

Appendix 6

Detailed Pro-formas Tranche 1

Budget Reductions for Noting

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

Section 1

Reference:	E002
Portfolio	Health and Wellbeing
Directorate:	Health and Wellbeing Directorate
Division:	Safeguarding
Responsible Officer and role:	Kim Scragg, Director of Safeguarding
Cabinet Member and Cluster :	Cllr J Harrison, Social Care and Safeguarding

Title:	Improved Value for Money within Oldham's Residential and Supported Accommodation Offer for Looked After Children and Care Leavers
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Section 2

2015/16 Budget for the section: <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	Expenditure	£23,185k
	Income	(£1,381k)
	Net Expenditure	£21,804k
Total posts numbers in section: <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	FTE	218 Safeguarding Division

	2016/17 £k	2017/18 £k
Proposed Financial saving:	234	0
Proposed reduction in FTE's	0	0

Section 3

<p><u>Background:</u></p> <p><i>Brief description of the proposal ie: what will be different, how will changes be implemented, timescale for implementation</i></p>	<p>As part of the wider children's services review, we need to maximize the capacity of in-house and commissioned residential provision across the Borough. We also need to increase their potential to deal with some of the more challenging/complex young people who are currently placed within external placements. A review of the current occupancy levels across the whole residential offer is currently being undertaken.</p> <p>We have 4 residential homes across Oldham – 2 are operated via an in-house model and 2 are commissioned externally from Cambian Care (formerly Advanced Childcare). Evidence over the</p>
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	<p>last 12 months suggests significant underuse of capacity with several beds being vacant over the period.</p> <p>Until recently the Council had a third in house residential home Tylon House which was recently decommissioned as a home to reopen as an Adolescent Support Unit offering outreach and respite support. We were able to effect this change due to the long standing capacity within our residential provision.</p> <p>By expanding our fostering offer and opening the Adolescent Support Unit we expect demand for residential care to decrease and this may allow us to close /decommission another home leaving us with three within the Borough. The savings associated with this are detailed in the other related template. We feel however that additional savings may be achieved within the remaining provision as detailed below.</p>
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<p><u>Proposed Savings £k:</u></p> <p><i>Through efficiency, income generation, transformation, decommissioning, etc</i></p>	<p>There are four areas where we feel we can potentially realise savings.</p> <p>1. The current annual contract price with Cambian Childcare is for £1,224,000 and is due to end in November 2017. There is an option to extend for up to five years following this date. One option would be to negotiate a better annual price for the remainder of the contract term.</p> <p>Occupancy figures suggest that during 2014/15 there were £93,531 costs associated with vacant beds within these two commissioned homes (it should be noted that some beds are deliberately held vacant for the welfare of the current occupants) and there are sometimes vacancies for short periods of time rather than prolonged inefficient ways of working.</p> <p>2. Costs for our block contracted placements are lower than those for our in-house provision for equivalent levels of quality.</p> <p>Evidence suggests that if we commissioned an additional 5 beds with Cambian Childcare or another provider at the lower, commissioned cost, there would be savings of approx. £140,000 per year against the in-house model.</p> <p>One implication of this is that the Council would no longer have any in house residential provision remaining.</p> <p>3. We are also currently exploring the option of ‘selling’ additional capacity to neighbouring authorities as part of the collaborative work being undertaken with Rochdale and Bury.</p>
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	<p>4. The Council also provides residential and supported accommodation for care leavers and vulnerable 16/17 year olds as part of a wider care and support offer. We intend to improve the availability, range and value for money of this provision and are currently working with Rochdale and Bury to explore ways of collaboration in this regard.</p> <p>We believe that these options will allow us to deliver approximately £234,000 savings over and above those originally offered.</p>
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<p><u>Further Financial Implications & Considerations</u></p> <p><i>ie Capital implications or invest to save, pump priming etc , variations to budget</i></p>	<p>If the Council was to externally commission any more of its children's homes there would need to be a decision about the current assets.</p>
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Economic Impact Summary	
Total net FTE job losses (gains): <i>(including Council, Unity partnership, 3rd sector, other partners, private sector)</i>	There are a number of jobs currently within in house provision would potentially transfer to an alternative provider.
<u>Total financial loss to partners (£k)</u> <i>(including Unity partnership, 3rd sector, other partners, private sector)</i>	Difficult to quantify at this stage due to range of options being explored. The main implication is that we could potentially pay Cambian Childcare approximately £100k less per annum.
Type of impact on partners	There may be a reduction of current contract prices to be weighed alongside potential additional external purchasing

Section 4

<u>Key Milestones</u>	
Milestone	Timescale
Review and options appraisal	September 2015
Negotiation of contract price with commissioned provider	October 2015
Determination of delivery arrangements from April 2016	December 2015
Mandatory – Completion of EIA & Consultation within PVFM timeline	October 2015

Key Risks and Mitigations	
Risk	Mitigating Factor
Change of home for service users	Carefully planned transition plan.
Possible lack of interest for external providers initially (5 beds) potential to re-commission all external provision (25 beds)	We would make sure that the procurement package is sufficiently robust to ensure providers are attracted.
TUPE of existing staff to a new provider and the costs involved	We will use existing systems and process's to ensure sufficient consultation and time is allowed.

Section 5

What impact might the proposal have on the following?

Property Implications <i>ie closures, maintenance costs, transfer of Assets, property savings, etc</i>
<p>The review of the current accommodation for LAC post 16 may have an impact on another residential home. Work is ongoing to review occupancy rates of all property within the portfolio to cost this option out. The option to increase the number of commissioned homes from an external provider will also need to be explored to see if this is a more efficient way of providing accommodation.</p> <p>If it is agreed to commission additional places, this will have an impact on the remaining 2 in-house properties and what happens to them.</p> <p>The success of the Adolescent Support Unit (ASU) could also have an impact on this budget proposal and needs to be considered as part of the wider review.</p>

Service Delivery and future expected outcomes:
<p>As a commissioned service, there is an existing monitoring process around the quality of provision and service, which could be financially linked (penalties) going forward. There is also a process of quarterly monitoring with the provider to ensure young people are achieving their required outcomes.</p> <p>Ofsted currently rates the externally commissioned provider of the 2 homes in Oldham as Good.</p>

Organisation (other services)
<p>If the ASU is not successful then there could still be an increased number of young people entering the care system which might create additional demand on the residential offer. This needs to be factored in to the wider residential review.</p>

Service Users

If the accommodation for LAC in residential homes is looked at and changes are made, there is likely to be significant impact and disruption to those young people resident within the home. This will need careful and timely consideration to ensure a smooth and planned move to alternative provision.

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

A provider partner organisation currently delivers residential care within two properties in Oldham. As part of the wider accommodation review, this is to be looked at and changes are likely. This could create an increase in demand for commissioned services and increased commercial opportunity.

Section 6

Supplementary Information

There will be an options appraisal for the residential accommodation review.

There will be a review of current occupancy levels across the whole residential offer.

The ASU is also being reviewed as part of its twelve month pilot and will ultimately inform the residential review as well.

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	28 th July 2015
Staff Consultation	Staff engagement commenced 30 th July 2015 S188 issue 1 st September 2015
Public Consultation	Commenced 3 rd August 2015
Service User Consultation	Between 3 rd August 2015 and 30 th September 2015 to take place September/October 2015
Any other consultation	3 rd August and 30 th September 2015

Section 8

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 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

EIA required:	Yes
EIA to be completed by:	Ed Francis
By:	15 October 2015.

Section 9

Responsible Officer:	Maggie Kufeldt, Executive Director, Health and Wellbeing
Support Officer Contact:	Claire Hill
Support Officer Ext:	0161 770 3125

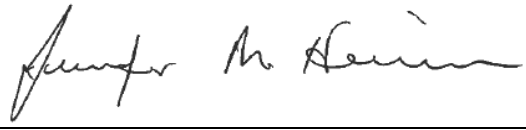
Cabinet Member Comments and/or approval
Approved

Please return completed form to: financialplanning@oldham.gov.uk

Submitted to Finance:	29 June 2015
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Section 10

Approval by Lead Cabinet Member

Cabinet Member:	Cllr J Harrison
Signed:	
Date:	29 June 2015

Approval by Supporting Cabinet Members

Cabinet Member:	
Signed:	
Date:	

Cabinet Member:	
Signed:	
Date:	

Cabinet Member:	
Signed:	
Date:	

E002 Improved Value for Money within Oldham's Residential and Supported Accommodation Offer for Looked After Children and Care Leavers

Stage 1: Initial screening

Lead Officer:	Ed Francis
People involved in completing EIA:	Ed Francis Clare Bamforth
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: November 2014 as part of budget template CO45 - Children's Services Redesign

General Information

1a	Which service does this project, policy, or proposal relate to?	<p>This proposal relates to the range of residential and supported accommodation for Looked After Children and care leavers.</p> <p>The proposal is contained in Budget Template E002 with an additional identified saving of £234k in 2016/17 to that contained in template CO45 from the 2015/16 budget setting process.</p>
1b	What is the project, policy or proposal?	As part of a wider children's services review, we need to maximise the capacity of in-house and commissioned residential provision across the Borough.
1c	What are the main aims of the project, policy or proposal?	<p>There are 4 areas linked to this proposal:</p> <ol style="list-style-type: none"> 1. Review the current annual contract price with Cambian Childcare and try to negotiate a more advantageous price for the remainder of the contract (November 2017) 2. Assess and review the quality and cost of our internal provision with the possibility of commissioning this provision from another provider at a lower cost. 3. Review the current residential and supported

		<p>accommodation offer to care leavers and vulnerable 16/17 year olds as part of the wider care and support offer.</p> <p>4. Collaborative working with Rochdale and Bury could provide opportunity to 'sell' current and future capacity within the residential offer or enter into joint commissioning arrangements for shared benefit.</p>
1d	<p>Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?</p>	<p>The affected individuals/groups would be Looked After Children and Care Leavers.</p> <p>We have 4 residential homes across Oldham – 2 are operated via an in-house model and 2 are commissioned externally from Cambian Care. Evidence over the last 12 months suggests significant underuse of capacity with several beds being vacant over the period.</p> <p>Until recently the Council had a third in house residential home Tylon House which we were able to adapt for use as an Adolescent Support Unit offering outreach and respite support.</p> <p>We were able to effect this change due to the long standing capacity within our residential provision.</p> <p>The Council also directly provides 2 semi independence units for care leavers which are staffed 24 hours.</p> <p>By expanding our fostering offer and opening the Adolescent Support Unit we expect demand for residential care to decrease and this may allow us to close /decommission another home leaving us with three within the Borough. The savings associated with this are the subject of another related template E003. We feel however that additional savings may be achieved within the remaining provision by the actions detailed above.</p> <p>This proposal could potentially affect current service users (Looked After Children and Care Leavers). If the accommodation offer is changed, it is possible that there is some disruption to those young people resident within the homes at the time. This will need careful and timely consideration to ensure a smooth and planned move to alternative provision.</p> <p>There is however the possibility within this proposal that the Council retains its direct control of the properties from which the service is provided and purchases in care and support from an alternative provider. This would be less disruptive but would be subject to an EIA in its own right.</p>

In the event of any change of provider organisation it is likely that TUPE considerations would apply.

There is also potential benefit to care leavers in that the recent Ofsted inspection highlighted the care leavers were reporting a wish for more choice and options than those currently available. A recent change of legislation around 'staying put' should lead to more care leavers opting to stay with their foster carers beyond their 18th birthdays and the discharge of their care orders. Identification of future options would take these factors into account.

There are also potential financial implications for the current provider of block contracted accommodation (2 Children's Homes).

