

**Appendix 8**

**Tranche 2 Budget Reduction Proposals- For Noting**

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

### Section 1

<b>Reference:</b>	<b>E010</b>
<b>Portfolio</b>	<b>Health and Wellbeing</b>
<b>Directorate:</b>	<b>Health and Wellbeing</b>
<b>Division:</b>	<b>Adult Social Care</b>
<b>Responsible Officer and role:</b>	<b>Mark Warren, Director Adult Social care</b>
<b>Cabinet Member and Cluster :</b>	<b>Cllr Jenny Harrison, Social Care and Safeguarding</b>

<b>Title:</b>	<b>Adult Services – Income Maximisation</b>
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### Section 2

<b>2015/16 Budget for the section:</b>	<b>Expenditure</b>	<b>£810k</b>
	<b>Income</b>	<b>(£210k)</b>
	<b>Net Expenditure</b>	<b>£600k</b>
<b>Total posts numbers in section:</b> <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	<b>FTE</b>	<b>28 FTE</b>

	<b>2016/17 £k</b>	<b>2017/18 £k</b>
<b>Proposed Financial saving:</b>	<b>192</b>	<b>0</b>
<b>Proposed reduction in FTEs</b>	<b>£60k of the total (3 FTE – vacant posts)</b>	<b>0</b>

### Section 3

<p><b><u>Background:</u></b></p> <p><i>Brief description of the proposal ie: what will be different, how will changes be implemented, timescale for</i></p>	<p><b>This document sets out proposals for maximising income for Adult Social Care in 2016/17.</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>a) Block contracts for brokerage services</td> <td style="text-align: right;"><b>£60,000</b></td> </tr> <tr> <td>b) Cease backdating of residential payments</td> <td style="text-align: right;"><b>£10,000</b></td> </tr> <tr> <td>c) Income generated from deferred payments</td> <td style="text-align: right;"><b>£10,000</b></td> </tr> <tr> <td>d) Review of Helpline charges</td> <td style="text-align: right;"><b>£50,000</b></td> </tr> <tr> <td>e) Charging carers who are service users</td> <td style="text-align: right;"><b>£52,000</b></td> </tr> <tr> <td>f) Billing from the start of a package</td> <td style="text-align: right;"><b>£10,000</b></td> </tr> </table>	a) Block contracts for brokerage services	<b>£60,000</b>	b) Cease backdating of residential payments	<b>£10,000</b>	c) Income generated from deferred payments	<b>£10,000</b>	d) Review of Helpline charges	<b>£50,000</b>	e) Charging carers who are service users	<b>£52,000</b>	f) Billing from the start of a package	<b>£10,000</b>
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implementation

Together these proposals total **£192,000**

**Proposed Savings £k:**

*Through efficiency, income generation, transformation, decommissioning, etc*

**a) Block contracts for brokerage services**

Explore options for developing block contracts or framework arrangements for brokerage providers. Currently there are a range of brokers within the local social care market who do not have robust contractual arrangements in place. It had been proposed to develop an internal model of Brokerage which would be the benchmark for external providers. However, opportunities have arisen which provide an opportunity to develop a best practice framework in the external market which will realise savings through decommissioning of the internal model.

**b) Cease backdating of residential payments**

Residential providers do not always inform adult social care of changes to the client placements within their homes. Whilst stringent checks have been put in place providers do not always respond to requests for contracts or inform the service when changes occur. To encourage a more robust response it is proposed to cease the backdating of residential payments where the provider does not provide the information required.

**c) Income generated from deferred payments**

Whilst the deferred payments scheme cannot generate additional income under the Care Act 2014, these costs are associated with the general overheads of maintaining the scheme. Any additional costs generated above this target will offset the costs incurred for additional staffing resources to manage the scheme locally.

**d) Review of Helpline charges**

There are currently 3 levels of charges for helpline and it is proposed to move to one band, which is currently gold level. As part of these proposals it is also suggested that we move away from subsidising housing establishments.

**e) Charging carers who are service users**

Carers Allowance is currently disregarded within our charging policy when the carer is also a service user. This was previously seen as a way to incentivise carers to retain their caring role. However, the Care Act 2014 included this within the types of benefits which should be taken fully into account when considering what a person can afford to pay towards their care from their income.

	<p><b>f) Billing from the start of a package</b></p> <p>Whilst the majority of our financial assessments are completed in advance of a person's care and support package commencing, there are some instances where this is not possible. In these cases it is proposed to start the billing from the date of the care package, as opposed to the date of the completion of the financial assessment. People are informed as part of the social care needs assessment that they may have to contribute towards their care and support services so people are prepared at the beginning of their social care journey.</p>
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<p><b><u>Further Financial Implications &amp; Considerations</u></b></p> <p><i>ie Capital implications or invest to save, pump priming etc , variations to budget</i></p>	None
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<p><b><u>Property Implications</u></b></p> <p><i>ie closures, maintenance costs, transfer of Assets, property savings, etc</i></p>	None
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#### **Section 4**

<b><u>Key Milestones</u></b>	
<b>Milestone</b>	<b>Timescale</b>
a) Block contracts for brokerage services	Implemented April 2016
b) Cease backdating of residential payments	Implemented April 2016
c) Income generated from deferred payments	Implemented April 2016
d) Review of Helpline charges	Implemented post April 2016
e) Charging carers who are service users	Implemented April 2016

f) Billing from the start of a care package	Implemented April 2016
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<b>Key Risks and Mitigations</b>	
<b>Risk</b>	<b>Mitigating Factor</b>
Revision of our brokerage arrangements may lead to a gap in the local social care market and a potential risk to clients and continuity of providers	Ensuring effective, timely engagement and consultation with relevant partners will be essential
Cease backdating of residential payments could lead to an increase in complaints from residential providers	Ensuring effective, timely engagement and consultation with relevant partners via our provider forums will be essential
Risk of not generating sufficient income from deferred payments	The potential income has been modelled on previous years take up of deferred payments with an allowance for fewer cases than in previous years. This should mean that the target is achievable during year 1.
Review of Helpline charges could lead to concerns by partners, stakeholders and vulnerable adults	Ensuring effective, timely engagement and consultation with relevant partners will be essential
Charging carers who are service users may lead to a withdrawal of support from carers who are also in receipt of care and support services	Clear and timely consultation will be essential in managing the impact of any charging reforms for carers.
Billing from the start of a care package may lead to an increase in complaints	Development and provision of information about paying for a person's care and support services should be shared with them or their family at the point of their social care needs assessment.

## **Section 5**

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

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

#### **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 progress will be reported into Transforming Adult Services group, which aims to engage with key elements of the business in our transformation programme.

#### **Workforce**

We will need to ensure the workforce is fully skilled up and knowledgeable on changes to the adult social care charging and income generation, including the changes to working practices and processes arising from these proposals.

#### **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.**

<b>Trade Union Consultation</b>	All relevant consultation with staff, trade unions, providers and partners will be undertaken for specific projects.
<b>Staff Consultation</b>	All relevant, consultation with service users, carers, providers and partners, will be undertaken for specific
<b>Public Consultation</b>	

<b>Service User Consultation</b>	projects.
<b>Any other consultation</b>	All consultation completed by November 2015.

## **Section 8**

### **Equality Impact Screening**

Is there <b>potential</b> for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	<b>State Yes / No against each line</b>
Disabled people	Yes
Particular ethnic groups	No
Men or Women (include impacts due to pregnancy/maternity)	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](http://intranet.oldham.gov.uk/downloads/file/124/equality_impact_assessment_toolkit)

EIA required:	Yes
EIA to be completed by:	Helen Ramsden
By:	1 September 2015

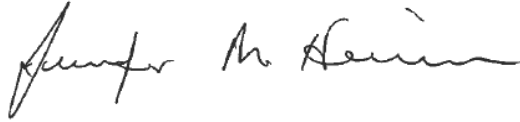
## **Section 9**

Responsible Officer:	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

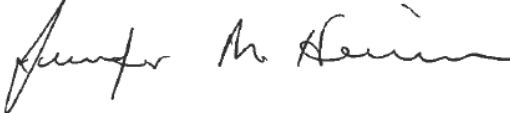


Please return completed form to: [financialplanning@oldham.gov.uk](mailto:financialplanning@oldham.gov.uk)

Submitted to Finance:	17 August 2015
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**Section 10**

**Approval by Lead Cabinet Member**

Cabinet Member:	Cllr Jenny Harrison,
Signed:	
Date:	17.8.15

**Approval by Supporting Cabinet Members**

Cabinet Member:	
Signed:	
Date:	

Cabinet Member:	
Signed:	
Date:	

Cabinet Member:	
Signed:	
Date:	

# Equality Impact Assessment

## E010 A - Adult Services - Income Maximisation (Brokerage)

Lead Officer:	Kirsty Littlewood, Head of Client Support, Adults
People involved in completing EIA:	Hayley Summers, Planning & Commissioning Manager Julie Hawkins, Short Breaks & Transformation Manager
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>The proposal relates to vulnerable adults with eligible social care and support needs who wish their needs to be met through the provision of a direct payment.</p> <p>It also encapsulates children with Special Educational Needs and Disabilities aged 0 – 25 years (and their families) who wish to access brokerage services to manage their direct payment.</p>
1b	What is the project, policy or proposal?	<p>Oldham Council is seeking interest from organisations who would be interested in providing a brokerage provision to service users who are in receipt of a Direct Payment (DP).</p> <p>As part of Oldham’s person-centred approach to care and support and, in line with the Care Act 2014, all those who are eligible for care and support from the council will be allocated a personal budget and encouraged to take up a direct (cash) payment rather than having a package of care and support services arranged for them.</p> <p>Direct Payments enable people with adult social care needs and children/young people's families to have more choice and control over the support they receive. Many choose to employ Personal Assistants to give them maximum control and flexibility to meet their desired outcomes, some are</p>

