal of Unity proposal	15 December 2015
Engagement of Directors, Heads of Service & Service managers on options re tactical staff changes	16 December 2015 to 2 <sup>nd</sup> week of January 2016
Unity – BSS workshop to review findings from Unity work	13 January 2016
Finalise agreed set of tactical staff changes	Last 2 weeks of January
Staff & TU Consultation & Briefing sessions	04/02/2016 – 28/03/2016
Phased Implementation of tactical staff changes	From April 2016 onwards



<b>Post Room Project</b>	
<b>Project Start-Up Phase:</b> Project brief complete.	17 December 2015
<b>Planning Phase</b> Detailed business case complete.	27 January 2016
<b>Delivery Phase</b> (Nb. May need to factor in additional time allowance for procurement, to be determined following planning phase)	
• Staff briefing	04/02/2016 – 28/03/2016
• Consultation with impacted staff undertaken	04/02/2016 – 28/03/2016
• Transition to final service delivery model complete	March 2016
<b>Closure Phase</b>	
• Project closure report complete.	31 March 2016

<b>Key Risks and Mitigations</b>	
<b>Risk</b>	<b>Mitigating Factor</b>
Council Directorates not willing to accept a 'pay as you use model' for some, or all, of the post room services currently centrally funded by the Business Support Team within the Council.	Clear evaluation of services currently provided, identify alternative options around service provision (outsource) – consultation across service users
There is a risk that the FTE reduction required to meet the 2016/17 target cannot be agreed with customers	Early engagement with stakeholders, regular communication
There is a risk of double counting of savings between this proposal and other proposals	Support from Finance to identify potential overlaps and then discussion and regular engagement other leads
Managing staff morale through the period of uncertainty and ensuring no degradation of service	Ensure strong comms in place and support on change readiness levels of staff from the People Service

## **Section 5**

### **What impact might the proposal have on the following?**

<b>Property Implications</b> <i>i.e. closures, maintenance costs, transfer of Assets, property savings, etc.</i>
None apparent

<b>Service Delivery and future expected outcomes:</b>
The Business Support Service is a key enabler for services across the Council, supporting them to achieve their objectives and targets. Service delivery will continue but with reduced resource levels there may be imitations to the flexibility and range of services offered.



There will be a re-design of the service offer from the new Business Support Service and it will be critical that the new model and emerging service offering is not seen as a degradation of service standards, but rather an evolving set of new ways of working and alternative method of service delivery frameworks, that need to be embraced under the new ways of working agenda.

Some of the vacant posts to be deleted are currently covered by staff on fixed term contracts or agency staff. Most of such staff will exit the organisation at the end of March 2016 or sooner, so there will be an overall capacity reduction across the service which will need to be managed and monitored.

### **Organisation (other services)**

The proposal will support other services to improve and streamline their service delivery. However, as other services are undergoing redesign there could be a direct impact on the Business Support Service and on the proposals outlined in this document.

It has already been identified that the delivery of this proposal could be impacted by other 2016/17 budget proposals. This is being managed through consultation with Service Managers.

Success of this proposal is highly dependent on a number of infrastructure issues such as new ways of working, promoting self-service across a range of Council services as part of the organisational culture, adoption of new technology around mobile working and the maximisation of scanning & indexing solutions corporately.

### **Workforce**

*Note: Please detail here any direct or indirect impact on the employees beyond reduction in numbers, for example, changes working methods, job roles or delivery models*

There will be an impact on the workforce:

- There will be the reduction in the FTE establishment for Business support. 10 posts will be deleted and one will be frozen.
- The development of bespoke service provision and change of tasks to meet future service needs may require staff to develop new skills.
- Reductions within services supported could place additional pressure on reduced BSS resource.
- Staff morale and expectations will need to be managed. Change readiness support will be required as part of the transformation and transition periods.

### **Communities**

As the service is an internal business support function, there are no apparent direct implications for communities. However, given the intrinsic nature of business support with the services that they support there could be potentially indirect implications for front line services that impact the community. Part of the role of the project team will be to mitigate any such negative implications.