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 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 may be affected negatively or positively by this project, policy or proposal?				
Current young people within the residential homes across Oldham		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Care Leavers		X		
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>By reviewing these services we hope to improve the cost effectiveness of service provision without compromising on quality and outcomes.</p> <p>This proposal does not seek to reduce the sufficiency of Oldham's overall offer to young people although it might have implications for individual settings.</p>

We are statutorily required to undertake a 'sufficiency' assessment and maintain 'sufficiency' of provision so any decisions we make will be in this context. What is unknown is the potential demand on services going forward and it is therefore important that we retain some flexibility in the accommodation offer in order to ensure sufficient provision.

Most provision is Ofsted registered and therefore there is an external assurance system around current provision and potential alternatives. Currently both homes provide under block contract have an Ofsted rating of 'Good'.

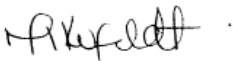
Stage 5: Signature

Lead Officer: Ed Francis

Date: 27/10/15

Approver signature:

Date: 27/10/15



EIA review date:

End September 2016.

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

Section 1

Reference:	E003
Portfolio	Health and Wellbeing
Directorate:	Health and Wellbeing Directorate
Division:	Safeguarding
Responsible Officer and role:	Kim Scragg, Director of Safeguarding
Cabinet Member and Cluster :	Cllr J Harrison, Social Care and Safeguarding

Title:	Looked After Children - Demand Management and Reduction (Therapeutic Fostering and the Adolescent Support Unit)
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Section 2

2015/16 Budget for the section: <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	Expenditure	£23,185k
	Income	(£1,381k)
	Net Expenditure	£21,804k
Total posts numbers in section: <i>(By Division):</i>	FTE	218

	2016/17	2017/18
Proposed Financial saving:	1,254	0
Proposed reduction in FTE's	12	0

Section 3

<p>Background:</p> <p><i>Brief description of the proposal ie: what will be different, how will changes be implemented, timescale for implementation</i></p>	<p>These options 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.</p> <p>This proposal covers the development of the Therapeutic Fostering service and the Adolescent Support Unit. Organisationally, these services sit within Safeguarding. There are two main proposals designed to offer up a total of £1,254k in 16/17.</p> <p>Within the context of rising demand including increasing Looked After Children numbers we aim to deliver efficiencies across the</p>
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	<p>range of spend areas by:</p> <ul style="list-style-type: none"> • Diverting and delaying 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. We aim to do this by improving the foster care offer.
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<p><u>Proposed Savings £k:</u></p> <p><i>Through efficiency, income generation, transformation, decommissioning, etc</i></p>	<p>1. Adolescent Support Unit</p> <p>As part of the wider review of Oldham’s Children’s Services, the residential offer to Looked After Children is being reviewed with a view to re-designing the current offer.</p> <p>The vision for Oldham’s Children’s Services is to develop wider placement choice for Looked After Children within the Borough of Oldham and to develop further our ‘edge of care’ offer to prevent children coming into care, namely through creating an Adolescent Support Unit (ASU).</p> <p>The development of the ASU is a 12 month pilot as part of the wider service review to establish demand and need for a preventative model.</p> <p>As part of the review it has been agreed that one of the existing residential children’s homes (Tylon House) which was reporting under capacity occupancy figures, will operate as an ASU, offering respite and family support.</p> <p>The principle function of the ASU is to provide a quality service consisting of out-reach, in-reach, family sessions and short break residential care at weekend. The unit has 3 short term respite beds and 1 crisis bed. The respite is offered on Friday, Saturday and Sunday night.</p> <p>The unit offers planned respite placements to young people aged 11-17 years old who are considered at risk of long-term placement in care.</p> <p>The ASU aims to offer and provide whole family support to families with complex needs, where the child is at risk of being taken into care or where a child in need plan is in place.</p> <p>Savings through the development of the ASU model will be found through reduction in costs incurred in operating the unit as well as reducing the cost of care placements.</p> <p>It is anticipated that 20 young people who, without the intervention of the ASU would be in care, will be worked with. An estimated success rate of 75% means 15 young people will be diverted from care admission. This will create capacity in the</p>
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	<p>system and reduce costs against the residential and foster care placements.</p> <p>2 An improved Foster Care Offer</p> <p>In the budget template C045 – Children’s Services Redesign, January 2015, we outlined plans to reduce placement costs by recruiting 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.</p> <p>This proposal has been further developed, and there are currently 4 new foster carers going through the recruitment and assessment process and 10 young people currently within the care system who have been identified as having the potential to benefit from the scheme. Work is underway with the children’s social workers to discuss suitability and need of the identified children.</p> <p>Two specialist Social Workers have been recruited to support the delivery of this model.</p> <p>This forms part of Oldham’s developing ‘step down’ model of foster care which aims to reduce overall costs and also to ensure children are in the most appropriate care placement for their needs.</p> <p>In a similar vein to our intentions around foster care, we need to look at the wider support offer including education, and therapeutic intervention.</p> <p>The development of the Therapeutic Fostering model of delivery is on track to deliver 8 placements by the end of March 2016. Further recruitment is planned later this year to recruit the remaining 6 foster carers required to meet the forecast savings. Whilst there are given variables within this model, it is on track to meet all savings allocated against it.</p>
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<p><u>Further Financial Implications & Considerations</u></p> <p><i>ie Capital implications or invest to save, pump priming etc , variations to budget</i></p>	<p>There is a possibility of moving premises to a cheaper accommodation option for the ASU. There may be costs associated with this in terms of coming out of the property lease early – indications are that these costs would be met centrally rather than from the ASU budget.</p> <p>The outcome of the wider review of children’s residential provision in the Borough may also have an impact on the demand and the overall success of the ASU.</p>
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Economic Impact Summary	
Total net FTE job losses (gains): <i>(including Council, Unity partnership, 3rd sector, other partners, private sector)</i>	Dependent on whether the ASU is successful there could be risk of job losses for between 9 and 15 residential/outreach staff.
Total financial loss to partners (£k) <i>(including Unity partnership, 3rd sector, other partners, private sector)</i>	Difficult to quantify at this stage whether the financial savings will be achieved from in house or externally procured provision. There could potentially be an impact on external residential care providers and Independent Foster Care Agencies in that we reduce our spend.
Type of impact on partners	Negative

Section 4

Key Milestones	
Milestone	Timescale
Review of the ASU at 6 months	September 2015
Review of therapeutic fostering service	September 2015 and March 2016

Key Risks and Mitigations	
Risk	Mitigating Factor
If sufficient therapeutic foster carers are not recruited, trained and operational in time, and are not delivering services to the right young people, the savings will not be generated and the out of borough placements will not be brought back in-house.	Current interest in the scheme is higher than required, however, it is recognised that some carers will drop out during the process and not progress to become therapeutic foster carers.
If the therapeutic fostering is not effective, there is a potential risk to the 9 newly recruited carers who would not be delivering as intended and who are on an advanced payment package.	There may be an option to convert the specialist foster carers to mainstream provision.
If the ASU does not work, there is potential for an increase of young people into care placements.	The project board will monitor progress against this to ensure that the young people referred to the ASU are most appropriate for this support and ensure the review and evaluation of the ASU is under taken.
If the ASU is not delivering as per its statement of purpose, it is difficult to evaluate success of the unit as it becomes an additional EDT/residential resource.	This is highlighted in the ASU project risk log and has been reported to the ASU project board.
Both models within this template are based on an average cost based model and are dependent on services being delivering to the agreed numbers specified.	Both initiatives relate to the Placement Budget which is demand led and subject to other factors. Variations from anticipated cost benefits 9 over or

	underachievement) will be managed within the overarching budgetary management process.
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Section 5

What impact might the proposal have on the following?

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

ASU – options are currently being explored in terms of the current property for the ASU, Tylon House. The lease for this is very costly, and options to re-locate are being reviewed to see if this can offer any further savings against the rental charge. However, for any potential properties, there would need to be some refurbishment costs considered – circa £50,000.

Also, considering that the ASU is a 12 month pilot, the success of this has to be weighed up against the cost of re-locating premises.

There may be costs of ending the lease early which will need to be factored in when known.

Service Delivery and future expected outcomes:

Both models considered within this budget template (Therapeutic Fostering and the ASU) are on track to deliver their intended outcomes as per their agreed delivery models.

Key performance measures have been agreed in order to evaluate the success of each of the models in order to inform the review process.

Quality of the ASU service is monitored both internally and through the regulation inspection via Ofsted.

For both models, it will be imperative to obtain the opinion and wishes and feelings of the young people involved and feedback from other stakeholders.

Organisation (other services)

If the models are not considered effective, there will be an increase on demand of alternative long term places, which are often more costly.

9 staff within the ASU could be affected if the model is not continued after the initial 12 month pilot.

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

If the 12 month ASU pilot is not successful there will be a risk of staff being displaced. Staff are aware of the pilot stage and the need to evidence the success of the unit.

Again, this would need timely consideration with all relevant parties – staff, trade unions, HR, etc – to fully inform the process.

The specialist foster carers recruited would not be delivering as intended and may not receive the same financial remuneration as a result. There may be an option to convert them to mainstream carers.

Communities

The proposals above will not have any impact on the general community. There is likely to be some impact on the parents of the children/young people being cared for if there are changes to their provision.

The recruitment of Oldham residents as foster carers fits with the Co-operative Council.

Service Users

Both proposals will be reviewed and evaluated to ensure quality and effectiveness of the service.

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

Partner organisations such as schools and health providers are essential to the success of our aim to care for more challenging young people in family settings as part of the 'wraparound' offer.

Section 6

Supplementary Information

There will be review of the ASU and options for continuing this will be considered.

Consideration for the young people resident at the time of the review must be given and consultation with their parents.

Section 7

Consultation Information –	
<i>This should include as a minimum the following:</i>	
<ul style="list-style-type: none"> • 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	28 th July 2015
Staff Consultation	Staff engagement commenced 30 th July 2015 Issue of Section 188 notice 1 st September 2015
Public Consultation	Commenced 3 rd August 2015
Service User Consultation	Between 3 rd August 2015 and 30 th September 2015 to take place September/October 2015
Any other consultation	3 rd August and 30 th September 2015

Section 8

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 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

EIA required:	Yes
EIA to be completed by:	Ed Francis
By:	15 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

Submitted to Finance:	29 June 2015
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Section 10

Approval by Lead Cabinet Member

Cabinet Member:	Cllr J. Harrison
Signed:	
Date:	29 June 2015

Approval by Supporting Cabinet Members

Cabinet Member:	
Signed:	
Date:	

Cabinet Member:	
Signed:	
Date:	

Cabinet Member:	
Signed:	
Date:	

E003* Looked After Children - Demand Management and Reduction (Therapeutic Fostering and the Adolescent Support Unit)

Stage 1: Initial screening

Lead Officer:	Ed Francis
People involved in completing EIA:	Ed Francis Clare Bamforth
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 November 2014 as part of budget template CO45 - Children's Services Redesign

General Information

1a	Which service does this project, policy, or proposal relate to?	This proposal relates to the ability to reduce the number of residential places provided by or purchased by the Council due to demand reduction and management via the development of the Adolescent Support Unit (ASU) and the Therapeutic Fostering Scheme. Organisationally, these services sit within Safeguarding. The savings requirement against this proposal is £139,000 in 2015/16 and £1.26 million in 2016/17.
1b	What is the project, policy or proposal?	This proposal relates to the Councils statutory duties to protect and safeguard children and young people including looking after those for whom the Council assumes parental responsibility (LAC and Care Leavers).
1c	What are the main aims of the project, policy or proposal?	Within the context of rising demand including increasing Looked After Children numbers we aim to deliver efficiencies across the range of spend areas by: Diverting and delaying children and young people into the social care system and helping those in the system move out – Adolescent Support Unit.

The principle function of the ASU is to provide a quality service consisting of out-reach, in-reach, family sessions and short break residential care at weekend. The unit has 3 short term respite beds and 1 crisis bed. The respite is offered on Friday, Saturday and Sunday night.