		<p>unable to confidently manage these or other service arrangements and look to a Broker to assist them.</p> <p>Brokers work in partnership with the Council to ensure that people who utilise a direct payment are fully enabled to manage, administer and meet their care and support needs. Brokers help clients manage their personal budget in order to make the process a lot easier, ensuring clients have access to relevant information on providers and services available. Oldham's local support brokers offer one-to-one support, additional continuous support for those who need it, or support by phone and or online.</p> <p>Brokers have an in depth understanding of disability, needs and culture, along with the latest local knowledge in order to make use of the best resources currently available to match an individual's personal and financial circumstances.</p> <p>The key elements of a brokerage service are:</p> <ul style="list-style-type: none"> <li>• Ensuring an outcome focused approach to support plans</li> <li>• Identifying indicative costs of implementing the support plan</li> <li>• Managing the client's personal budget</li> <li>• Planning and managing the right support for clients</li> <li>• Writing a contingency plan reflects individuals personal preferences</li> <li>• Exploring solutions to emergency events</li> <li>• Providing and ensuring there is a more personalised service</li> <li>• Liaising and negotiating with the service providers</li> <li>• Arranging care and support services</li> <li>• Clarifying the client's needs and goals</li> <li>• Identifying and accessing community resources</li> <li>• Inducting, interviewing and recruiting staff / PA's</li> <li>• Drafting contracts of employment for PA's</li> <li>• Ensuring that direct payments funding is being used on items approved in the support plan</li> <li>• Regularly updating clients and supporting them to keep records of how the budget is being used and spent</li> <li>• Opening a separate bank account where necessary for clients to access funding</li> <li>• Filling in payroll forms and PA's timesheets</li> <li>• Liaising with insurance companies and keeping a record of insurance certificates</li> <li>• Managing payroll/accountants' services</li> <li>• Resolving problems that may arise with the management of a client's personal budget</li> </ul>
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		<p>The project proposal is to tender for a new approved list of brokers.</p> <p>The proposal incorporates the cessation of the Council's in-house support brokerage function, which was intended to provide an alternative option for those people wishing to access a broker. However, it was identified that whilst funding was allocated towards this initiative, it was never launched and felt more beneficial to develop a robust, flexible brokerage model within the external social care market.</p> <p>This approach acknowledges the diverse skill sets required to deliver bespoke brokerage functions and ensures ongoing investment and growth within our local economy.</p>
1c	What are the main aims of the project, policy or proposal?	<p>To establish a robust, flexible brokerage model within Oldham which safeguards individuals, protects public funds and ensures positive outcomes for the client.</p> <p>Through the tender process we will ensure that personalised, quality driven services are provided within the brokerage framework. Ensuring that clients accessing the provision from across the spectrum of children and adult services are afforded flexible high quality provision.</p>
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<p>The use of brokerage providers for the management of direct payments in Oldham is nothing new. Since the inception and implementation of personal budgets, around 2008, there has been close liaison between the Council and brokerage providers.</p> <p>However, there is an acknowledgement that service provision has steadily increased in this area, with some 350 plus clients in adult social care alone receiving some form of brokerage support.</p> <p>In context, this equates to over half of the 600 direct payments currently in operation, which has an annual spend in the region of £7m.</p> <p>The fees for brokerage providers, whilst set as a standard by the Council, fluctuate significantly and the service 'offer' for the client can vary dramatically from one provider to another. The current approximate spend within this sector of the market on an annual basis, is in the region of £210,000.</p>

		<p>By tendering for an approved provider list we can ensure that positive outcomes for clients with eligible care and support need are delivered. Providers will be monitored against the following key outcomes:</p> <ul style="list-style-type: none"> <li>• Physical, mental and emotional wellbeing</li> <li>• Control by the individual over day-to-day life</li> <li>• Social and economic wellbeing</li> <li>• Suitability of living accommodation</li> <li>• Individual's contribution to society</li> <li>• Participation in work, education, training or recreation</li> <li>• Protection from abuse and neglect</li> <li>• Personal dignity (including respect)</li> <li>• Domestic, family and personal wellbeing</li> </ul> <p>It is important to note, that whilst the project is focused on delivering positive outcomes for our service users and the provision of high quality services, other drivers include:</p> <ul style="list-style-type: none"> <li>• Ensuring brokerage providers are compliant and support the Council in meeting its legal duties under the Children and Families Act and the Care Act 2014.</li> <li>• Compliance with other regulatory reforms including real time data to HMRC and pension reforms</li> <li>• Developing a brokerage modal which is flexible and can meet the demands of future integration models</li> <li>• Ensuring value for money and embedding performance management measures and accountability.</li> </ul> <p>As the approved list is a joint initiative across Children and Adult Services, it ensures equality in service provision, co-operative working and the potential for a more seamless transition into adult services through the continuity of service provision.</p>
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1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(include impacts due to pregnancy / maternity)				
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People 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?				
Those adults or children (and families) with special educational needs who have had an assessment of need and therefore require the services of a broker.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1h	How have you come to this decision?	The development of an approved provider list will have a positive impact on clients who require brokerage services as it will ensure equality of service provision, embed quality assurance approaches and ensure the delivery of high quality services, through a robust contractual framework agreement.  Through contractual performance management

		requirements, the Council will ensure that the approved providers meet the clients expectations, deliver positive outcomes and ensure adherence with Council policies and procedures.
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<b>Stage 5: Signature</b>	
<b>Lead Officer:</b> Kirsty Louise Littlewood	<b>Date:</b> 7 December 2015
<b>Approver signature:</b> Mark Warren	<b>Date:</b> 7 December 2015
<b>EIA review date:</b> October 2016	

# Equality Impact Assessment

## E010 B - Adult Services - Income Maximisation (Backdating charges)

### 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 x No  Date of original EIA:

### General Information

1a	Which service does this project, policy, or proposal relate to?	<p><b>Adult Social Care Non Residential Charging Policy</b> 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 along with the date that these services can be charged for.</p> <p>The charging policy was revised in April 2015 to make it compliant with the Care Act but further revisions are proposed.</p>
1b	What is the project, policy or proposal?	<p><b>What is a financial assessment?</b> A financial assessment is completed to calculate the amount that a person can afford to contribute towards their non-residential or residential care services. It is a means test assessment calculated based on the guidance set in The Care Act 2014.</p> <p><b>When are financial assessments completed?</b> Referrals are sent on FWi from the Care Manager to the Income and Assessment to complete a financial assessment when a person is going to receive services. Usually the financial assessment is completed before services start but sometimes this does not happen and</p>



		<p>there is a delay in completing the assessment.</p> <p><b>When is the financial assessment effective from?</b></p> <p>Under the current charging policy the assessment for residential care services is backdated to the date that services started but the assessment for non-residential services is only effective from the Sunday following the date of the assessment. This means that if services have started prior to the assessment being completed then they are received free for a period of time.</p> <p>Previously, under the Fairer Charging Guidance charges for non-residential care services could not be backdated, however this has been changed with the introduction of The Care Act 2014.</p>
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 charging guidance as set out in the Care Act 2014 therefore ensuring the fair and equitable treatment of all service users.</p> <p>The proposal seeks to ensure that:-</p> <ul style="list-style-type: none"> <li>• All service users are treated in the same way and charged from the start date of their services</li> <li>• The income collected by the Council is maximised.</li> </ul>
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 whose financial assessment is not completed before they start to receive services as they will not be aware of their contribution prior to services commencing. However, by completing a financial assessment we will ensure that service users will still be left with the Minimum Income Guarantee amount set by the Department of Health and will not be charged more than they can afford to pay.</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?				
	<b>None</b>	<b>Positive</b>	<b>Negative</b>	<b>Not sure</b>
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 in a marriage or civil partnership	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<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?				

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

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 <b>X</b> No <input type="checkbox"/>
1h	How have you come to this decision?	<p>The change proposed may 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 and we receive about 55 referrals a week for financial assessments to be completed.

### Financial Impact for Service Users

We have looked at the assessments that we have completed over a third of a year to look at the number of people that would be affected if we backdated charges to the start date of the service. From looking at this information the following has been identified:-

- On average 14% of those people assessed over a month would have their charges backdated
- The average number of days that charges would be backdated for was 8, although there were 8 cases over the period looked at that would have charges backdated for more than 100 days

### Financial Impact for the Council

- Over the period studied an additional £12,000 in income would have been generated
- If these findings were replicated over the course of the year an additional £36,000 may be generated in income

### Financial assessment

All those who are in receipt of services will have a financial assessment to calculate the amount they can afford to contribute towards their care.

Invoices for contributions are raised in arrears therefore as the average number of days charges are backdated for is 8, service users would have had a financial assessment before the first invoice for their contribution was raised.

### What don't you know?

We do not know whether this level of additional income would be maintained as a lot of data quality checking has been being undertaken which may have impacted on the findings.