## **Service Users**

Service users should see a minimal impact in terms of the outcomes to be delivered by the service as customers will be given the opportunity to prioritise the support delivered.

## **Partner Organisations (Public & Private) inc Third Sector (Voluntary, Faith & Third Party Organisations)**

The full impact on partners will be determined as the programme of work is developed.

Partners will be required to assist in unlocking reductions. They will need to be heavily involved in process and procedure redesign. Initial analysis indicates a direct impact on:

### **1. NHS, particularly Mental Health Services for Adults.**

The redesign may affect the integrated business support team based at Maple House and will affect both organisations. This will mean increasing pressures when undergoing the transition. The Trust is also embarking on a review of their business support functions and we have agreed to make decisions in partnership where possible. There needs to be agreement in integrating as much as possible as there is currently significant duplication of activity.

### **2. Police**

The Police may also be affected by any redesign proposals in relation to support for the Community Safety and Neighbourhood Teams. They will be consulted on any redesign activity.

There may be an indirect impact on partners working with the Integrated Commissioning Hub, when redesigning business support we need to ensure that support for the hub enables the organisation and its partners to improve outcomes and reduce costs where possible.

## **Section 6**

### **Supplementary Information**

None.

## **Section 7**

### **Consultation Information –**

*This should include as a minimum the following:*

- *What has been consulted on so far? With whom and when?*
- *Further consultation required?*
- *Date consultation to be started and concluded*

**NB – All public consultations must be completed prior to approval by Cabinet/Council.**

#### **Trade Union Consultation**

The Trade Unions have been engaged and kept up to date on developments with the Unity business case and they have been briefed on the decision of Unity not to proceed with the submission of a detailed business case. Arrangements have been put in place for regular

	updates to be provided at future DCG meetings, and the TUs have been fully involved in the consultation process which started on 04/02/2016 and is due to be completed on 28/03/2016.
<b>Staff Consultation</b>	Staff consultation timeline started at the beginning of September 2015 and BSS staff have been kept up to date on developments with the Unity Business case and they have been briefed on the decision of Unity not to proceed with the submission of a detailed business case. Detailed & formal staff consultation started on 04/02/2016 and will be completed on 28/03/2016.
<b>Public Consultation</b>	Not required
<b>Service User Consultation</b>	Senior Council managers have been engaged across a range of service areas throughout December 2015 on the proposed options re tactical staff changes and this continued for the 1 <sup>st</sup> two weeks of January 2016 after which we achieved sign-off of the proposed tactical staff changes by service departments.
<b>Any other consultation</b>	Not applicable

## **Section 8**

### **Equality Impact Screening**

Is there <b>potential</b> for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	<b>State Yes / No against each line</b>
Disabled people	Yes
Particular ethnic groups	No
Men or Women (include impacts due to pregnancy/maternity)	No
People who are married or in a civil partnership	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

*If by answering yes to any of the question 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/downloads/file/124/equality\\_impact\\_assessment\\_toolkit](http://intranet.oldham.gov.uk/downloads/file/124/equality_impact_assessment_toolkit)

EIA required:	Yes
EIA to be completed by:	Bola Odunsi
By:	15 February 2016

**Section 9**

Responsible Officer:	Anne Ryans , Director of Finance
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Support Officer Contact:	Bola Odunsi
Support Officer Ext:	4905


Cabinet Member Comments and/or approval
Approved

**Please return completed form to:** [financialplanning@oldham.gov.uk](mailto:financialplanning@oldham.gov.uk)

Submitted to Finance:	15 February 2016
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**Section 10**

**Approval by Lead Cabinet Member**

Cabinet Member:	Cllr A Jabbar
Signed:	
Date:	

# Equality Impact Assessment

## C001: Business Support Redesign

### Stage 1: Initial screening

Lead Officer:	Bola Odunsi
People involved in completing EIA:	Bola Odunsi
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 Date of original EIA: 24/10/14