The unit offers planned respite placements to young people aged 11-17 years old who are considered at risk of long-term placement in care.

The ASU aims to offer and provide whole family support to families with complex needs, where the child is at risk of being taken into care or where a child in need plan is in place.

Savings through the delivery of the ASU model will be found through the ability to close an additional children's home due to increasing capacity in the system. Should the unit not prove successful the 'fall back' position to offer up the required savings would come from decommissioning the ASU itself. An options appraisal will be undertaken to determine the appropriate course of action and this will include an EIA.

Reducing the cost of children and young people being supported by the social care system and providing better placement options by delivery of an improved foster care offer.

In order to offer up savings from 2015/16 onwards plans were introduced to reduce placement costs by recruiting 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.

This proposal has been further developed, and there are currently 4 new foster carers going through the recruitment and assessment process and 10 young people currently within the care system who have been identified as potential to benefit from the scheme. Work is underway with the children's social workers to discuss suitability and need of the identified children.

2 specialist Social Workers have been recruited to support the delivery of this model.

This forms part of Oldham's developing 'step down' model of foster care which aims to reduce overall costs and also to ensure children are in the most appropriate

		care placement for their needs.
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<p>Both elements of this proposal aim to improve the offer to Oldham's children and young people by reducing the number of children entering the care system and for those that do, by increasing the range of support and provision offered to them.</p> <p>It is therefore hoped that if both models are effective, there will be an improved offer and ultimately a positive impact for the young people.</p> <p>There may be job reductions in care settings as a result of the success of these proposals.</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 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 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?				
Children and young people at risk of care or actually in care		<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"/>

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>In delivering these areas of service change, the impact on children and young people within Oldham will be positive and will provide them with an improved and increased option for accommodation as a LAC.</p> <p>Any new service users will benefit from the developments in the areas and will therefore not be adversely affected in the future.</p> <p>Key performance measures have been agreed in order to evaluate the success of each of the models in order to inform the wider review of Children’s Services.</p> <p>Both elements are monitored closely through the Transforming Children’s Services programme board.</p> <p>By reviewing these services we hope to improve the offer to looked after children and to provide better choice and more opportunity for them to achieve independence.</p> <p>The ASU is still in the early stages of development but is already working with key children and young people in the hope that it will prevent them entering the care system. If this continues to work, we hope that the overall number of children and young people within the care system will eventually reduce longer term.</p> <p>What is unknown is the potential demand on services going forward and it is therefore important that we retain some flexibility in the offer in order to ensure sufficient provision. However, early indications are that both areas will be effective in reducing the number of children and young people within the care system.</p>

Stage 5: Signature

Lead Officer:

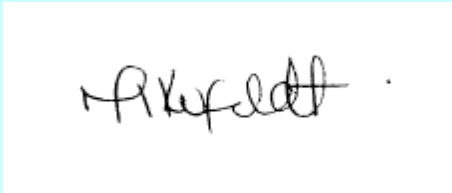
Date:

Ed Francis

27/10/15

Approver signature:

Date: 27/10/15

A handwritten signature in black ink on a white rectangular background. The signature appears to be 'Ed Francis' written in a cursive style.

EIA review date:

September 2016

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

Section 1

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

Title:	Mental Health
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Section 2

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

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

Section 3

<u>Background:</u> <i>Brief description of the proposal ie: what will be different, how will changes be implemented, timescale for implementation</i>	<p>This will be achieved by reviewing and re-designing Mental Health service provision, which will include;</p> <ul style="list-style-type: none"> • 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
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	delivery and outcomes for people with mental health problems
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<p><u>Proposed Savings £k:</u></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) saving: £843k</p>
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<p><u>Further Financial Implications & Considerations</u></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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Economic Impact Summary	
Total net FTE job losses (gains): <i>(including Council, Unity partnership, 3rd sector, other partners, private sector)</i>	Cannot quantify at this stage – dependent upon commissioning model agreed
Total financial loss to partners (£k) <i>(including Unity partnership, 3rd sector, other partners, private sector)</i>	<p>Revising the delivery model at Edward House: £100k</p> <p>Reduction in contract price/staffing: £50k</p>
Type of impact on partners	Negative

Section 4

<u>Key Milestones</u>	
Milestone	Timescale
Community Mental Health team begin case reviews	June 2015 (ongoing as part of 2 year approach)
Review of staffing and management capacity completed	September 2015
Review of commissioned mental health services completed	September 2015
Redesign of service at Edward House completed	31 March 2016

Consultation on new delivery models completed (commissioned services)	Aiming for September 2015
Commissioned service redesign completed	31 March 2016
Mandatory – Completion of EIA & Consultation within PVFM timeline	Completed 12 January 2015 Reviewed September 2015

Key Risks and Mitigations	
Risk	Mitigating Factor
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 June to ensure that management and staffing capacity is reviewed by September 2015
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 savings 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*

Edward House will require some re-modelling (modernisation to fit with the new service model) and this will be done by Regenda (the landlord) and managed through a Memorandum of Understanding (between Regenda, Turning Point – The current care provider, and OMBC) 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.

Trade Union Consultation	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 mid-October.
Staff Consultation	This will be required if staffing proposals require a reduction in posts, or a re-structure of the service.
Public Consultation	From 3 August 2015
Service User Consultation	Edward House services users are being consulted as part of changing the service model delivered from this establishment.
Any other consultation	N/A

Section 8

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	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

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

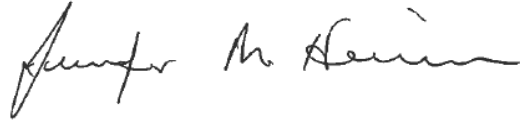
Cabinet Member Comments and/or approval
Approved

Please return completed form to: financialplanning@oldham.gov.uk

Submitted to Finance:	29 June 2015
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Section 10

Approval by Lead Cabinet Member

Cabinet Member:	Cllr J. Harrison Social Care and Safeguarding
Signed:	
Date:	29 June 2015

Approval by Supporting Cabinet Members

Cabinet Member:	
Signed:	
Date:	

Cabinet Member:	
Signed:	
Date:	

Cabinet Member:	
Signed:	
Date:	

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>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 the following reductions in expenditure during 2016/17:</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) saving: £843k</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</p>

since 2005, which includes integrated mental health 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"> • Ensuring that Oldham Council is able to discharge its duties under the Care Act (2014). • 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. • 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. • 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.
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 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</p>

		<p>account.</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>
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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	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	We do not anticipate that revising the delivery of mental

<p>decision?</p>	<p>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 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.</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 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.</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.

Prevalence indicator	Oldham Value	Number of people in Oldham using Census 2011 population	England Value
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.

Hospital Admissions			
Indicator	Age	Oldham Latest	England Latest
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 recognises 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 are 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"/>	

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

(think about disability, race, gender, sexual orientation, transgender, age, faith or belief and those on low incomes and other excluded individuals or groups)

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 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.
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.

Consultation information

This section should record the consultation activity undertaken in relation to this project, policy or proposal.

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.

Stage 4: Reducing / mitigating the impact

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?

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.

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.

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.

Stage 5: Signature

Lead Officer: Colin Elliott, Assistant Director, Adult Services
Date: 27 October 2015

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



Date: 27/10/15

EIA review date: December 2016

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

Section 1

Reference:	E007
Portfolio	Health and Wellbeing
Directorate:	Health and Wellbeing
Division:	Adult Services
Responsible Officer and role:	Maggie Kufeldt, Executive Director, Health and Wellbeing
Cabinet Member and Cluster :	Cllr J Harrison, Health and Wellbeing Cluster

Title:	Workforce re-design
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Section 2

2015/16 Budget for the section: <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	Expenditure	£4101k
	Income	(£0k)
	Net Expenditure	£4101k
Total posts numbers in section: <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	FTE	115

	2016/17	2017/18
Proposed Financial saving:	150	0
Proposed reduction in FTE's	5	0

Section 3

Background: <i>Brief description of the proposal ie: what will be different, how will changes be implemented, timescale for implementation</i>	This budget pro-forma provides information on the saving target for 2016/17 associated with workforce re-designs within Adult Social Care. Savings amount to £150k.
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<p><u>Proposed Savings £k:</u></p> <p><i>Through efficiency, income generation, transformation, decommissioning, etc</i></p>	<p>Workforce re-design involves the redesign of the care management, personalisation and all age disability elements of service delivery. Mental Health and Client Support functions are not included; however, we need to consider this as part of a whole system approach, including links to safeguarding and Mental Health staffing reviews, which is also underway.</p> <p>The workforce redesign will have a strong focus on:</p> <ul style="list-style-type: none"> • Adapting and changing the skills mix in order to have a workforce that is flexible, responsive with a clear focus on demand management, prevention and improving outcomes • Partnership and integration; making the best use of resources available to prevent, reduce and delay need for social and healthcare and other intensive interventions • Commissioning; leading and shaping the market to develop and deliver high quality service <p>Savings are to be realised via a combination of service/process improvements and reconfiguration of staffing structures. We are also committed to further integration of service provision with Health where this will add value, improve outcomes for local residents and advance the strategic aims of Oldham Council and our Greater Manchester partners.</p>
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<p><u>Further Financial Implications & Considerations</u></p> <p><i>ie Capital implications or invest to save, pump priming etc , variations to budget</i></p>	None
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Economic Impact Summary	
Total net FTE job losses (gains): <i>(including Council, Unity partnership, 3rd sector, other partners, private sector)</i>	Cannot quantify at this stage until scoping and consultation completed
Total financial loss to partners (£k) <i>(including Unity partnership, 3rd sector, other partners, private sector)</i>	None
Type of impact on partners	Negative

Section 4

<u>Key Milestones</u>	
Milestone area	Timescale
High level proposal in place	September 2015
Detailed Proposal signed off	October 2015
Completion of EIA	October 2015
Commence implementation	January 2016

<u>Key Risks and Mitigations</u>	
Risk	Mitigating Factor
Longer waiting times for assessment and review if fewer care management staff are employed.	A detailed assessment of risk and capacity and demand must be undertaken
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. The estimated cost to Oldham Council is estimated to be nearly £3m per annum.	Further government funding may (or may not) be provided to local authorities for this purpose. The Council must ensure it continues to develop an understanding of the impact of increased demand, and additional responsibilities arising from the introduction of the Care Act in April 2015.
Insufficient resources to make the necessary investment in prevention and early intervention, resulting in an acceleration of demand for social care	Ensure a robust programme management approach to managing projects, ensuring resources needed to carry out projects are clearly stipulated.
Additional risk to health, wellbeing and safety if vulnerable adults receive less support than they would in the past	The Council must ensure service users are provided with a safe level of care.

Section 5

What impact might the proposal have on the following?

<u>Property Implications</u> <i>ie closures, maintenance costs, transfer of Assets, property savings, etc</i>
None.

Service Delivery and future expected outcomes:

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 avoid, reduce or delay the need for targeted health and social care services. In order to achieve this and manage the expected future demands, we must move away from traditional “social” and “health” care, and focus on early intervention to address needs before they escalate, and develop more integrated, person centred services that are better able to respond to individuals taking account of their assets and abilities.

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 presented additional duties for Local Government.

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

- Intends to lessen demand
- Is focused on outcomes
- Promotes delivery models that deliver better outcomes, at lower cost where possible
- Supports people to avoid using residential care services, but where they do reduces the length of stay and delays the point of admission
- Invests in preventative services

Organisation (other services)

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 Transforming Adult Services group, which meets regularly to engage key elements of the business in our transformation programme.

We are also working with NHS Oldham Clinical Commissioning Group and our Urgent Care Alliance NHS partners to identify opportunities for improving the whole health and social care system. This will in turn inform our redesign of Adult Social Care.

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

A reduction in the workforce and a refocusing 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.