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

undergoing or have undergone a process or part of a process of gender reassignment				
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

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

3a. Who have you consulted with?	1,800 questionnaires were sent out to a selection of service users including people who received helpline services or fully funded their own care. These questionnaires were sent out at the end of September and the consultation ran until early December 2015.
3b. How did you consult? (inc meeting dates, activity undertaken & groups consulted)	Postal questionnaires were sent out to the cohort of service users identified above.

#### 3c. What do you know?

##### Financial Impact for Service Users

- 14% of those assessed would have their charges backdated for about 8 days from the date of the financial assessment
- A small proportion of services users will have their charges backdated for a lengthy period of time

##### Consultation outcomes

The consultation queried whether charges for a person's care and support should be backdated to the time at which the package commenced, rather than the point at which a person's financial assessment is completed. In a handful of cases these services are received free for a period of time, even when the person can afford to pay.

We asked service users whether the charges for care and support should commence from the start of their services and 40% agree that this should be from the start of the care package, 35% agreed with backdating charges and 25% did not know.

#### 3d. What don't you know?

n/a

**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)	For those assessed after their services have commenced their contribution would be backdated to the start date of their services.
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 in a marriage or civil partnership	No impact.
People of particular sexual orientation/s	No impact.
Disabled people	People can be in receipt of services due to an illness or disability therefore the proposed changes would impact on this group. However, it would not impact on one particular group of disabled people more than another.
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 they may have to pay charges from an earlier date.
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</i>	No impact.

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

#### 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: Not being aware of their financial contribution prior to the start of their services

Service users are advised at the initial contact stage that they will require a financial assessment and that the maximum amount that they will have to pay is the full cost of the service. Therefore although service users will not know what their actual contribution will be they will be aware that they will have to pay for their services

Impact 2: Charges being backdated for a long period

Consideration would have to be given in these circumstances as to the reason for the backdated charge. If the delay in the financial assessment was due to the person not being available to complete the assessment or not providing the required information then the charge would be backdated. If the delay was due to our error then consideration may need to be given to waiving part of the charge but cases would need to be looked at on an individual basis.

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

#### Financial assessments

We have discussed the Framework 1 process for referrals being sent through to the Income and Assessment team to request that these are sent before services are agreed at panel. In doing this the opportunity for completing the assessment prior to services commencing is maximised.

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

The number of cases where charges are backdated will be monitored along with the length of time the charges have been backdated for.

**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 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:** 7 December 2015

**Approver signature:** Mark Warren

**Date:** 7 December 2015

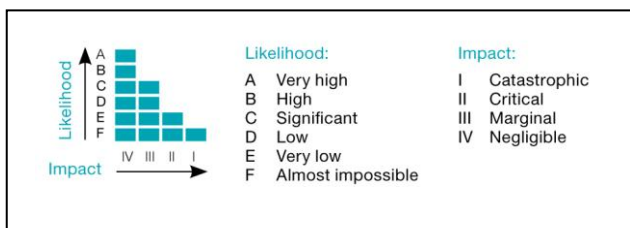
**EIA review date:** 12 months (October)

## 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 Service Users are aware of charges for services prior to them commencing	Communication needs to be reviewed/drafted to ensure that service users are aware of charges	<ul style="list-style-type: none"> <li>Information and record sheet is completed with service users and uploaded onto FWi</li> <li>Information is available via the internet or leaflet to explain briefly the charges for care services</li> </ul>	Care Management  Income and Assessment Team		
2 Charges are backdated for a long period	Reports will be run to identify invoices that include a substantial backdate and discussions will be held on a case by case basis. Accompanying letters will be sent to explain the invoice where required	<ul style="list-style-type: none"> <li>Clear records are kept as to the reasons for the backdated invoice</li> <li>Service users understand their invoice and what it is for</li> <li>The number of complaints received is reduced</li> </ul>	Income and Assessment Team		





# Equality Impact Assessment

## E010 D – Adult services – Maximising income (Helpline element)

### 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.	<p>Yes x No</p> <p>Date of original EIA:</p>

### General Information

1a	Which service does this project, policy, or proposal relate to?	<p>This EIA relates to proposal (ref: E010) and is in respect of the Helpline element outlined in D.</p> <p><b>Helpline Service (Oldham Care and Support)</b> In 2012 the helpline service transferred to Oldham Council from First Choice Homes. The service is currently provided by Oldham Care and Support and charges are collected by the Income and Assessment Team within the Council's Client Support Service.</p>
1b	What is the project, policy or proposal?	<p><b>Background</b></p> <p><b>What is helpline?</b> Helpline is a service provided to help people retain their independence in their home by providing them with the knowledge that help, advice or reassurance can be provided quickly in an emergency situation.</p> <p><b>Who is helpline for?</b> Anyone can access the helpline service. For those assessed as having eligible needs it can form part of their support plan or it can be purchased privately.</p> <p>Some housing providers including Housing 21 and FCHO offer helpline as part of their tenancy agreements.</p> <p>Currently all clients who access reablement services have helpline installed at the beginning of their reablement period and at the end of this period they can choose to</p>

keep this service or have it removed. This forms part of the service commissioned from Oldham Care and Support from the Council.

**What are the different levels of helpline service available?**

There are 3 different levels of service available

Gold Weekly cost £6.50 - includes a weekly check-up telephone call. Response staff will attend to assist in an emergency if necessary.

Silver weekly cost £5.00 - response staff will attend in an emergency if necessary.

Bronze weekly cost £2.00 – response staff will contact relatives or emergency services where needed.

When helpline transferred to the Council from FCHO everyone was transferred on a silver level of service unless otherwise specified by the service user.

**How is helpline income collected?**

For those with eligible needs the charge for helpline is included in the assessed contribution that they pay towards the cost of their services. A means test assessment is completed to calculate the contribution.

For private helpline clients an annual invoice is raised, in a similar way to Council Tax, which includes a monthly breakdown of payments required.

**Housing 21**

- For group schemes and extra care housing all charges are collected in rent by Housing 21.
- For those in bungalows £2.00 for the Bronze level of service is collected in rent and additional charges for Silver or Gold Service is invoiced for by the Income and Assessment Team.

**Villages**

- Villages will pay £2.00 for the Bronze level of service additional charges for Silver or Gold Service is invoiced for.

Payments are received from the Housing Revenue Account totalling approximately £186,000 a year to subsidise the Housing Association services.

		<p><b>What is the proposed change?</b></p> <p>It is proposed to increase the income target from OCS by £50,000. In order to incentivise them to do this it is proposed to cease installing helpline as part of the re-ablement package that no additional increases will be made for a 3 year period meaning that they will benefit from any growth in their business.</p>
1c	What are the main aims of the project, policy or proposal?	The main aim of the proposal is to increase the income generated from helpline and incentivise OCS to grow this part of their business.
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	This proposal would affect those that currently have helpline installed as part of the re-ablement package. From information we currently hold 68 instalments have been completed this year as part of a re-ablement package.

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?				
	<b>None</b>	<b>Positive</b>	<b>Negative</b>	<b>Not sure</b>
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"/>
Men or women (include impacts due to pregnancy / maternity)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People in a marriage or civil partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				

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

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 <b>X</b> No <input type="checkbox"/>
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 as currently if helpline is installed as part of a helpline package it is not chargeable until the end of this period.</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>

<b>Stage 2: What do you know?</b>	
<b>What do you know already?</b>	
<p>From the records that we currently hold on helpline services we are currently aware of the following information</p> <p>As of 1 October 2015 we have 2635 helpline users broken down as follows:-</p> <ul style="list-style-type: none"> <li>• 385 who have helpline as part of their support plan</li> <li>• 1500 private payers</li> <li>• 750 have helpline provided through their housing provider</li> </ul> <p>Of these users the breakdown of service levels provided is as follows:-</p> <ul style="list-style-type: none"> <li>• Bronze 240</li> <li>• Silver 1593</li> <li>• Gold 52</li> <li>• 750 who have Bronze level care subsidised by the Housing Provider</li> </ul> <p>The age breakdown of these users is as follows</p>	

Level of Service	Under 65	65-75	Over 75
Bronze	17%	16%	67%
Silver	11%	12%	77%
Gold	14%	9%	77%

From our records we have identified that this year 68 instalments have been completed as part of a re-ablement package. Of the 17 instalments completed over the period August to October 2015 10 of these have been removed following the end of the re-ablement period.

### Financial Impact for Service Users

If helpline is not included as part of a re-ablement package it would be chargeable from when it is installed this could mean that a service user has to pay up to an additional £39.00 for the helpline service.

### Service Use

Over a 4 month period the following helpline information was logged:

- 7,132 calls were received from service users
- 66 calls resulted in an ambulance attendance
- 2,523 resulted in attendance from Helpline response

### Financial Impact for the Council

More income would be collected as charges would be payable from the start of the service. Administration costs would also be reduced as currently at the end of the re-ablement package we raise an invoice for the instalment and annual cost for the helpline service if the decision is then made to not retain the service then a credit note has to be raised adding additional costs.

### What don't you know?

We do not know how many service users who currently have helpline installed as part of re-ablement would choose to have this installed if it wasn't included as part of the package.

We do not know whether the concessions proposed would incentivise OCS to grow this part of the business.

### 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"/>	<b>x</b>	<input type="checkbox"/>

Particular ethnic groups	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input type="checkbox"/>	<input type="checkbox"/>	<b>x</b>	<input type="checkbox"/>
People in a marriage or civil partnership	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<b>x</b>	<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	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<b>x</b>	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input type="checkbox"/>	<b>x</b>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<b>x</b>	<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?