### General Information

1a	Which service does this project, policy, or proposal relate to?	Business Support Services Redesign (C001). This EIA is a second year update of the proposal D017 which was approved for 2015/16.
1b	What is the project, policy or proposal?	<p>This EIA relates to budget proposal C001 (Business Support Redesign) this will deliver a budget reduction of £350k in 2016/17.</p> <p>The total budget for the service is</p> <p>Expenditure: £4,344,480  Income: £4,484,480 (recharges)  Net Budget £ (140,000)</p> <p>The breakdown of the expenditure budget of £4,344,480 is as follows;</p> <ul style="list-style-type: none"> <li>£3,562,290 – controllable</li> <li>£ 782,190 – non-controllable</li> </ul> <p>The vision for the Customer and Business Support Service is to support the organisation to deliver resident focussed services through effective people, processes and technology.</p>
1c	What are the main aims of the project, policy or proposal?	<p>The future delivery of the Business Support Service has been reviewed in order to deliver a £350k budget reduction. This is in addition to the £200K first year reduction.</p> <p>The Council has committed to consider which services could be transferred to the Unity Partnership with a view</p>

		<p>to the more efficient, effective and economic delivery of the service. In this regard, Unity was asked to prepare a business proposal to support the Business Support service transfer at the same time as guaranteeing the delivery of a £350k budget reduction.</p> <p>When Unity Partnership investigated the Business Support Service transfer option, it developed a centralised solution to deliver the required savings, however it was not able to put forward a proposal for the Council to review that would satisfy the Council's requirements and deliver the best long term value for money.</p> <p>As a consequence, the option to transfer the Business Support Service (BSS) to Unity has been formally closed. The alternative, an in house solution to provide a budget reduction requirement of £350k has now been</p> <p>The budget reduction anticipated is £350k and comprises the following:</p> <ul style="list-style-type: none"> <li>(iii) A reduction in supplies and services expenditure of £100k – this has already been identified</li> <li>(iv) The remaining £250k saving comprising: <ul style="list-style-type: none"> <li>• reduction in postages related expenditure – potential £100k</li> <li>• tactical staff changes – potential £150k</li> </ul> </li> </ul> <p>Transformational opportunities coming out of the work undertaken to date – these will be jointly explored between the Council and Unity, through workshop/s to be held in later in the year.</p> <p>BSS had already done some work to identify areas where it could make tactical staff changes prior to the withdrawal by Unity. These changes have been discussed and agreed with service areas and a developed set of proposals to achieve the required savings have now been identified. Consultation on these proposals with Unions &amp; staff started on 04/02/2016 and is due to complete on 28/03/2016.</p>
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<p>The project will have a direct impact on all services supported by the Business Support Service and could have an indirect impact on the customers of those services.</p> <p>In some areas this could be a positive impact in that the service will receive support through a Business Support function which is more tailored to the individual needs of</p>

		<p>the service i.e. they get the support they need (bespoke) rather than being offered staff who can undertake a standard range of tasks (generic).</p> <p>In some areas there could be a negative impact. For example if staffing within a frontline service is reduced and then there is an unforeseen peak in workload the service may suffer and this could have a direct impact on residents.</p> <p>Any redesign of the service will be undertaken in conjunction with the services we support and actions. At the point of reviewing each service EIA screening will take place and where any potential disproportionate adverse impacts are identified, a full EIA will be carried out.</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 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 in a marriage or civil partnership	<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 may be affected negatively or positively by this project, policy or proposal?				
<i>None</i>		<input type="checkbox"/>	<input type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	<b>None / Minimal</b>	<b>Significant</b>
	<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?	Any redesign of the service will be undertaken in conjunction with the services we support. At the point of reviewing each service, EIA screening will take place and where any potential disproportionate adverse impacts are identified, a full EIA will be carried out.

### Stage 5: Signature

**Lead Officer: Bola Odunsi Date: 15/02/2016**

**Approver signature: Anne Ryans Date: 15/2/2016**

**EIA review date: December 2016**