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 achieving a measurable improvement in outcomes. Adopting an asset based approach that encourages positive risk taking and effective risk management will be a key element of the overall approach. This is important because most people who use social care and support services want to retain their independence and control over their life for as long as possible. We aim to make sure people get just the right amount of support at the right time to achieve these aims.

In all cases, the impact of FTE reductions, including the impact on the remaining workforce must be assessed as the proposals are further developed.

Communities

The proposals will generally have a positive impact on communities in that as many people as possible will be enabled to stay healthy and active in the community for longer by delaying or avoiding the need for targeted services. However, there may be additional pressure on families and carers, as well as service users to continue to cope for longer with less support than would have been available in the past.

Service Users

Redesigning our services and integrating health and social care where that makes sense will improve people's experience of social care and health services in Oldham. Taking a more person centered approach to preventing, reducing and delaying need to traditional social care and other intensive services will result in better outcomes for individuals and more people living independently for longer in the community.

However, there may also be additional risks to health, wellbeing and safety if vulnerable adults receive less support than they would have in the past, and additional pressure on families and carers if they are unable to access support We will work more proactively to identify and help carers at an earlier stage to mitigate those risks.

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

Ongoing reductions in public sector funding may displace demand to the voluntary and community sectors. This will be taken into account as future commissioning strategies are developed. It is also the case that reductions in social care might also increase demand for

health services. We are working with our local and Greater Manchester NHS partner agencies to make sure that our transformation plans are coherent and that we are able to identify and mitigate risks across the health and social care economy.

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	A Trade Union meeting took place in late July with staffing consultation following this. A full overall public consultation will be completed by mid-October.
Staff Consultation	This will be required if staffing proposals require a reduction in posts, or a re-structure of the service.
Public Consultation	From 3 August 2015
Service User Consultation	As below
Any other consultation	Where relevant, consultation with all affected staff, service users, carers, providers and partners, has been undertaken for specific projects.

Section 8

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	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

EIA required:	Yes
EIA to be completed by:	Jayne Ratcliffe
By:	26 October 2015

Section 9

Responsible Officer:	Maggie Kufeldt
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

Submitted to Finance:	29 June 2015
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Section 10

Approval by Lead Cabinet Member

Cabinet Member:	Cllr J Harrison Social and Safeguarding
Signed:	
Date:	29 June 2015

Approval by Supporting Cabinet Members

Cabinet Member:	
Signed:	
Date:	

Equality Impact Assessment Tool - DRAFT

E007: Workforce Redesign

Lead Officer:	Peter Tomlin
People involved in completing EIA:	Peter Tomlin
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 The original EIA was completed January 2015.

General Information

1a	Which service does this project, policy, or proposal relate to?	<p>This EIA relates to budget proposal ref: E007. This is a continuation of the 2015/16 proposal Redesigning Care Management and Assessment Services. Budget Reference Number: CO46</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 are proposing to work with managers and staff from Adults Social Care and Pennine Care Trust, and with commissioners from the Council and the CCG in developing a service specification that describes the integrated models of care and delivery, and the governance for managing these changes.</p> <ul style="list-style-type: none"> • Subject to agreement at DMT and with the CCG, the services that we are looking for an integrated approach to include; <ul style="list-style-type: none"> ○ The single point of access ○ The clusters / neighbourhood teams ○ Integrated Discharge Team ○ Intermediate Care and Re-ablement ○ Out of Hours / EDT ○ Specialist services – Learning Disabilities and Mental Health

The proposed governance for these changes will be reported to the Health and Well Being Board from the Integrated Commissioning Group, who will have oversight of a Programme Board with subgroups to cover the following areas;

- Systems design
- IT and information governance
- Workforce and organisational development
- Estates and Asset Management

- Finance and Contractual Mechanisms
- Engagement and involvement with people who use services and carers

Plus task and finish work on the following;

- Governance
- Mapping the existing services and spend

For each of the above the staff will be involved relevant to the expertise required, from across the stakeholder organisations including the Council, Pennine Care Trust, Pennine Acute Trust, the voluntary, community and faith sector.

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 working with health colleagues to target our staffing and other resources more effectively within localities.

This is necessary to ensure that we are able to deliver additional duties under the Care Act 2014 and to improve our response to Oldham residents as Council budgets reduce.

In practice this will entail:

- 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

		<p>outcomes.</p> <p>The target for reducing operating costs by redesigning Adult Services is £300,000. (£150,000 to be achieved in 2015/16, £150,000 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 and staffing costs, less reliance on residential care and hospital services and better use of the voluntary, community and faith sector local to where people live. The detail of posts affected will become clearer as we develop our plans.</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). • 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 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. • 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 and health services by intervening earlier and helping people to live as independently as possible in the community for as long as possible.

		We are currently, alongside health partners, 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.
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 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?				
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 (£300k) will, primarily, be delivered by reductions in management and staffing costs. We do not anticipate a significant reduction in front line staff although some roles and functions may change.</p> <p>Targeting our resources more effectively will enable us to deliver new duties, 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
1h	How have you come to this decision?	<p>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.</p> <p>We will involve staff, the people that use our services and carers in developing our delivery models through the governance model described above. 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.</p> <p>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.</p> <p>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.</p> <p>We will review potential equality impacts in January 2016.</p>

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, and we do not understand the impact of a more integrated approach with health services, as many of the people who receive services from us also receive them from health. Adopting a named care co-ordinator approach through a single assessment and care plan, regardless of whether health or social care professionals take the lead should result in an improved customer journey, but the impact on resources is not known at this time.

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

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 (see 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		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 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 with reference to future plans to redesign our services. Two further staff briefings have been held in 2015 as part of the budget setting consultation process; our plans to redesign services were discussed at both events.</p> <p>Numerous workshops were held with managers and staff across Adult Services in 2014 to involve them in considering what 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 in 2014: 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) – see above.</p> <p>Following initial agreement from the CCG and DMT during November 2015 we will be running workshops jointly with the Pennine Care Trust to engage firstly with managers and then staff in this model of care and to gain their views and insights into the issues that matter to them. This will also form part of the consultation as these proposals are part of the tranche 1 savings.</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 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?

If you feel that the data and past consultation feedback you have is not sufficient to properly consider the impact before a decision is made then you may wish to supplement your evidence base with more data or further consultation. In some cases statutory consultation may be required. This should be proportionate to the scale of the decision and will depend on the gaps in your current understanding.

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

(think about disability, race, gender, sexual orientation, transgender, age, faith or belief and those on low incomes and other excluded individuals or groups)

Generic (impact across all groups)

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.
Men or women (include impacts due to pregnancy / maternity)	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.
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. 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 a marriage or civil partnership	We do not anticipate that redesigning our services will have a differential impact upon people in a marriage or civil partnership. 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.
Disabled people	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.
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 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.

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 staff and other 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 2016. 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

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

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).
- 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 and report any changes to relevant council committees and cabinet.

Stage 5: Signature

Lead Officer: Peter Tomlin, Interim Head of Safeguarding Adults and Learning Disabilities,
Adult Services

Date: 27.10.2015

Approver signature: Maggie Kufeldt

A handwritten signature in black ink on a white rectangular background. The signature appears to be 'M Kufeldt' with a small dot at the end.

Date: 27/10/15

EIA review date: January 2016

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

Section 1

Reference:	E008
Portfolio	Health and Wellbeing
Directorate:	Health and Wellbeing
Division:	Adult Services
Responsible Officer and role:	Maggie Kufeldt, Executive Director, Health and Wellbeing
Cabinet Member and Cluster :	Cllr J Harrison, Health and Wellbeing Cluster

Title:	Adult Services – Generating additional income
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Section 2

2015/16 Budget for the section: <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	Expenditure	N/A
	Income	(£23,454k)
	Net Expenditure	N/A
Total posts numbers in section: <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	FTE	0

	2016/17 £k	2017/18 £k
Proposed Financial saving:	401	0
Proposed reduction in FTE's	0	0

Section 3

<p><u>Background:</u></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 document sets out proposals for generating additional income for Adult Social Care in 2016/17.</p> <p>a) Income generation and charging - £260,000</p> <ul style="list-style-type: none"> • Attendance Allowance (night element) • Charging for self-funders <p>b) Increasing NHS Continuing Health Care funding - by developing more effective, joined up systems and processes between health and social care funding arrangements - £141,000</p>
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Together, these proposals total £401k

Proposed Savings £k:

Through efficiency, income generation, transformation, decommissioning, etc

a) Income generation and charging: £260,000

There are two areas where charging is being considered over and above current policy -

i. Attendance Allowance (night element)

The Care Act 2014 clearly sets out the types of benefits which must fully be taken into account. This includes Attendance Allowance (AA) and Disability Living Allowance (DLA). As part of a financial assessment we currently disregard the night care element of this allowance. The night care element is classed as the difference between the low and high rates of Attendance Allowance or the middle and high rate of Disability Living Allowance. Previously, under Fairer Charging Guidance this was disregarded if night care services were not provided but under the Care Act 2014 the allowance is to be made as part of Disability Related Expenditure.

ii. Charging for Self-funders

The Care Act guidance set out that people with eligible care and support needs who have assets above the upper capital limit (currently £23,250) can ask local authorities to meet their needs and the authority may charge a fee for making this arrangement. The arrangement fee can only cover the cost of negotiating and/or managing the contract with a provider and any administration costs incurred in the process. The fee can be set at a flat rate however it must not be set at a cost which exceeds the true cost met by the authority.

b) Increasing NHS Continuing Health Care Funding by developing more effective, joined up systems and processes between health and social care funding arrangements - £141,000

NHS continuing healthcare (or CHC) is the name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital and have been assessed as having a 'primary health need'. This proposal will involve working in partnership with the CCG to develop a more effective, joined up system and processes, to ensure packages of care and support are reviewed and the right level of funding is allocated to clients who have both health, and social care needs.

<p>Further Financial Implications & Considerations</p> <p><i>ie Capital implications or invest to save, pump priming etc , variations to budget</i></p>	<p>Attendance Allowance - Some elements of night care services may require allowances to be made under disability related expenses (DRE). Costs in this area are currently unknown and could potentially lead to lower income than projected. Clients in receipt of higher or middle rate care AA or DLA may also be entitled to Severe Disability Premium. Support should be provided to enable clients to access this additional premium, which in turn may further increase income and also support them in maximising additional income to themselves.</p> <p>Charging for Self-Funders - Unknown demand, if self-funders approach the authority, they may not wish to have the authority arrange their support with providers on their behalf. The number of self-funders is still a relatively new area for the service to demand model and work is currently underway to develop projections for this group of clients.</p>
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Economic Impact Summary	
Total net FTE job losses (gains): <i>(including Council, Unity partnership, 3rd sector, other partners, private sector)</i>	N/A
Total financial loss to partners (£k) <i>(including Unity partnership, 3rd sector, other partners, private sector)</i>	N/A
Type of impact on partners	Neutral or marginal

Section 4

Key Milestones	
Project area	Timescale
a) Income generation and charging	Implemented April 2016
b) Increasing NHS Continuing Health Care Funding	Implemented April 2016

Key Risks and Mitigations		
Project area	Risk	Mitigating Factor
a) Income generation and charging	It is anticipated that income of up to £260k could be generated by adopting the policies as outlined in this document. This will need to be weighed against the potential fallout and challenge that charging inevitably brings.	Ensuring effective, timely engagement and consultation will be important to ensuring these proposals are tenable.
b) Increasing NHS Continuing Health Care Funding	Joint agreement with partners in not achieved	Ensuring effective, timely engagement and consultation with relevant partners will be essential.

Section 5

What impact might the proposal have on the following?

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

None

Service Delivery and future expected outcomes:

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 centered model of holistic care. The proposals contained within this paper will help to deliver this vision.

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

- Intends to lessen demand;
- Is focused 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.