<b>Consultation information</b> <i>This section should record the consultation activity undertaken in relation to this project, policy or proposal.</i>	
3a. Who have you consulted with?	Informal communications have commenced with Oldham Care and Support to increase the income target for helpline in 2016/2017. Formal commissioning intentions meeting took place with them on 30 November 2015 and was positively welcomed.
3b. How did you consult? (inc meeting dates, activity undertaken & groups consulted)	Email communications during November and a commissioning intentions meeting with OCS and its Managing Director on 30 November 2015, where the increase to the helpline income target was discussed including potential options to incentivise the proposal over the longer term.

### 3c. What do you know?

#### Financial Impact for Service Users

Service users may have to pay more for the helpline service as it will not be included as part of re-ablement.

#### 3d. What don't you know?

We do not know how many people will choose to have helpline installed on top of their re-ablement package.

3e. What might the potential impact on individuals or groups be?	
Generic (impact across all groups)	Over this year 68 users have helpline installed as part re-ablement.
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 in a marriage or civil partnership	No impact.
People of particular sexual orientation/s	No impact.
Disabled people	Users of the helpline service and those accessing re-ablement are likely to have an 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.
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 may be an impact on people on a low income as helpline would be chargeable from the start of the service, however financial assessments would still be completed ensuring that people are not charged more that they can afford to pay.
People in particular age groups	From the analysis that we have completed we know that the majority of helpline service users are over 75 therefore these changes would have a higher impact on people in this category.
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

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

Impact 1: Helpline would not be installed as part of re-ablement and users may be at risk

Users would still be able to have helpline installed as they started re-ablement but it would be chargeable from the start rather than free for up to 6 weeks.

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

N/A

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

The number of user choosing to have helpline installed as they start re-ablement would need to be monitored. Growth in this part of the service offered by OCS would need to be monitored.

#### Conclusion

Whilst there could potentially be a negative impact 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 Littlewood **Date:** 07.12.15

**Approver signature:** Maggie Kufeldt **Date:** 07.12.15

**EIA review date: December 2016**

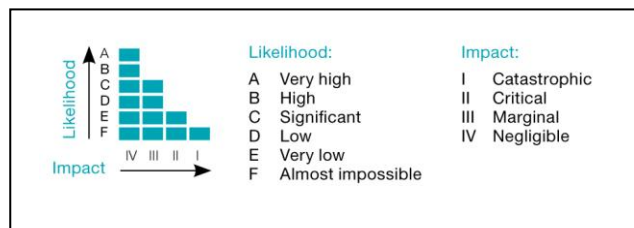


## APPENDIX 1: Action Plan and Risk Table

### 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

## E010 E - Adult Services - Income Maximisation (Carers 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 x No  Date of original EIA:

### General Information

1a	Which service does this project, policy, or proposal relate to?	<p><b>Adult Social Care Non Residential Charging Policy</b></p> <p>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 Carers Allowance that is in payment to service users.</p>
1b	What is the project, policy or proposal?	<p><b>What is Carers Allowance?</b></p> <p>Carer's Allowance is paid to people who provide 35 hours or more of care to a person who is in receipt Attendance Allowance, Personal Independence Payment (Daily Living Component) or Disability Living Allowance Care at the middle or higher rate.</p> <p><b>Fairer Charging Guidance</b></p> <p>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.</p>

		<p>Under this Guidance the Council used its discretion to be more generous in its Charging Policy for non-residential care and disregarded Carers Allowance in the financial assessment for non-residential care.</p> <p><b>Care Act 2014</b></p> <p>Within the Care Act Guidance (Annex C Treatment of Income para 16) it clearly states that Carers Allowance should be taken fully into account when considering what a person can afford to pay towards their care.</p> <p>In relation to this we need to review our charging policy to take Carers Allowance into account in the financial assessment.</p> <p>To clarify this point, we are not proposing to charge for carers services, we are proposing to include Carer's Allowance in the financial assessment for service users who receive services in their own right.</p>
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 Carers Allowance is disregarded.</p> <p>The proposal seeks to ensure that</p> <ul style="list-style-type: none"> <li>• Income is treated as set out in the Care Act</li> <li>• That all service users are treated fairly and equitably. Currently if a service user defers claiming their Retirement Pension to continue claiming Carers Allowance they would pay less than a service user who had claimed their Retirement Pension.</li> </ul>
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 receive Carers Allowance and have this disregarded in their financial assessment.</p> <p>By no longer making this allowance the maximum</p>

		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.
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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?				
	<b>None</b>	<b>Positive</b>	<b>Negative</b>	<b>Not sure</b>
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 in a marriage or civil partnership	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<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?				
Carers who are also service users			X	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	<b>None / Minimal</b>	<b>Significant</b>
	<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 X    No <input type="checkbox"/>
1h	How have you come to this decision?	The change proposed is likely to have a negative impact on some service user's finances.

		<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>
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<b>Stage 2: What do you know?</b>
<b>What do you know already?</b>
<p>We currently have open financial assessments and support plans for approximately 2,200 service users, of these 38 are in receipt of Carers Allowance and have this disregarded in their financial assessment.</p> <p><b>Financial Impact for Service Users</b>  A scoping exercise has been completed to identify the likely financial impact on service users who are currently receiving Carers Allowance and the findings are as follows:-</p> <ul style="list-style-type: none"> <li>• 76% will have an increase in their contribution</li> <li>• 24% will have no increase in their contribution</li> <li>• 58% will begin to pay towards their services having previously been assessed as not able to contribute towards the cost of their services</li> <li>• 61% will have an increase in their contribution of more than £20 a week</li> <li>• 34% will have an increase in their contribution of more than £50 a week</li> </ul> <p><b>Financial Impact for the Council</b>  Taking Carers Allowance into account in the financial assessment for non-residential care will increase the income collected by the Council. The scoping exercise that has been completed suggests the following:-</p> <ul style="list-style-type: none"> <li>• Weekly income invoiced will increase by £1,309</li> <li>• Annual income invoiced will increase by £68,000</li> </ul> <p><b>Financial reassessment</b>  The service users who are currently in receipt of Carers Allowance will need a financial reassessment in order to explain the change in assessment rules and understand how this will effect what they need to pay.</p> <p>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.</p> <p>The charging framework provides a consistent approach for fairly and consistently assessing all service users' contributions towards the cost of the services that they</p>

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?

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

undergoing or have undergone a process or part of a process of gender reassignment				
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?

<b>Consultation information</b> <i>This section should record the consultation activity undertaken in relation to this project, policy or proposal.</i>	
3a. Who have you consulted with?	1,800 questionnaires were sent out to a selection of service users including people who received helpline services or fully funded their own care. These questionnaires were sent out at the end of September and the consultation ran until early December 2015.  In addition, the proposals were presented to the Carers for Positive Change group for consideration and comment.
3b. How did you consult? (inc meeting dates, activity undertaken & groups consulted)	Postal questionnaires were sent out to the cohort of service users identified above.

### 3c. What do you know?

#### Financial Impact for Service Users

We currently have open financial assessments and support plans for approximately 2,200 service users of these 38 are in receipt of Carers Allowance and have this disregarded in their financial assessment.

A scoping exercise has been completed to identify the likely financial impact on service users who are currently receiving Carers Allowance and the findings are as follows:-

- 76% will have an increase in their contribution
- 24% will have no increase in their contribution
- 58% will begin to pay towards their services having previously been assessed as

not able to contribute towards the cost of their services

- 61% will have an increase in their contribution of more than £20 a week
- 34% will have an increase in their contribution of more than £50 a week

### Consultation outcomes

Of the consultation responses received to date the following is known:-

- 15% agree that Carer's Allowance should be taken into account
- 48% disagree with taking Carer's Allowance into account
- 37% Do not know

When the proposals were presented to the Carers for Positive Change Group there was an acknowledgement that this was outside the control of the Council, as it is a requirement under the Care Act, and as such, the authority has little option but to adopt the change. However, it was acknowledged that other incentivisation should be explored via the Carers Strategy.

### 3d. What don't you know?

We do not know if these service users will claim Disability Related Expenditure as part of the financial assessment process which may reduce any increase in their contribution.

### 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 38 service users who currently receive carer's allowance and have this disregarded in their financial assessment. 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 in a marriage or civil partnership	No impact.
People of particular sexual orientation/s	No impact.
Disabled people	As the people that are affected are in receipt of services it is



	likely that the changes will impact this group of people.
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> )	This change will impact on carer's who are also service users as we will be taking carer's allowance into account in the financial assessment when it has been previously disregarded. This will mean that these people may need to pay more towards the cost of their services.