Organisation (other services)

The success of the transformation programme depends 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, which aims to engage with key elements of the business in our transformation programme.

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

We will need to ensure the workforce is fully skilled up and knowledgeable on changes to the adult social care charging framework, and changes to other working practices and processes arising from these proposals. The workforce across adult social care will also need to be effectively briefed and up skilled to deal with the fees and processes associated with brokering care and support services for self-funders.

Communities

Communities will benefit from a joined up health and social care system, with simpler processes and will find it easier to understand their care and support funding.

Service Users

Service users will experience a more joined up system, and would benefit from an aligned approach to the funding of their care and support.

The charging elements of this proposal will impact on the amount of disposable income Adult Social Care service users will retain, as a result of their contribution towards their care and support needs increasing. However, all individuals will be left with a Minimum Income Guarantee (MIG) level, as laid out in the statutory framework, so no-one will pay more towards their care than they can afford to do so.

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

Partners will also benefit from a more joined up health and social care system, with effective aligned processes and systems. However, partners might also feel additional financial pressures from revised working arrangements.

There may be additional pressure on voluntary and community organisations as demand rises and attempt to fill gaps in provision.

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	Not applicable
Staff Consultation	Not applicable. No impact on the number of FTE's.

Public Consultation	<p>From 3 August</p> <p>The proposals outlined within this report for charging for adult social care services formed part of an engagement exercise led by the Department of Health in Autumn 2011. As part of this engagement adult's with care and support needs and provider organisations were directly involved in developing The Care Act 2014 and the subsequent regulations and guidance. Local authorities are required to follow the new national framework on charging for care and support services in adult social care. As a result consultation is not required.</p> <p>Generating additional income via CHC does not require public consultation as this approach is outlined in the National Framework for NHS CHC and NHS FNC (DH revised 2012).</p>
Service User Consultation	As above
Any other consultation	Not applicable

Section 8

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	Yes
Particular ethnic groups	No
Men or Women (include impacts due to pregnancy/maternity)	Yes
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	No

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

EIA required:	Yes
EIA to be completed by:	Attendance Allowance – Karen Maders Self-funders Fee – Andrew Pearson Continuing Health Care – N/A
By:	26 October 2015

Section 9

Responsible Officer(s):	Maggie Kufeldt, Executive Director, Health and Wellbeing
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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

Submitted to Finance:	29 June 2015
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Section 10

Approval by Lead Cabinet Member

Cabinet Member:	Cllr Harrison Social Care and Safeguarding
Signed:	
Date:	26 June 2015

Approval by Supporting Cabinet Members

Cabinet Member:	
Signed:	
Date:	

Equality Impact Assessment Tool - DRAFT

E008 – Adult Services – generating additional income (Night Care Allowance)

Stage 1: Initial screening

Lead Officer:	Kirsty Littlewood, Head of Client Support Services
People involved in completing EIA:	Karen Maders Team Leader Income and Assessments
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 night care allowance element of budget proposal E008 – Generating additional income.</p> <p>Adult Social Care Non Residential Charging Policy The Care Act 2014 introduced changes to the rules relating to the financial assessment process for calculating service user's contributions towards their non-residential care services which include personal budgets, day-care, extra care housing and supported living.</p> <p>The charging policy was revised in April 2015 to make it compliant with the Care Act but further revisions are needed in relation to the treatment of Attendance Allowance, Disability Living Allowance Care and Personal Independence Payments (Daily Living Component).</p>
1b	What is the project, policy or proposal?	<p>What are Attendance Allowance, Disability Living Allowance and Personal Independence Payments (Daily Living Component) made for?</p> <p>These are non-means-tested benefits paid by the Department for Work and Pensions to people whose care needs meet the eligibility criteria. Attendance Allowance is payable at 2 rates as are Personal Independence Payments (Daily Living Component) and there are 3 rates of Disability Living Allowance Care.</p> <p>Disability Living Allowance is being replaced by Personal Independence Payments, no new claims to this benefit can</p>

be made and existing recipients are being transferred over as their cases are reviewed.

Fairer Charging Guidance

Prior to the implementation of the Care Act 2014 the non-residential charging policy was set based on the Fairer Charging Guidance issued by the Department of Health.

- Fairer Charging Guidance paragraph 42 stated that *“it seems to be unlawful for councils to take into account an element of Attendance Allowance or Disability Living Allowance paid for night care as income where the council purchases no element of night care.”*
- It is currently accepted that the difference between the high and low rate of Attendance Allowance (AA) and high and middle rate of Disability Living Allowance Care (DLA) is the element paid for night care.
- Due to this, the difference between these rates, £27.20 a week is currently given as a night care allowance to those people who do not receive night care services from the Council.
- For those who do receive night services from the Council, for example they live in supported accommodation or have helpline installed in their property no allowance is given.

Care Act 2014

- Under the Care Act, the treatment of AA, DLA Care and PIP Daily Living Component has changed. The Care Act states that the full amount should be taken into account and allowance should be made under Disability Related Expenditure for the actual costs incurred of any care not provided by the Council.
- It is proposed to reflect this change in the non-residential charging policy.
- This change to the charging policy will ensure that all service users are treated fairly and simplifies the process for when service users transfer from DLA Care to PIP.

What is Disability Related Expenditure?

- Disability Related Expenditure is to be allowed in the financial assessment for payments made to meet needs that are not being met by the Council for example day or night care, maintenance of wheelchairs and specialist equipment.
- Disability Related Expenditure also covers additional costs the a service user has due to the nature of their illness or disability which are not for care and support for example above average heating costs, transport costs and gardening.

1c	What are the main aims of the project, policy or proposal?	<p>The main aim of the proposal is to be fully compliant with the treatment of income as set out in the Care Act 2014 therefore ensuring the fair and equitable treatment of all service users.</p> <p>The present charging policy needs to be altered as currently the element of AA or DLA Care paid for night care is either fully taken into account or fully disregarded.</p> <p>The proposal seeks to ensure that</p> <ul style="list-style-type: none"> • All service users regardless of whether they are in receipt of AA, DLA or PIP are treated in the same way. • Appropriate allowance is made in the financial assessment for the cost of care not arranged by the Council. • The income collected by the Council is maximised.
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<p>This proposed change in policy may have a detrimental effect on those who currently do not have night care services provided by the Council as they currently receive an additional allowance in their financial assessment.</p> <p>By no longer making this allowance the maximum weekly contribution that a service user has to make towards their care may increase. However, service users will still be left with the Minimum Income Guarantee amount set by the Department of Health and will receive an allowance for Disability Related Costs incurred.</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 type="checkbox"/>	X	<input type="checkbox"/>
Particular ethnic groups	X		<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
People of particular sexual orientation/s	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in a marriage or civil partnership	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	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
People in particular age groups	X	<input type="checkbox"/>	<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?				
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1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	<input type="checkbox"/>	X

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
1h	How have you come to this decision?	<p>The change proposed is likely to have a negative impact on some service user's finances.</p> <p>Where service users are going to see an adverse change in their financial position, we will need to ensure that we have processes in place to help them cope.</p> <p>Due to this likely impact it is recommended we do a full impact assessment.</p>

Stage 2: What do you know?

What do you know already?

We currently have open financial assessments and support plans for approximately 2,200 service users of these 970 are in receipt of high rate AA or DLA care and of these 328 currently have an allowance of £27.20 a week made in their financial assessment as they do not have night care service arranged by the Council.

Financial Impact for Service Users

A scoping exercise has been completed to identify the likely financial impact on service users who are currently receiving an allowance and the findings are as follows

- 19% will have no increase in the amount that they are paying for their care
- 4% will have an increase in the cost of care of less than £10
- 15% will have an increase in the cost of care of between £10 and £27.20
- 62% will have an increase in the cost of care of £27.20

We do not currently know how many service users will claim Disability Related Expenditure for night care they are paying for privately and how this will impact on the figures above.

Financial Impact for the Council

The removal of the allowance will increase the income collected by the Council. The scoping exercise that has been completed suggests the following

- Weekly income invoiced will increase by £4,720
- Annual income invoiced will increase by £245,000

Financial reassessment

The service users who are currently in receipt of the Night Care Allowance will need a financial re-assessment in order to explain the change in assessment rules and understand how this will effect what they need to pay.

Service users will be required to provide all details of their income, capital and expenditure so that an assessment of what they can afford to pay towards their care services can be calculated.

The charging framework provides a consistent approach for fairly and consistently assessing all service users' contributions towards the cost of the services that they receive, based on their individual circumstances and is based on the principles set out in the Care Act 2014:

- ensuring that people are not charged more than it is reasonably practicable for them to pay;
- is comprehensive, to reduce variation in the way people are assessed and charged;
- clear and transparent, so people know what they will be charged;
- promotes wellbeing, social inclusion, and supports the vision of personalisation, independence, choice and control;
- supports carers to look after their own health and wellbeing and to care effectively and safely;
- is person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet need;
- applies the charging rules equally so those with similar needs or services are treated the same and minimises anomalies between different care settings;
- encourages and enables those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so; and
- is sustainable for local authorities in the long-term.

The attached Charging Framework for Non-Residential Services provides a detailed breakdown of how a financial assessment will be completed for each service user.

What don't you know?

Care Act Part 2 – Social care funding reforms

We do not currently know the full details of the changes that are going to be introduced in 2020 with the second phase of the Care Act and how this will impact on the non-residential charging policy and income collected.

Further data collection

Summary (to be completed following analysis of the evidence above)	None	Positive	Negative	Not sure
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?				
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 checked="" 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 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?				

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

Consultation information <i>This section should record the consultation activity undertaken in relation to this project, policy or proposal.</i>	
3a. Who have you consulted with?	There has been no consultation on these changes as they are being made to bring the charging policy in line with the Care Act 2014.
3b. How did you consult? (inc meeting dates, activity)	

undertaken & groups consulted)	
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3c. What do you know?

<p>Financial Impact for Service Users</p> <p>A scoping exercise has been completed to identify the likely financial impact on service users who are currently receiving an allowance and the findings are as follows</p> <ul style="list-style-type: none"> • 19% will have no increase in the amount that they are paying for their care • 4% will have an increase in the cost of care of less than £10 • 15% will have an increase in the cost of care of between £10 and £27.20 • 62% will have an increase in the cost of care of £27.20
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3d. What don't you know?

<p>We do not currently know how many service users will claim Disability Related Expenditure and how this will impact on the figures above. If Disability Related Expenditure is allowed then this would reduce the financial contribution and lessen the financial impact on service users.</p>
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3e. What might the potential impact on individuals or groups be? *(think about disability, race, gender, sexual orientation, transgender, age, faith or belief and those on low incomes and other excluded individuals or groups)*

Generic (impact across all groups)	There are 328 service users who currently have an additional allowance as they do not receive night care services. These will need to be financially re-assessed. There will be an impact on people with a low income as the allowances that are currently applied when completing a financial assessment will be reduced meaning that people may have to pay more towards the cost of their care.
Men or women (include impacts due to pregnancy / maternity)	Whilst our approach does not positively or negatively impact either of these groups disproportionately it should be noted that in general, across health and social care, there are significantly higher levels of women receiving care and support than men. This is linked to demographics reflecting that generally women live longer than men and in turn need a high level of social care support. In turn this may mean that a greater number of women are affected.
People of particular sexual orientation/s	No impact.
People in a Marriage or Civil Partnership	No impact.
Disabled people	Service users in receipt of an allowance for night care are in receipt of non-means tested disability benefits due to the nature of their illness or disability. As such the changes will directly impact this protected characteristic group most significantly. However, there will not be a disproportionate effect on a particular group of disabled people as the proposals will be applied consistently and ensure that all recipients of AA, DLA or PIP are treated in the same way.

Particular ethnic groups	No impact.
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	No impact.
People on low incomes	There will be an impact on people with a low income as the allowances that are currently applied when completing a financial assessment will be reduced meaning that people may have to pay more towards the cost of their care. However, our framework for charging does not create inequalities and it does recognise, in line with the Care Act principles for charging for care and support services, that people only pay towards their care and support needs what is affordable. These changes will ensure that our approach to charging is applied fairly and consistently to all service user groups in compliance with Care Act legislation.
People in particular age groups	No impact.
Groups with particular faiths and beliefs	No impact.
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>)	No impact.

Stage 4: Reducing / mitigating the impact

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?

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

Impact 1: Increase in financial contribution for service users in receipt of night care allowance	<p>A period of transitional relief will be applied from 1 April 2016 until 31 March 2017. This will apply to all service users with an increase of more than £20 per week. This could be as high as 77% of service users who currently receive an allowance. These service users will be charged 50% of the increased amount until 31 March 2017 and 100% of the increase after this date.</p> <p>This provides protection to those who are going to be significantly impacted by the change in contribution whilst minimising the impact on the collection of income.</p> <p>As part of the financial re-assessments that will be required due to this change benefit checks will be completed to ensure that service users are receiving the correct benefit entitlement. Service users will</p>
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	be advised to claim for any additional amounts we feel they may be entitled to, for example Severe Disability Premium and pension Savings Credit, in order to ensure that their income is maximised.
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4b. Have you done, or will you do, anything differently as a result of the EIA?

Financial assessments

Financial assessments will be completed and notification of the change in contribution will be sent to service users prior to any increase in charge being implemented giving service users the opportunity to ask questions and have the charges fully explained to them. The period of transitional protection will minimise the financial impact on service users in the first instance giving them time to make adjustments to their expenditure as required.

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

Financial assessments

The outcomes of financial assessments will be recorded, including the previous charges and the new contribution due to the change in the non-residential charging policy. This will then be monitored and reviewed, including the mitigating actions taken, to ensure that the measures taken are effective.

Conclusion

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

Whilst there could potentially be both positive and negative impacts on a range of protected characteristic groups – disability and people on a low income– appropriate mitigating actions have been identified to reduce the potential impact.

Stage 5: Signature

Lead Officer: Kirsty-Louise Littlewood

Date: 27/10/15

Approver signature: Maggie Kufeldt

Date: 27/10/15

A handwritten signature in black ink, appearing to read 'M Kufeldt', on a white rectangular background.

EIA review date: 12 months (July 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 Financial Re-assessments	Financial re-assessments will be undertaken for all service users who will be affected by this change. As part of this the changes will be fully explained and details of any disability related expenditure will be collected, ensuring that appropriate allowances are made in the financial assessment.	<ul style="list-style-type: none"> ➤ Service users will fully understand the charging policy and changes that are being made. ➤ Information will be collected on disability related expenditure ensuring that financial assessments are accurate 	Angela Pemberton	31/03/2016	
2 Welfare Benefit Checks	As part of the financial reassessment a benefit check will be completed ensuring that service users are in receipt of their full benefit entitlement and their income is maximised.	<ul style="list-style-type: none"> ➤ Referrals are made to Welfare Rights and DWP where appropriate to assist with benefit claims. ➤ Income levels are reviewed for those service users where additional benefits are claimed to ensure that records are updated if income levels change. 	Angela Pemberton/Sophie Harland	31/03/2016	
3 Transitional Protection	Transitional Protection will be applied to those service users whose contributions increase by more than £20.00 a week.	<ul style="list-style-type: none"> ➤ The financial impact on those affected by the change is limited initially. 	Income & Assessment Team		
4 Monitor the impact of the change	Monitor the impact on service user's contributions and levels of income along with the income collected by the Council.	<ul style="list-style-type: none"> ➤ Reports can be produced to monitor the effects of the change. 	Sophie Harland/Karen Maders	31/03/2016	

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	Increase in complaints and appeals received due to the increase in service user's contributions		Transitional protection to be applied and financial re-assessments to be completed	CIII	Effective communication plan to be completed.



Equality Impact Assessment Tool - DRAFT

E008 Adult Services – Generating additional income (Self-funders)

Stage 1: Initial screening

Lead Officer:	Kirsty-Louise Littlewood, Head of Client Support Services
People involved in completing EIA:	Andrew Pearson, Team Leader, Care Arrangers
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 self-funding element of budget proposal reference E008 – Generating Additional Income.</p> <p>Charging for Self-funders The Care Act guidance set out that people with eligible care and support needs who have assets above the upper capital limit (currently £23,250) can ask local authorities to meet their needs and the authority may charge a fee for making this arrangement.</p> <p>The arrangement fee can only cover the cost of negotiating and/or managing the contract with a provider and any administration costs incurred in the process.</p> <p>The fee can be set at a flat rate however it must not be set at a cost which exceeds the true cost met by the authority.</p> <p>The authority must make clear to the person that they are liable to pay an arrangement fee in addition to the cost of meeting their needs.</p> <p>It is important to note that whilst local authorities have discretion in arranging care home placements for people with assets above the upper threshold, this is not the case where the needs will be met by care and support of some other type. In these cases the authority must meet the persons eligible needs.</p>
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1b	What is the project, policy or proposal?	<p>The proposal is to implement fees for people who self-fund their care where they ask the Council to set up and broker their care and support package.</p> <p>People are defined as self-funding their care where they have assets in excess of the capital threshold which is currently set at £23,250.</p> <p>Self-funders are making huge financial decisions which require expert purchasing advice and support. The right guidance at this point prevents people spending their assets too quickly and falling back on to local authority funding, something that often happens. It is crucial to fill these gaps in support through the offer of expert provision of a service</p> <p>Projected figures suggest that the number of self-funders within the Borough is between 699 – 1200. These figures are based on research carried out by Oxford Brookes. It is anticipated that the higher figure, is more likely to be nearer the actual number of self-funders within Oldham, as it is modelled on benefits-based data.</p> <p>Initial modelling of a self-funders fee suggests that an initial flat rate of £25 could be charged for the set-up of a care package. Future amendments to packages would be charged at a flat rate of £15 or £25 for a complete change of provider.</p>
1c	What are the main aims of the project, policy or proposal?	<p>The main aim of the proposal is to enable self-funders to access quality, cost effective services through the brokering of care packages on their behalf by the Council.</p> <p>Implementing administrative fees for the provision of these services enables the scheme to be cost-neutral to the authority whilst offering self-funders access to provision of services at the rate commissioned by the Council. These commissioned rates are significantly lower than the rates charged to self-funders by providers.</p> <p>The fee only applies to self-funders where they request the Council broker their care and support package on their behalf.</p>

		It is important to note that this proposal only relates to arranging care home placements as local authorities have discretion within this area. This is not the case where the needs will be met by care and support of some other type. In these cases the authority must meet the person's eligible needs and a fee cannot be charged.
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	This proposal will benefit self-funders with care and support needs as they will be able to ask the Council to arrange their support at the same council commissioned rates as other clients who are eligible for local authority funding.

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"/>
Men or women (include impacts due to pregnancy / maternity)	<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 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 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"/>
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?				
Vulnerable adults who self-fund their own care and support needs		<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"/>

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or	Yes
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	proposal?	
1h	How have you come to this decision?	<p>The implementation of additional options for self-funders in brokering their care means that they will be supported to access appropriate care and support providers, have their contractual arrangements managed on their behalf and be able to access care and support services at council commissioned rates which are significantly lower than rates within the external social care market.</p> <p>Based on this assessment it is believed that any impact would be positive. However, it is felt that further consultation is required on self-funders fees to ensure that views of self-funders are taken into consideration as part of the decision making process.</p>

Stage 2: What do you know?



An EIA should be based upon robust evidence. This stage will guide you through potential sources of information and how to interpret it. Understanding the current context is a key stage in all policy making and planning.

What do you know already?

We know that there is a large self-funder market in Oldham who currently cannot access residential care through the Council as we do not currently offer this service. This change would give people the option of accessing residential care through the Council, at a potentially reduced rate, for a small administration fee. This would be to the financial benefit of the service user and the Council as capital assets would last longer.

From research carried out by Oxford Brookes and looking at the information that we currently hold we are aware of the following

- There are likely to be between 699-1200 self-funders in the borough
- We currently have financial assessments for 41 service users in residential placements who have been assessed self-funding (this does not include those on a deferred payment)
- We currently have financial assessments on the system for 212 non-residential service users who have been assessed as self-funding
- If we were to charge the setup fee to 699 people £17,745 would be generated in income
- If we were to charge the setup fee to 1200 people £30,000 would be generated in income

What don't you know?

We do not know the following

- Of the likely self-funders identified by Oxford Brookes we do not know how these are split between residential and non-residential service users.
- How many self-funders would choose to access care services through the Council

- The rates charged by providers for private funded users
- The impact this change will have on the provider market, some providers subsidise their income by charging a higher fee to self-funders than that set by the Council. If the number of private self-funders reduced this may impact on the sustainability of some providers.

Further data collection

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"/>	X	<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 in a Marriage or Civil Partnership	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	<input 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?				
Vulnerable adults who self-fund their own care and support needs		X	<input type="checkbox"/>	

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



In order to be able to identify ways to mitigate any potential impact it is essential that we know what those potential impacts might be.

Consultation information

This section should record the consultation activity undertaken in relation to this project, policy or proposal.

3a. Who have you consulted with?	Consultation questionnaires have been sent out to 1,800 service users including those who we have assessed as being self-funding
3b. How did you consult?	Consultation questionnaires were sent out through the post.

(inc meeting dates, activity undertaken & groups consulted)

Please note - there is considerable overlap between E008 and E010. We did not want to send vulnerable people two different sets of questionnaires, which could cause confusion, when one would cover both. The consultation period has not been extended, but we did merge the questionnaires. There are a number of reasons for this;

- Due to the similarity of the proposals for E008 & E010 and the potential impact of any future changes, it was felt appropriate to consult on all proposals together
- We considered the impact on our vulnerable adult client base, for which these proposals would impact, and the importance of sharing all proposals so they had a holistic view and could comment and feedback, aware of all the related implications
- In addition, and most importantly, as this client group is vulnerable, it would not be appropriate to send multiple questionnaires due to the confusion and negative impact this could cause

A high volume of questionnaires were sent out and approximately 100 returned to date. This approach in addition to the three public consultations already undertaken, will ensure a thorough and informed approach to the evaluation of the impact.

3c. What do you know?

We know that there is a large self-funder market in Oldham who currently cannot access residential care through the Council as we do not currently offer this service. This change would give people the option of accessing residential care through the Council, at a potentially reduced rate, for a small administration fee. This would be to the financial benefit of the service user and the Council as capital assets would last longer.

From research carried out by Oxford Brookes and looking at the information that we currently hold we are aware of the following

- There are likely to be between 699-1200 self-funders in the borough
- We currently have financial assessments for 41 service users in residential placements who have been assessed self-funding (this does not include those on a deferred payment)
- We currently have financial assessments on the system for 212 non-residential service users who have been assessed as self-funding
- If we were to charge the setup fee to 699 people £17,745 would be generated in income
- If we were to charge the setup fee to 1200 people £30,000 would be generated in income

Analysis of the responses received from the consultation shows that

- 21% agree with charging a fee for arranging residential care placements
- 31% do not agree with charging a fee
- 41% did not know
- 7% did not answer the question

3d. What don't you know?

We do not know the following

- Of the likely self-funders identified by Oxford Brookes we do not know how these are split between residential and non-residential service users.
- How many self-funders would choose to access residential care services through the Council
- The rates charged by providers for private funded users
- The impact this change will have on the provider market, some providers subsidise their income by charging a higher fee to self-funders than that set by the Council. If the number of private self-funders reduced this may impact on the sustainability of some providers.