#### 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	A period of transitional protection relief will be considered for

<p>financial contribution for service users in receipt of night care allowance</p>	<p>those people who are significantly impacted by the adoption of this statutory requirement. Any application of transitional protection will be informed by practice of neighbouring local authorities and previous applications of this approach in adult social care.</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 be advised to claim for any additional amounts we feel they may be entitled to, for example Pension Savings Credit or Carers Premium, in order to ensure that their income is maximised.</p>
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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 negative impacts on a range of protected characteristic groups – disability service users who are also carers 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:** 7 December 2015**Approver signature:** Mark Warren**Date:** 7 December 2015**EIA review date:** 12 months (December 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"> <li>➤ Service users will fully understand the charging policy and changes that are being made.</li> <li>➤ Information will be collected on disability related expenditure ensuring that financial assessments are accurate</li> </ul>	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	<ul style="list-style-type: none"> <li>➤ Referrals are made to Welfare Rights and DWP where appropriate to assist with benefit claims.</li> <li>➤ Income levels are reviewed for those service users where additional benefits are</li> </ul>	Angela Pemberton/Sophie Harland	31/03/2016	

	their income is maximised.	claimed to ensure that records are updated if income levels change.			
3 Transitional Protection	A period of transitional protection relief will be considered for those people who are significantly impacted by the adoption of this statutory requirement. Any application of transitional protection will be informed by practice of neighbouring local authorities and previous applications of this approach in adult social care.	➤ 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.	➤ Reports can be produced to monitor the effects of the change.	Sophie Harland/Karen Maders	31/03/2016	
6 Consider other options	Consider other options, under our carers strategy approach, to incentivise carers services.	➤ Carers strategy is further developed with a focus on additional support measures for carers	Angela Barnes	16/17	

## 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 considered and financial re-assessments to be completed	CIII	Effective communication plan to be completed.



# Equality Impact Assessment

## E010 F – Adult Services – Maximising income (Residential fees)

### 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 x No  Date of original EIA:

### General Information

1a	Which service does this project, policy, or proposal relate to?	<b>Adult Social Care – Residential Care Providers</b> The proposal relates to the payment of residential care fees to providers as outlined in element F of the budget proposal referenced E010.
1b	What is the project, policy or proposal?	<b>Residential Care Fee Payments</b>  Residential care fees are paid to care homes in and out of the borough of Oldham. Payments are made on a 4 weekly basis and are paid from the date of admission into care.  On average the 4 weekly payments made are for £1,700,000 and relate to approximately 950 service users.  The proposal is to limit the period that we will backdate the payment of fees for when the home have caused the delay in payment by not returning the appropriate paperwork or notifying us that a service user has been admitted.
1c	What are the main aims of the project, policy or proposal?	The main aims of the proposal are:- <ul style="list-style-type: none"> <li>• to ensure that homes notify us of changes and return paperwork in a timely manner</li> <li>• to allow us to manage budgets more accurately</li> <li>• to maximise income collection as invoices will be sent in a timely manner, difficulty can occur in collecting income if invoices are backdated for a lengthy period</li> </ul>

1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	This proposal may have a detrimental effect on residential care providers as they may not be paid for the full amount of care provided.
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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?				
	<b>None</b>	<b>Positive</b>	<b>Negative</b>	<b>Not sure</b>
Disabled people	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	X		<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 in a marriage or civil partnership	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	X	<input type="checkbox"/>		<input type="checkbox"/>
Groups with particular faiths and beliefs	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
Residential Care Providers			X	
Resident's of residential care homes			X	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	<b>None / Minimal</b>	<b>Significant</b>
	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 X    No <input type="checkbox"/>
1h	How have you come to this decision?	The change proposed may have an impact on the payments received by residential care providers and may have an impact on the sustainability of their business. This in turn may have an impact on residents as if the care home they were residing in was to close down they would



		have to move to another home.
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## Stage 2: What do you know?

### What do you know already?

We currently make payments on a 4 weekly basis to residential care providers, the payments are 2 weeks in arrears and 2 weeks in advance. The payments relate to approximately 950 residents each period for a mixture of permanent and short term residential placements. The payments for each 4 week period are for approximately £1,700,000.

### Financial Impact for residential providers

We have looked at the payments that have been made to residential providers from the start of this financial year to date the findings are as follows:-

- Payments in relation to 48 service users have been backdated for more than 56 days
- The sum of the backdated payments is £46,645

### What don't you know?

We do not know whether the delay in the payments identified above was due to delays in our administration process or the homes returning the appropriate paperwork.

We do not know how this would impact on the sustainability of providers in this area.

### 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 disproportionate impact on any of the following groups? If so, is the impact positive or negative?

	None	Positive	Negative	Not sure
Disabled people	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in a marriage or civil partnership	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	X	<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?				
Residential Providers			X	
Resident's of residential care homes			X	

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

#### Consultation information

3a. Who have you consulted with?	Consultation questionnaires were sent to all the current residential providers to obtain their views on the options being explored regarding the backdating of fees.
3b. How did you consult? (inc meeting dates, activity undertaken & groups consulted)	Consultation questionnaires were emailed to all residential providers.

#### 3c. What do you know?

Only 3 providers responded to the consultation and whilst they did not fully support the proposal to cease back payments, they acknowledged that there should be an element of reduction where the responsibility for non-response lay with the care home provider.

We asked respondents whether non-return of the appropriate contract paperwork for the placement in the home should result in the payment only being backdated to the date the paperwork is returned. All 3 said that this approach should not be adopted.

Where respondents answered that they did not think it was appropriate, we queried over what timeframe this should apply to – 1 month, 2 months or 3 months plus. 1 respondent felt it should apply from month 1 and 2 respondents stated post 2 months.

We also asked providers to consider a reduced fee rather than ceasing back payments, 2 providers felt that there should not be a reduction and 1 provider felt that this should be set at 10% less.

All 3 providers stated that the cessation of back payments should not apply in the following circumstances:-

- When the paperwork hasn't been sent by the Council
- Where there is a query about the contract and this has already been raised
- Where we have been informed of IT issues which is affecting the return

We also queried whether we should pay the fee to the home, less any contribution the client has to make when 3 months or more has passed, in acknowledgement that we would be unlikely to be able to collect the fee where more than 3 months has passed. Only 1 respondent was in favour of this approach.

### 3d. What don't you know?

Whilst the questionnaire was sent out directly, via email, to residential and nursing care homes in mid-October, the limited number of responses does not provide an holistic view.

### 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)	No impact.
Men or women (include impacts due to pregnancy / maternity)	No impact.
People in a marriage or civil partnership	No impact.
People of particular sexual orientation/s	No impact.
Disabled people	No impact.
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	No impact.
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> )	Residential providers may have a reduction in the payments that they receive.  Resident's of residential care homes may be affected if businesses become unsustainable and close down as they would have to move to another care home.

### Stage 4: Reducing / mitigating the impact

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

mitigate the impact?	
Impact 1 Residential providers not being paid the full amount for services that they have provided	A number of options regarding the backdating of payments are being considered; if the ceasing of backdating of fees only applies when the provider has not sent the appropriate documentation back in the specified period then providers could put processes in place to minimise the risk of this happening and we could also build into our processes communication to chase up any outstanding documents. Full communication will be entered into with providers to ensure that they are aware of any changes being made.

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

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

<b>Conclusion</b> <i>This section should record the overall impact, who will be impacted upon and the steps being taken to reduce / mitigate the impact</i>
N/A

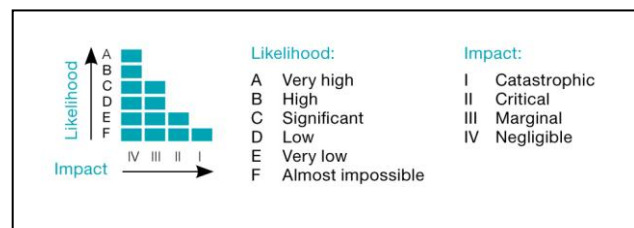
<b>Stage 5: Signature</b>		
<b>Lead Officer:</b>	Kirsty-Louise Littlewood	<b>Date:</b> 07.12.2015
<b>Approver signature:</b>	Maggie Kufeldt	<b>Date:</b> 07.12.2015
<b>EIA review date:</b>	12 months (December 2016)	

## 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. Communication will be sent to all homes advising of any changes	Letters and emails will be sent to all providers and head offices to advise them of any changes in payment terms  Contract terms will need to be changed/reviewed	<ul style="list-style-type: none"> <li>Providers are fully aware of the payment terms</li> <li>Contract terms are agreed</li> </ul>	Client Support Service  Procurement	31/01/2016	
2. Fee payments not being backdated	Processes will be put in place to ensure documentation is chased up at appropriate intervals within	<ul style="list-style-type: none"> <li>Documentation is chased up in a timely manner</li> <li>Staff are aware of their responsibilities in the process</li> <li>A clear audit trail is kept</li> </ul>	Client Support Service		



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

### Section 1

<b>Reference:</b>	<b>E012</b>
<b>Portfolio</b>	<b>Health and Wellbeing</b>
<b>Directorate:</b>	<b>Health and Wellbeing</b>
<b>Division:</b>	<b>Adult Social Care</b>
<b>Responsible Officer and role:</b>	<b>Mark Warren, Director Adult Social Care</b>
<b>Cabinet Member and Cluster :</b>	<b>Cllr Jenny Harrison Social Care and Safeguarding</b>

<b>Title:</b>	<b>Local Area Coordination – An Asset-Based Approach to Adult Social Care</b>
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### Section 2

<b>2015/16 Budget for the section:</b> <i>(Directorate):</i>	<b>Expenditure</b>	<b>£73.812m</b>
	<b>Income</b>	<b>(£27.069m)</b>
	<b>Net Expenditure</b>	<b>£46.743m</b>
<b>Total posts numbers in section:</b> <i>(By Portfolio/Directorate/Division delete as appropriate):</i>	<b>FTE</b>	<b>N/A</b>

	<b>2016/17 £k</b>	<b>2017/18 £k</b>
<b>Proposed Financial saving:</b>	<b>674</b>	<b>0</b>
<b>Proposed reduction in FTEs</b>	<b>Approximately 27.0 FTE/£300k of total financial saving.</b>	<b>0</b>

### Section 3

<b>Background:</b>  <i>Brief description of the proposal ie: what will be different, how will</i>	This is a proposal to transform the way Adult Social Care is delivered in Oldham, in order to improve outcomes for all citizens, through the development of a Local Area Coordination (LAC) model which takes an asset-based approach to prevention and early intervention.
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*changes be implemented, timescale for implementation*

LAC provides the opportunity to shift the focus from people as passive recipients of social care to people as valued citizens (irrespective of service labels) who have talents, assets and contributions, and to view communities as inclusive and welcoming places to live that have abundant resources for mutual support and practical solutions.