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

(think about disability, race, gender, sexual orientation, transgender, age, faith or belief and those on low incomes and other excluded individuals or groups)

Generic (impact across all groups)	There could be up to 1200 people who may benefit from having the option of having care arranged by the Council and accessing this at a lower rate.
Disabled people	It would have a positive impact as people would have the option of having care arranged for them and possibly accessing this at a lower rate.
Particular ethnic groups	No impact
Men or women (include impacts due to pregnancy / maternity)	No impact
People of particular sexual orientation/s	No impact
People in a Marriage or Civil Partnership	No impact
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	No impact
People on low incomes	No impact
People in particular age groups	It would have a positive impact as people would have the option of having care arranged for them and possibly accessing this at a lower rate

Groups with particular faiths and beliefs	No impact
Other excluded individuals and groups Vulnerable adults who self-fund their care	It would have a positive impact as people would have the option of having care arranged for them and possibly accessing this at a lower rate

Stage 4: Reducing / mitigating the impact



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?

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

	We have not identified any negative impacts from this change the impacts will be positive.

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

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

We will record the number of self-funders accessing care through the Council and monitor the income generated.
We will monitor the impact this change has on the provider market.

Conclusion

This change should have a positive impact for self-funders in Oldham as it gives them additional options when arranging the residential care and support they require and may mean that they can access this care at a lower rate for a small administration fee.

Stage 5: Signature

Lead Officer: Kirsty-Louise Littlewood

Date: 07/10/15

Approver signature: Maggie Kufeldt

Date: 07/10/15

A handwritten signature in black ink, appearing to read 'M Kufeldt', is written on a white rectangular background.

EIA review date: 12 months (July 2016)

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

Section 1

Reference:	B005
Portfolio	Co-operatives and Neighbourhoods
Directorate:	Co-operatives and Neighbourhoods
Division:	Environmental Services
Responsible Officer and role:	Carol Brown – Director of Environmental Services
Cabinet Member and Cluster :	Cllr D Hibbert - Housing, Planning & Highways

Title:	Street Lighting – shared client team reduction in staff (Rochdale)
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Section 2

2015/16 Budget for the section: <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	Expenditure	£1,283k
	Income	(£0k)
	Net Expenditure	£1,283k (controllable and semi controllable)
Total posts numbers in section: <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	FTE	3

	2016/17 £k	2017/18 £k
Proposed Financial saving:	22	13
Proposed reduction in FTE's	1	0

Section 3

<u>Background:</u> <i>Brief description of the proposal ie: what will be different, how will changes be implemented, timescale for implementation</i>	<p>Oldham Council has invested in a street lighting PFI which is based on a 25 year contract with an initial 5 year core investment period to replace 80% of the street lighting asset.</p> <p>The core investment period comes to an end at the end of this financial year and although it has been necessary to maintain a strong client function it is envisaged going forward that this will not need to be maintained to the same degree but be supplemented with expertise as needed to support the delivery of the contract and any potential claims.</p>
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	<p>The client function and associated costs for the contract management has to this point been shared with Rochdale Council however, given that essentially there are 2 separate contracts in place it is proposed that a smaller team be created to deal with local need.</p>
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<p>Proposed Savings £k:</p> <p><i>Through efficiency, income generation, transformation, decommissioning, etc</i></p>	<p>The current shared street lighting team currently costs the Council £131,928 and includes a shared project manager based in Rochdale. This approach has proved supportive in terms of shared contract management however it has also become evident that local knowledge of Oldham's contract is essential to defend claims, inform on regeneration projects, liaise with Unity Highways and deliver support for a wide range of district events including Christmas lights, bonfire and Remembrance Sunday.</p> <p>A reduced team of Oldham manager, street lighting technician and admin position total cost £109,370. To manage this saving shared work between Rochdale and Oldham will need to continue similar to the current arrangement to effectively manage the input required in terms of contract performance monitoring.</p> <p>2016/17 Savings: £22,558</p> <p>Potential for further savings in 2017/18 through a shared admin function:</p> <p>2017/18 Savings: £12,575</p> <p>Total proposed savings £35,133</p>
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<p>Further Financial Implications & Considerations</p> <p><i>ie Capital implications or invest to save, pump priming etc , variations to budget</i></p>	<p>None</p>
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Economic Impact Summary	
Total net FTE job losses (gains): <i>(including Council, Unity partnership, 3rd sector, other partners, private sector)</i>	0
Total financial loss to partners (£k) <i>(including Unity partnership, 3rd sector, other partners, private sector)</i>	0
Type of impact on partners	Neutral or marginal

Section 4

<u>Key Milestones</u>	
Milestone	Timescale
None agreed at this time pending project approval	

<u>Key Risks and Mitigations</u>	
Risk	Mitigating Factor
Unable to meet timescales for response as currently	Need to agree revised service standards in some service areas.
Members will see a change of personnel in their district teams	Full explanation to be provided to explain the rationale for savings and efficiencies

Section 5

What impact might the proposal have on the following?

<u>Property Implications</u> <i>ie closures, maintenance costs, transfer of Assets, property savings, etc</i>
None

<u>Service Delivery and future expected outcomes:</u>
<p>Reducing the team from its current level will potentially impact on responsiveness however this can be mitigated by siting the resource back in the borough and continued shared working with Rochdale to reduce duplication in contract reporting.</p> <p>Local delivery will also present opportunities to share best practice with other teams within the Council in PFI monitoring</p>

<u>Organisation (other services)</u>
<p>There will be limited impact on other areas of the Council however we would require:</p> <ul style="list-style-type: none">• A fully considered communications plan will be essential• Full support from partners

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

Employees have not to date been involved in the development of the proposal but their engagement will be essential moving forward to detail proposals and implementation.

Communities

The residents of Oldham will in the main have an improved street lighting asset and given the core implementation period is due to be complete until further works currently proposed in year 13 are due the number of service requests should reduce enabling the reduction in the client resource.

Service Users

As above

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

Partner organisations will be engaged with to reduce the impact.

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	None undertaken at this stage
Staff Consultation	Ongoing – shared approach with Rochdale Council
Public Consultation	N/A
Service User Consultation	N/A
Any other consultation	N/A

Section 8

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 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	No
People in particular age groups	No
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

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

Section 9

Responsible Officer:	Carol Brown
Support Officer Contact:	Ellen Marchbank-Smith
Support Officer Ext:	0161 770 5690


Cabinet Member Comments and/or approval
Approved

Please return completed form to: financialplanning@oldham.gov.uk

Submitted to Finance:	7 July 2015
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Section 10

Approval by Lead Cabinet Member

Cabinet Member:	Cllr Dave Hibbert
Signed:	
Date:	17 June 2015

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

Section 1

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

Title:	Business Support Redesign
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Section 2

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

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

Section 3

<p><u>Background:</u></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, a full list of services can be found at Appendix 1.</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</p>
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enablers of people, process and technology. The future delivery of the Business Support Service will be reviewed in order to deliver a £350k budget saving.

The Council has committed to consider which services could be transferred to the Unity Partnership with a view to the more efficient, effective and economic delivery of the service. In this regard, Unity has been asked to prepare a business proposal to support the Business Support service transfer at the same time as guaranteeing the delivery of a £350k saving. This business proposal for this project (Project Pelican) is currently being prepared and therefore the detail is not available. Therefore it is not possible for the Council to agree that the Unity route is the way in which the £350k saving will be delivered only that £350k will be delivered.

Whether delivered by Unity or alternatively in-house by the Council, the delivery of the saving will require a full review of the activities undertaken by the staff employed within the Business Support Service. However, to be effective the review will need to be an end to end review of processes and as such will be undertaken in conjunction with the services. This will cover:

- A full end to end review of service processes from the initial stages of customer contact through to task completion/job fulfilment. This will include:
 - removal of duplication and waste
 - determining significance of tasks and amending those deemed unnecessary i.e. more risk based approach
 - working with other corporate services to minimise overlaps
 - implementing/reviewing quality procedures to reduce waste
 - maximising opportunities for automation and self-serve through the use of technology
- Review of business support requirements across the Council, moving to a more bespoke service rather than a generic model ensuring the support provided meets the needs of the service.
- Review of management structures to ensure the service drives transformation.

<u>Proposed Savings £k:</u> <i>Through efficiency, income generation, transformation, decommissioning, etc.</i>	The saving anticipated is £350k and the current proposal is that this will be achieved by the transfer of the service to Unity and the consequent driving out of efficiencies
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<u>Further Financial Implications & Considerations</u> <i>ie Capital implications or invest to save, pump priming etc. , variations to budget</i>	<p>Capital investment in technology to maximise opportunities for automation and self-serve through the use of technology</p> <p>At the moment though, there is no detail available on the level of financial investment that will be required to underpin the Business Support Transformation. This will be set out in the Detailed Business Case expected from Unity Partnership in November 2015. At that stage the Council will make a decision on the feasibility of the business and part of that process will include the considerations of the financial implications</p>
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Economic Impact Summary	
Total net FTE job losses (gains): <i>(including Council, Unity partnership, 3rd sector, other partners, private sector)</i>	If the service transfers to Unity then there will be a reduction of staffing and this will then involve Unity staff, the level of which is yet to be determined but is estimated to be 15.
Total financial loss to partners (£k) <i>(including Unity partnership, 3rd sector, other partners, private sector)</i>	If the service transfers to Unity then the saving will be delivered by a reduction in the updated Unity contract sum which should not have any adverse implications.
Type of impact on partners	Not Known

Section 4

<u>Key Milestones</u>	
Milestone	Timescale
Receipt from Unity of a business case for the transfer of the service	November 2015
Review of the Unity business case	Late November/December 2015
Decision on the Unity business case	December 2015
Potential transfer of the Service to Unity	Before March 2016
Implementation of Restructure and service redesign timetable	After transfer to Unity (if agreed) and before the end of March 2016
Realise agreed savings	March 2016
Implementation of New Business Support model	April 2016

Review models to ensure continuous improvement	Ongoing
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Key Risks and Mitigations	
Risk	Mitigating Factor
The receipt from Unity of a business case that cannot be agreed	Working with Unity to develop a suitable business case
Without service wide changes, there is a risk that the programme will not meet its financial objectives	Clear objectives for the business case set at the outset, early engagement with stakeholders, regular communication
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 HR/OD

Section 5

What impact might the proposal have on the following?

Property Implications <i>i.e. closures, maintenance costs, transfer of Assets, property savings, etc.</i>
There is a possibility that the resourcing of the Reception area of some properties may be impacted. Possibly a review of whether such a function falls under the remit of Customer Services as opposed to Business Support.

Service Delivery and future expected outcomes:
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 with limitations 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.

There may be a number of instances where pilots of the new "To Be" models will need to be run and this will require organizational flexibility amongst a range of services selected to be part of such pilot schemes

Organisation (other services)

The proposal will support other services to improve 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. Further information can be considered once the content of other proposals is known.

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 maximization 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 headcount and FTE the exact levels have yet to be confirmed (currently estimated to be 15), however if the service transfers to Unity, staffing reductions will apply to Unity officers
- 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 savings. 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

The Business Support Service is currently being considered for transfer to the Unity Partnership, where there is a guaranteed £350k saving for 16/17. The content of this document will need to be reviewed if the transfer of the service is agreed as the detail of the proposal is not currently available.