LAC is a long term, integrated, evidence based approach to supporting people to:

- Build and pursue their personal vision for a good life
- Stay strong, safe and connected as contributing citizens
- Find practical, non-service, solutions to problems wherever possible
- Build more welcoming, inclusive and supportive communities

It should therefore:

- a) prevent, delay or reduce demand for costly services
- b) build community capacity and resilience
- c) support service reform and integration
- d) enable valuable formal Adult Social Care services to be retained as a back-up to local solutions

### **LAC Vision**

Local Area Coordination is underpinned by positive values, principles and assumptions about local people and local communities. LAC's vision is that "all people live in welcoming communities that provide friendship, mutual support...and opportunities for everyone, including people vulnerable due to age, disability or mental health needs, and their families".

### **LAC Charter**

The Charter aims to "develop partnerships with individuals and families as they build and pursue their goals and dreams for a good life, and with local communities to strengthen their capacity to include people vulnerable due to disability, age, mental health needs, or sensory impairments as valued citizens".

### **LAC Principles**

1. Citizenship – with all its responsibilities and opportunities
2. Relationships – the importance of personal networks and

families

3. Information – supporting decision-making

4. Gifts – all that individuals, families and communities bring

5. Expertise – the knowledge held by people and their families

6. Leadership – the right to plan, choose and control your own life and support

7. Services – as a back-up to natural support

The LAC model is now at the core of care and support in Australia and has been implemented in parts of the UK (Middlesbrough, Derby, Thurrock), with evaluation surpassing expectations both in terms of outcomes for citizens and social care savings generated.

An 'asset based approach' is a broad term which refers to the potential, not just for social care, but more broadly for the Council and its partners, to work with residents in a way which supports people's independence and quality of life by identifying and building upon the talents, strengths and assets of individuals and their community.

It demands a policy shift away from paternalistic services and dependency on care and support, to enabling people and communities to do more for themselves, and each other.

The Care Act has prompted questions about asset or strength-based assessments rather than the traditional deficit model, but a successful asset-based approach needs to deliver a broader and more fundamental shift in behaviour and practice.

### **How does LAC work?**

Local Area Coordinators work with 50-65 individuals and their families in a defined geographical area. They provide a local, accessible and single point of contact for people of all ages who may be vulnerable due to age, disability or mental illness. They are the front end of the service system. They work by helping people to identify their own vision for a good life and the ways to achieve it.

Local Area Coordinators nurture local solutions to help keep people strong. They help people to access social care services where needed, but see services as the last thing to consider, not



the first.

LAC drives positive cultural change across the whole system, and is a fundamental change in both organisation and values. It is based on carefully developed models and practices. LAC is not therefore an initiative to drop into the existing system but is a way to transform the whole system, starting by moving the front end of the service system from assessment, funding and services to diverting people away from the service system.

### **LAC Operating Framework**

The LAC principles are supported and underpinned by the LAC Operating Framework. The framework supports not only the effective design, development and implementation of LAC, but also maintains programme clarity, integrity, accountability and quality. The framework includes:

- Vision
- Charter or mission
- Principles and values
- Objectives
- Outcomes
- Programme strategies
- Target groups and geographical areas
- Performance indicators
- Quality framework including key risks

### **Implementation**

Oldham's ambition to deliver a co-operative future where everyone does their bit to create a confident and ambitious borough has already laid down the strategic foundation for the delivery of an effective Local Area Coordination model.

Oldham has a major network of community assets at its disposal and significant investment has been made to support other preventative services.

Detailed analysis of all preventative roles will be required to ensure delivery of and alignment with the LAC model, in order to confirm the extent of financial savings that might be made, which roles savings may be applicable to, and the timeframe within which these can be delivered.

	<p>Using the public health-funded initiative to develop and deliver asset-based community development (ABCD) training over the next 12 months could help to harness resources in order to focus on developing individual and community capacities which support enhanced health and wellbeing and increased levels of independence, in order to prevent, reduce or delay the need for more formal, and costly, adult social care services.</p> <p>This approach would enable us to more effectively articulate and develop a cross-sector, co-produced, asset-based prevention strategy which would give clarity of focus and purpose to all the Borough's prevention and early intervention activity.</p>
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<p><b><u>Proposed Savings £k:</u></b></p> <p><i>Through efficiency, income generation, transformation, decommissioning, etc</i></p>	<p>Savings will be delivered through:</p> <ul style="list-style-type: none"> <li>a) a reduction in spend in the community care budget</li> <li>b) a review of job roles</li> </ul> <p>Demand for formal adult social care interventions will be reduced as people are diverted from crisis and the consequential need for more costly services.</p>
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<p><b><u>Further Financial Implications &amp; Considerations</u></b></p> <p><i>ie Capital implications or invest to save, pump priming etc , variations to budget</i></p>	<p>This is not a quick-fix solution and will require some investment to pull in expertise to support development of a programme of work to design, develop and deliver this approach, to test it out, and to evaluate it locally.</p> <p>Investment to employ early-lead Local Area Coordinators may be required to test out the model whilst maintaining sufficient capacity in the business to ensure continuity of care and support.</p> <p>This solution will also help to ensure that the resource already invested in developing and supporting community assets in Oldham can be effectively exploited/adapted so as not to duplicate effort and/or investment.</p>
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<b>Property Implications</b> <i>ie closures, maintenance costs, transfer of Assets, property savings, etc</i>	To support this initiative it will be necessary to consider the potential for the Link Centre to support a community hub approach.
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## **Section 4**

<b><u>Key Milestones</u></b>	
<b>Milestone</b>	<b>Timescale</b>
Engagement of expert help to communicate the benefits of the model and support its development and implementation.	End of August 2015
Engagement of programme team, development of programme plan, identification of other resource requirements (e.g. independent evaluation)	Early September 2015
Engagement with key stakeholders to ensure genuine and effective co-production of approach/model.	End of October 2015
<b>Mandatory – Completion of EIA &amp; Consultation within PVFM timeline</b>	November 2015
Cross-sector, cross-borough model/approach agreed and pilot area(s) identified	February 2016
Implementation of model in agreed pilot area(s)	April 2016
Evaluation of pilot	January 2017
Revise model if required prior to potential roll-out to other areas in phased/managed way	April 2017

<b><u>Key Risks and Mitigations</u></b>	
<b>Risk</b>	<b>Mitigating Factor</b>
The timeframe is too short, allowing insufficient time for genuine co-production, which would negatively impact on the success of the pilot	Early conversations to be held with key stakeholders to ensure buy-in across the Council and the Health & Wellbeing Board. Approach already made to UK expert to support identification of the benefits and development of a local plan.
Taking a “pick and mix” approach to implementing the model, recruiting the wrong type of workers, or insufficient training of	The integrity of the LAC model is fully adhered to; existing staff are not simply moved into LAC job roles but are

staff, drives an increased demand on service provision rather than diversion away from services.	recruited against clearly defined set of competences and attributes; learning and development forms an integral part of the programme communication and induction process.
Without the development of a comprehensive information resource, there will be disparate and different levels of knowledge about the community resources, assets, and facilities available	Workshop to identify and agree options for a design solution and delivery model is underway in Adult Social Care (including a review of Open Objects service directory)
We don't yet fully understand the starting point of other local authorities when they introduced this model in the UK. Middlesbrough started in 2009 and Derby in 2012. Oldham might be further on in terms of the resources at its disposal and the impact those resources are already having in supporting people to stay strong and to build capacity in communities. The benefits of LAC in Oldham may therefore not be as significant as it has been in other places.	Approach already made to UK expert to support identification of the benefits and development of a local plan. The project lead attended a meeting on 7 September 2015 where a presentation was delivered by the ASC Director for Derby. He presented findings about the impact of rolling out the LAC model in his local authority, which should inform further consideration of this risk.

**Section 5**

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

**Service Delivery and future expected outcomes:**

This proposal will transform Adult Social Care delivery and deliver improved outcomes for citizens. It offers a fundamental shift in organisation and practice which views people as citizens rather than service users.

Local Area Coordinators will provide a single, local, accessible point of contact in each area, becoming the new “front door” for people who are vulnerable as a result of age, disability or mental illness. They will identify and develop non-service solutions, helping people identify their strengths and networks of support, providing connections, information, and guidance. They will assist in building inclusive, resourced local communities, support people to develop practical ways of meeting their goals and needs and enable them to access facilities, services, resources and other opportunities.

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

The success of this transformative model depends on the effective engagement, agreement, and participation of all parts of the Council and its partners, through the Health and Wellbeing Board, the Integrated Commissioning Partnership and other key strategic bodies.

### **Workforce**

LAC is an innovative approach that integrates a range of existing roles (usually provided by a range of different people) and delivers them locally in partnership with local people and communities.

Local Area Coordination thus requires new professional roles whose remit is to nurture local solutions and keep people strong. Coordinators are embedded in the local community so they live in the local area, have a “can do” attitude, have local knowledge and a commitment to local people and communities, are good at building relationships with people, and have the functional skills necessary to carry out the job. It is not a re-badging of an existing professional role but a new role which has been implemented, tested and refined over a considerable period of time.

This proposal would therefore require a review of all roles across the Council and beyond to clarify their contribution to prevention and early intervention and, consequently, the development and delivery of the LAC model.

It's a model which supports integration and, as such, should provide the drive for workforce redesign across the whole health and social care sector.

The impact of any staffing reductions (where identified), including the impact on the remaining workforce, must be assessed as the proposals are further developed.

There are therefore significant workforce implications and learning and development impacts in order to design and deliver new roles and disestablish others to deliver new ways of working to support the implementation of the LAC model.

## **Communities**

Evaluation from other local authorities found that outcomes included making communities more inclusive, increasing community acceptance of all people with disabilities, enabling people to stay in their own homes and local communities rather than moving into residential accommodation, enabling the set-up of community organisations and the development of employment opportunities, attracting additional funding from a range of other sources, making better use of community resources and being more cost-efficient.

## **Service Users**

We will no longer refer to people as “service users” but as citizens who contribute to, as well as receive support from, their local communities.

Evaluation from other local authorities demonstrates that people supported through this approach have increased their social networks, feel more in control of their lives, feel better informed to make decisions, feel better connected to and involved in their local community, feel better able to share their talents and skills with others, feel more confident about the future, and feel less isolated.

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

As stated above, this is an integrated model of delivery, requiring the effective engagement and participation of partner organisations and the public. They will be involved in co-designing, co-developing, co-commissioning and co-delivering the approach and model.

Once pilot sites have been evaluated, the overall design, delivery and commissioning arrangements for roll-out can be clarified, which will impact on some partners and/or providers.

## **Section 6**

### **Supplementary Information**

Inclusive Neighbourhoods Ltd and the Local Area Coordination Network are leading and coordinating the design and development of LAC in England and Wales. They can act as a central reference point, provide support to help design the programme, share learning and maintain programme integrity, provide clarity about what LAC is and what it is not, and provide support to understand and embed the framework.

## **Section 7**

### **Consultation Information –**

*This should include as a minimum the following:*

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

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

<b>Trade Union Consultation</b>	Consultation is ongoing
<b>Staff Consultation</b>	Consultation is ongoing
<b>Public Consultation</b>	Consultation is ongoing
<b>Service User Consultation</b>	Consultation is ongoing
<b>Any other consultation</b>	Consultation is ongoing – including with partners in health, housing, leisure, voluntary sector

## **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	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](http://intranet.oldham.gov.uk/downloads/file/124/equality_impact_assessment_toolkit)

<b>EIA required:</b>	Yes
<b>EIA to be completed by:</b>	Barbara Guest
<b>By:</b>	November 2015

### **Section 9**

<b>Responsible Officer:</b>	Paul Grubic
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<b>Support Officer Contact:</b>	Julie Heywood
<b>Support Officer Ext:</b>	4317

### **Cabinet Member Comments and/or approval**

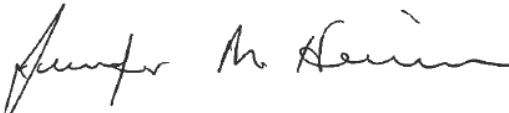
Approved

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

<b>Submitted to Finance:</b>	17 August 2015
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### **Section 10**

#### **Approval by Lead Cabinet Member**

<b>Cabinet Member:</b>	Cllr J Harrison,
<b>Signed:</b>	
<b>Date:</b>	17 August 2015



# Equality Impact Assessment Tool

## E012 – Local Area Co-ordination

### Stage 1: Initial screening

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

### General Information

1a	Which service does this project, policy, or proposal relate to?	Local Area Coordination – an asset-based approach to health and social care  (Budget Reference: E012)
1b	What is the project, policy or proposal?	This is a proposal to transform the way health and social care for adults is delivered in Oldham, in order to improve outcomes for all citizens, through the development of a Local Area Coordination (LAC) model of working, which takes an asset-based approach to prevention and early intervention.
1c	What are the main aims of the project, policy or proposal?	The proposal is to test out the LAC model through the development of two 'learning sites' initially (these geographical areas are yet to be selected).  The aim is to reduce demand for costly health and/or social care interventions through intentionally working alongside individuals, families and communities to help them to build on their strengths, assets and talents in order to stay strong and in control – diverting people from formal services wherever possible by supporting them to identify, find or develop local, flexible and sustainable individual and community solutions – thereby improving outcomes for individuals

		<p>and for communities.</p> <p>We believe this model will enable us to more effectively articulate and develop a cross-sector, co-produced, asset-based prevention strategy which will provide coherence and clarity of purpose for all the Borough's prevention and early intervention activities. It will also help us to build on the prevention framework we have adopted, as set out in the Care and Support statutory guidance, to prevent, reduce or delay needs from developing or escalating.</p> <p>LAC is not a 'quick-fix' or 'fly-in, fix, fly-out' approach but a long term, integrated, evidence based approach to supporting people to:</p> <ul style="list-style-type: none"> <li>• Build and pursue their personal vision for a good life</li> <li>• Stay strong, safe and connected as contributing citizens</li> <li>• Find practical, non-service, solutions to problems wherever possible</li> <li>• Build more welcoming, inclusive and supportive communities</li> </ul>
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	Any resident who may be vulnerable due to age, frailty, loneliness, illness, mental ill-health, physical, sensory or learning disability.

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

People 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
<i>Residents who may be vulnerable due to age, frailty, loneliness, illness, mental ill-health, physical, sensory or learning disability</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1h	How have you come to this decision?	The evidence from Australia (where this approach was developed) and from the early-adopter local authorities across England & Wales is overwhelmingly positive – for individuals, for communities and for health and social care budgets. Evaluation has evidenced reductions in A&E and GP visits, referrals to mental health teams, safeguarding concerns - with people reporting that they have increased their social networks, feel more in control of their lives, feel better

		<p>connected to and involved in their local communities, feel more confident about the future and feel less lonely. Evidence has also demonstrated that communities have become more inclusive, accepting and welcoming places, that better use has been made of community resources and facilities, and that there have been increased employment opportunities through the set-up or growth of community associations, which have in turn brought in alternative sources of funding.</p>
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<h3>Stage 5: Signature</h3>	
<b>Lead Officer:</b> Barbara Guest	<b>Date:</b> 19.10.2015
<b>Approver signature:</b> Maggie Kufeldt	<b>Date:</b> 20.10.2015
<b>EIA review date:</b> October 2016	

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

### Section 1

<b>Reference:</b>	<b>D006</b>
<b>Portfolio</b>	<b>Economy and Skills</b>
<b>Directorate:</b>	<b>Education and Early Years</b>
<b>Division:</b>	<b>School Places Planning – Access Teams</b>
<b>Responsible Officer and role:</b>	<b>Caroline Sutton – Director Education and Early Years</b>
<b>Cabinet Member and Cluster :</b>	<b>Cllr S Akhtar - Education &amp; Skills</b>

<b>Title:</b>	<b>Home School Transport</b>
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### Section 2

<b>2015/16 Budget for the section:</b> <i>(By Division):</i>	<b>Expenditure</b>	£2,899k
	<b>Income</b>	(£822k includes £712k of DSG Income)
	<b>Net Expenditure</b>	£2,077k
<b>Total posts numbers in section:</b> <i>(By Division)</i>	<b>FTE</b>	33 including 20FTE pupil escorts

	<b>2016/17 £k</b>	<b>2017/18 £k</b>
<b>Proposed Financial saving:</b>	<b>148</b>	<b>N/A</b>
<b>Proposed reduction in FTE's</b>	<b>3</b>	<b>N/A</b>

### Section 3

<p><b><u>Background:</u></b></p> <p><i>Brief description of the proposal ie: what will be different, how will changes be implemented, timescale for implementation</i></p>	<p>In September 2014, Leadership Star Chamber considered a report which set out a five year programme (2015-2020) aimed at redesigning the Council's approach to the provision of Home to School and College Transport. This included a number of options for change including:</p> <ul style="list-style-type: none"> <li>• The offer of personal budgets as an alternative</li> <li>• Independent travel training</li> <li>• Designated pick-up and drop-off points</li> <li>• Including travel costs in the overall costs of Out of Borough Placements</li> <li>• Reviewing the procurement strategy and current pricing structure</li> </ul>
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	<ul style="list-style-type: none"> <li>• Reviewing the current transport policy and its eligibility criteria</li> <li>• Exploring the provision of passenger assistants by contractors</li> </ul> <p>Work is also under way with Bury and Rochdale Councils to explore how joint working might also provide more effective services at reduced cost.</p> <p>The report set out year-on-year savings based on the phased implementation of the redesign of the service, and the saving proposed for 2016/17 is in line with this schedule.</p>
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<p><b>Proposed Savings £k:</b> <i>Through efficiency, income generation, transformation, decommissioning, etc</i></p>	£148k
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<p><b>Further Financial Implications &amp; Considerations</b> <i>ie Capital implications or invest to save, pump priming etc , variations to budget</i></p>	<p>Pump priming funding is required to ensure there is sufficient capacity within the team to carry out the work required to implement the service re-design.</p> <p>Pump priming would also support the implementation of independent travel training for an initial cohort of young people, allowing evaluation of the impact and its longer term sustainability.</p>
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<b>Economic Impact Summary</b>	
<b>Total net FTE job losses (gains):</b> <i>(including Council, Unity partnership, 3<sup>rd</sup> sector, other partners, private sector)</i>	There would be a reduction of 3 full time equivalent posts within the team of part-time pupil escorts
<b>Total financial loss to partners (£k)</b> <i>(including Unity partnership, 3<sup>rd</sup> sector, other partners, private sector)</i>	There would be a financial loss to the private transport contractors which currently provide home to school and college transport
<b>Type of impact on partners</b>	Negative