Section 7

Consultation Information –	
<i>This should include as a minimum the following:</i>	
<ul style="list-style-type: none"> • <i>What has been consulted on so far? With whom and when?</i> • <i>Further consultation required?</i> • <i>Date consultation to be started and concluded</i> 	
NB – All public consultations must be completed prior to approval by Cabinet/Council.	
Trade Union Consultation	1st meeting with TUs held on Monday 13/07/2015. This was the start of the TU engagement process whilst we are awaiting the development of a detailed Business Case by Unity Partnership for the transfer of the service. This has helped achieved early engagement with the unions on this proposal.
Staff Consultation	Staff consultation timeline started at the beginning of September 2015 and therefore aligns to the formal staff consultation process with the corporate staff consultation process that come under the jurisdiction of the Council's Section 188 which was issued on 1 Sept 2015.
Public Consultation	Not required
Service User Consultation	Senior Council managers have received communication about this proposal and further updates will be provided as detail is firmed up.
Any other consultation	Not applicable

Section 8

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 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	No
People in particular age groups	No
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

EIA required:	Yes
EIA to be completed by:	Bola Odunsi
By:	October 2015

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

Submitted to Finance:	15 July 2015
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Section 10

Approval by Lead Cabinet Member

Cabinet Member:	Cllr A Jabbar
Signed:	
Date:	15 July 2015

Equality Impact Assessment Tool – DRAFT

C001: Business Support Redesign

Stage 1: Initial screening

Lead Officer:	Bola Odunsi
People involved in completing EIA:	Bola Odunsi & Sarah Bell
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 savings of £350k in 2016/17.</p> <p>The total budget for the service is</p> <p>Expenditure: £4,344,480 <u>Income: £4,484,480 (recharges)</u> 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"> • £3,562,290 – controllable • £ 782,190 – non-controllable <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?	The future delivery of the Business Support Service will be reviewed in order to deliver a

	<p>£350k budget saving. This is in addition to the £200K first year saving.</p> <p>The Council has committed to consider which services could be transferred to the Unity Partnership with a view to the more efficient, effective and economic delivery of the service. In this regard, Unity has been asked to prepare a business proposal to support the Business Support service transfer at the same time as guaranteeing the delivery of a £350k saving. This business proposal for this project (Project Pelican) is currently being prepared and therefore the detail is not available. Therefore it is not possible for the Council to agree that the Unity route is the way in which the £350k saving will be delivered only that £350k will be delivered.</p> <p>Whether delivered by Unity or alternatively in-house by the Council, the delivery of the saving will require a full review of the activities undertaken by the staff employed within the Business Support Service. However, to be effective the review will need to be an end to end review of processes and as such will be undertaken in conjunction with the services. This will cover:</p> <ul style="list-style-type: none"> • A full end to end review of service processes from the initial stages of customer contact through to task completion/job fulfilment. This will include: <ul style="list-style-type: none"> ○ removal of duplication and waste ○ determining significance of tasks and amending those deemed unnecessary i.e. more risk based approach ○ working with other corporate services to minimise overlaps ○ implementing/reviewing quality procedures to reduce waste ○ maximising opportunities for automation and self-serve through the use of technology • Review of business support requirements across the Council, moving to a more bespoke service rather than a generic
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		<p>model ensuring the support provided meets the needs of the service.</p> <ul style="list-style-type: none"> • Review of management structures to ensure the service drives transformation.
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 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>

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 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

part of a process of gender reassignment				
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>None</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?	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: 27/10/15
Approver signature:	Anne Ryans	Date: 27/10/15
EIA review date: December 2016		

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

Section 1

Reference:	C005
Portfolio	Corporate & Commercial Services
Directorate:	Corporate & Commercial Services
Division:	Strategic Sourcing & Strategic Relationship Management
Responsible Officer and role:	Nicola Spence, Senior Manager Strategic Sourcing
Cabinet Member and Cluster :	Cllr A Jabbar, Finance and HR

Title:	Strategic Sourcing (Procurement) & Strategic Relationship Management (SRM)- Commercial Trading Model
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Section 2

2015/16 Budget for the section: <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	Expenditure	£1,193k
	Income	(£1,193k)
	Net Expenditure	£0
Total posts numbers in section: <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	FTE	20

	2016/17 £k	2017/18 £k
Proposed Financial saving:	125	0
Proposed reduction in FTE's	2	0

Section 3

Background: <i>Brief description of the proposal ie: what will be different, how will changes be implemented, timescale for implementation</i>	<p>The proposal is to develop an income generation stream using a business partner approach, offering skills and expertise to other local authorities and to create a procurement offer that enables a shared service or remit based on concession and a fee where back office costs could be shared from a virtual procurement platform.</p> <p>In 2014/15, the team proved there is a market for sourcing</p>
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services across the public sector within the GM region, securing paid work from Tameside and Trafford. The offer involves selling our services as trusted, respected, knowledgeable, well-connected networking professionals who have a proven track record of delivering cost savings and solving difficult problems (e.g. social value and the local agenda). This is done utilising the Council's brand and the team's subject matter expertise.

Our approach is to increase our relationships with other public services within GM and ensure we have an irresistible offer, taking on strategic sourcing projects and providing expertise. The service will also seek to utilise other agencies in referring our resources.

Our Professional Services Partnership model builds on our own direct marketplace to provide the following consultancy offer:

- Drive efficiencies through service reviews
- Create local jobs by helping you get the most from the Social Value Act
- Shape and implement new service delivery models
- Create a procurement function that saves you money
- Deliver a procurement hub, savings and major outsourcing
- Management and delivery of council cost reduction programmes
- Provision of interim professional resource

In addition to the above consultancy model we propose to also deliver a Procurement offer that will serve not only the Borough but could be the centre for procurement activity for North Manchester and also into South Yorkshire.

We have positioned our traded offer to meet the demands of other Local Authorities. We have an advantage over the private sector consultants in that we intimately understand the needs, lead the market, and are not seeking profit for shareholders. In addition, we are one of the few Authorities who have a unique, focused approach to ensuring tangible social values are embedded into all our contracts and measured through strategic contract management.

We market our offer wider than the Association of Greater Manchester Authorities (AGMA) as there is already an AGMA Procurement Hub which is an established small core team which provides professional procurement support to the Collaborative Efficiency Programme and delivers objectives of improvement and efficiency through collaborative procurement projects. There is also the newly established STaR (Stockport, Trafford and

Rochdale) Team which will supports Trafford, Stockport and Rochdale for all procurement requirement and contracts. This team has already referred people to us as they do not have the capacity to take on work for other organisations at this time.

The Strategic Sourcing Team will assist at every stage of the procurement process providing strategic or operational assistance or a combination of both. The team offer a tailored approach to meet the individual needs of clients, whilst ensuring compliance with European Union and procurement best practice and mitigating any potential challenges and risks. The commercially astute team drive value and improvements from and throughout the procurement process. The team are committed to the delivery of cost savings, reduced risks, increased efficiencies and simplified processes, whilst also ensuring that value based outcomes are sought and that the right balance of cost savings, quality and social value are achieved.

Our experienced team can help with:

- Identification or re-evaluation of needs.
- Definition or evaluation of the organisation's business requirements.
- Review of current procurement process.
- Embed social value outcomes within the procurement process
- Refinement or development of the procurement strategy.
- Market analysis and assessment.
- Review and benchmark of incumbent suppliers.
- Identification of potential suppliers.
- Definition of appropriate procurement process based on event types and spend.
- Implementation of Category Management.
- Identification of cost reduction opportunities and savings programmes.
- Identification of time and process efficiencies.
- Development of Framework Agreements

Progress to Date

Discussions have progressed with Tameside Council and an Inter- Authority Agreement has been signed by both parties together with a costed model for Oldham services.

Tameside have commissioned procurement support to provide an 'as is' scenario with a view to directly commission tender support from the Strategic Sourcing team.

The contract generated £15k income in FY14/15 and a further £45k in FY15/16. Further conversations with Tameside are currently in progress to look at a longer term more strategic partner approach.

In 2014/15, consultancy support was delivered into STaR Procurement Team to the aid the development of the team and to raise the profile of Oldham's Procurement Team. The support ended in November 2014 and the assignment generated £15k income.

Conversations are also ongoing with Manchester City Council and GM PCC.

All procurement projects will be managed by the Sourcing Team and Strategic Relationship Management Team within current capacity.

If the model grows at a rate faster than current capacity there will be a requirement to buy-in procurement support or develop this model with Association Greater Manchester Authorities colleagues.

Proposed Savings £k: <i>Through efficiency, income generation, transformation, decommissioning, etc</i>		2015/16	2016/17	Total
	Income Projection	45,000	125,000	170,000
	Savings	0	0	0
	Total	45,000	125,000	170,000

Further Financial Implications & Considerations <i>ie Capital implications or invest to save, pump priming etc , variations to budget</i>	N/A
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Economic Impact Summary	
Total net FTE job losses (gains): <i>(including Council, Unity partnership, 3rd sector, other partners, private sector)</i>	No FTE implications if trading model is delivered 2 x FTE Procurement Manager if trading model is unsuccessful
Total financial loss to partners (£k) <i>(including Unity partnership, 3rd sector, other partners, private sector)</i>	N/A
Type of impact on partners	Positive

Section 4

<u>Key Milestones</u>	
Milestone	Timescale
Trading model currently in flight with Tameside Council and STaR Shared Procurement Team and generating estimated income of £15,000.	November 2014 complete
Develop communications pack and include reference sites	July/August 2014 complete
Develop Strategic Sourcing forward plan for consultancy work	2015/16 (partially complete)
Strategic Sourcing Team to fully engage based on completion of Oldham projects.	2016/17

<u>Key Risks and Mitigations</u>	
Risk	Mitigating Factor
Income generation model is not realised in all or in parts	Profiling the unique selling point of this model in that services can be obtained on a short/medium term basis without the requirement of a long term commitment.

Section 5

What impact might the proposal have on the following?

<u>Property Implications</u> <i>ie closures, maintenance costs, transfer of Assets, property savings, etc</i>
There are no implications to property.

<u>Service Delivery and future expected outcomes:</u>
Close scrutiny of capacity will be required to ensure that resource is focused on delivering council demands as well as income generating models. The quality of the service should not change and there will be new income generation targets.

Organisation (other services)

- The model may mean that there is a reduction in the capacity of the Oldham Strategic Sourcing Team
- The service currently trades internally with all Directorates but the proposal does not impact on their service delivery and saving
- The proposal does not require investment from another service area

There is an assumption that specific services will continue to be provided to enable this proposal to be successful - corporate procurement service to the Council.

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 is potential to generate income for other services within Commercial Services portfolio.

The proposal is to reduce the current Procurement and SRM structure by 2 x Procurement Manager posts. The service has already re-shaped to cover 1 x Procurement Manager post as a result of the recent secondment arrangements. A further 1 x Procurement manager post to be identified. However, if the traded model for Procurement & SRM is successful we will need to ensure we have sufficient resource to meet the future demand. Close monitoring of capacity plans and resource allocation will be carried out through the transition period.

There will be a reduction in FTE of 2 x Procurement Manager if the income cannot be generated

Communities

The provision and delivery of services directly to the residents of Oldham remain unaffected by these proposals.

Service Users

Service users in receipt of services delivered as a result of a procurement project remain unaffected.

Internal service users (stakeholders) remain unaffected by this model. However it is recognised that some re-shaping of work priority areas would be required across those areas category managed.

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

N/A

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	July 2015
Staff Consultation	August - October 2015
Public Consultation	September 2015
Service User Consultation	N/A
Any other consultation	N/A

Section 8

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 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	No
People in particular age groups	No
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

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

Section 9

Responsible Officer:	Nicola Spence, Senior Procurement Manager (Interim)
Support Officer Contact:	Helen Gerling, Director Commercial & Transformation Services (Interim)
Support Officer Ext:	0161 770 3468


Cabinet Member Comments and/or approval
Approved

Please return completed form to: financialplanning@oldham.gov.uk

Submitted to Finance:	26 August 2015
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Section 10

Approval by Lead Cabinet Member

Cabinet Member:	Cllr A Jabbar
Signed:	
Date:	26 August 2015

Approval by Supporting Cabinet Members

Cabinet Member:	
Signed:	
Date:	

Cabinet Member:	
Signed:	
Date:	

Cabinet Member:	
Signed:	
Date:	