## **Section 4**

<b><u>Key Milestones</u></b>	
<b>Milestone</b>	<b>Timescale</b>
<b>EIA</b>	July 2015 – August 2015
<b>Consultation within PVFM timeline</b>	Any consultation required for initial savings to be complete by 27 <sup>th</sup> November 2015
<b>Consultation with POINT (parent partnership group)</b>	Any consultation required for initial savings to be complete by 27 November 2015.
<b>Consultation with schools and colleges</b>	Any consultation required for initial savings to be complete by 26 October 2015
	Any consultation required for initial savings to be complete by 27 November 2015.

<b><u>Key Risks and Mitigations</u></b>	
<b>Risk</b>	<b>Mitigating Factor</b>
Parents of children affected by the changes object to the proposals	Consultation through POINT (parent partnership)
Savings are sufficient to meet current budget pressures but do not deliver further savings	Ongoing monitoring and financial evaluation of specific proposals
Increased demand for transport, driven by growing pupil population and increases in EHCs (previously SEN statements), offsets savings	Ongoing monitoring of demand for transport and pupil trends to identify issues early and facilitate optimisation of the transport network

## **Section 5**

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

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

<b><u>Service Delivery and future expected outcomes:</u></b>
It is anticipated that the proposals will change the way that home to school transport services are delivered, but that outcomes will not be adversely affected.

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

Schools and colleges will be consulted and some schools/colleges may have to modify some of their arrangements for students' arrival and departure.

### **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*

It is possible that some minor modifications to working patterns may be necessary.

### **Communities**

None

### **Service Users**

In optimizing the transport network there may be a requirement for more shared transport, rationalization of pupil escorts and changes to transport routes, but adverse impacts will be minimized as far as possible and service users consulted. Eligibility for free transport may change as a result of a review of the transport policy. Where appropriate for older service users there will be support and training available to facilitate independent travelling, improving outcomes for these young people in readiness for work.

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

The Council's partnership with POINT (parent partnership) will be critical in ensuring that the proposals are supported by parents of children and young people with special educational needs and disabilities.

## **Section 6**

### **Supplementary Information**

The implementation of the proposals will be closely monitored to ensure that service users are safe and not significantly disadvantaged in any way.



## Section 7

### Consultation Information –

Consultation has not yet commenced. The groups and individuals previously identified to be included in the consultation remain unchanged. The timeline for consultation and consequent decision making will be adjusted to accommodate the revised timetable for consultation meetings and events.

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

<b>Trade Union Consultation</b>	Consultation to commence 28 July 2015 and complete by 27 November 2015
<b>Staff Consultation</b>	Consultation with staff will be necessary and will start 30 July 2015 and complete by 27 November 2015.
<b>Public Consultation</b>	Commenced 3rd August 2015 and complete by 27 November 2015.
<b>Service User Consultation</b>	Consultation will be undertaken with service users through POINT, beginning in September 2015 in the new school term and complete by 27 November 2015, although public will be aware from 3rd August 2015.
<b>Any other consultation</b>	No other consultation identified as required

## Section 8

### Equality Impact Screening

Is there <b>potential</b> for the proposed saving to have a disproportionate adverse impact on any of the following groups:	
	<b>State Yes / No against each line</b>
Disabled people	Yes
Particular ethnic groups	No
Men or Women (include impacts due to pregnancy/maternity)	No
People who are married or in a civil partnership	No
People of particular sexual orientation/s	No
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	No
People on low incomes	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](http://intranet.oldham.gov.uk/downloads/file/124/equality_impact_assessment_toolkit)

EIA required:	Yes
EIA to be completed by:	Gill Hoar
By:	31 August 2015

### **Section 9**

Responsible Officer:	Gill Hoar
Support Officer Contact:	Sharon Davies
Support Officer Ext:	1138


Cabinet Member Comments and/or approval
None

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

Submitted to Finance:	18 November 2015
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### **Section 10**

#### **Approval by Lead Cabinet Member**

Cabinet Member:	Cllr S. Akhtar
Signed:	
Date:	18 November 2015

#### **Approval by Supporting Cabinet Members**

Cabinet Member:	
Signed:	
Date:	

# Equality Impact Assessment Tool

## D006 - Home to School Transport

### Stage 1: Initial screening

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

### General Information

1a	Which service does this project, policy, or proposal relate to?	<p>The Access Team provides the delivery of the current Home to School Transport service. This service provides support for over 500 children and young people with Special Educational Needs and Disabilities.</p> <p>Transport is provided via contracted Private Hire and Mini bus operators to schools within and outside of the borough. The funding for Home to school transport is provided centrally for this cohort of children and young people, this is an area of support which can't be funded via the DSG.</p> <p>Transport is also provided for a smaller number of families via a financial reimbursement of mileage costs for parents transporting their own children to and from school.</p>
1b	What is the project, policy or proposal?	<p>The team are currently working closely with Rochdale and Bury Council, to identify where further efficiencies can be made in the delivery of the current service in addition to those brought about by the integration of services in 2009.</p> <p>The areas currently for consideration are :</p>

- Home to School Travel Assistance Policy
- Independent Travel Training
- Joint Procurement Strategy

### **Home to School Travel Assistance Policy**

The current strategy is to produce a policy framework which will be co-produced via collaboration across the 3 authorities and feedback from consultation with stakeholders.

Initial work done aims to address the changes brought about via the SEND reforms 2014, and places a greater importance on the preparation for adulthood and development where appropriate of independence, and offer a range of different provisions as an alternative to door to door transport, such as financial reimbursement for mileage or a personal budget for a family to arrange support themselves.

### **Independent Travel Training**

As outlined above the development of skills for young people to be able to support themselves when travelling aligns with a key area of the SEND reforms around preparation for adulthood, and developing children and young people's ability to fulfil aspirations of gaining qualification and moving into further education, training and employment.

### **Joint Procurement Strategy**

A shared procurement framework is being considered currently between Rochdale and Oldham. Once this has been delivered by Rochdale we will consider the potential options for the next tender due Spring 2016.

The group is also looking at other areas which will improve service delivery and efficiency with minimal impact to service users, these include:

- IT working group to develop current software used across all 3 authorities.
- Passengers Assistant –policy for provision, and potential use of other resources to provide staff.

1c	What are the main aims of the project, policy or proposal?	<p>The Authority is seeing a rising demand on the current transport service. Coupled with the 0-25 agenda brought about by the 2014 SEND Reforms, support will need to be provided to more children and young people for a longer period of time.</p> <p>Across all the areas for development, the project aims to reduce this increasing level of demand on the service, and where it is possible, will support the development of independence skills, give families the ability to support themselves and assist in allowing children and young people to reach their full potential and achieve their aspirations, through the ability to attend education and training.</p>
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<p>Where a child or young person has the ability to travel independently, or where a family have the ability to support a child or young person to and from education or training, a potential new policy may change the level of provision on offer.</p> <p>In some cases where a development of independence skills is offered this would be beneficial to an individual.</p> <p>Where there is an offer to a family of a personal budget rather than door to door transport, this may not be seen a benefit.</p> <p>It is intended that in all cases where support is being offered the level of support will be dictated by a risk assessment of the child or young person and the family circumstances.</p> <p>It is not yet known the level of change to any new policy; however, historically existing levels of support have not changed to service users following the implementation of a new policy, until such time as there would naturally be a need to reassess support, such as a transition between phases of education or a change of school/college.</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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People 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?				
<i>E.g. vulnerable residents, homeless people, 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 <b>NEGATIVE</b> impact on groups and communities will be?	None / Minimal	Significant
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	At this stage no changes are being made to current provision. The project is at the point of requesting permission to consult on the content of a new policy.	

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"/>
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1h	How have you come to this decision?	At this point the project is at the stage of requesting consultation. No decisions have been taken regarding changes to the current policy. A full EIA may need to be completed when a new policy is being drafted following a review of consultation responses.
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<b>c Stage 5: Signature</b>	
<b>Lead Officer:</b> Gill Hoar	<b>Date:</b> 22.10.15
<b>Approver signature:</b> Caroline Sutton	<b>Date:</b> 22.10.15
<b>EIA review date:</b> October 2016	

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

### Section 1

<b>Reference:</b>	<b>D007</b>
<b>Portfolio</b>	<b>Economy and Skills</b>
<b>Directorate:</b>	<b>Education and Early Years</b>
<b>Division:</b>	<b>Early Years</b>
<b>Responsible Officer and role:</b>	<b>Caroline Sutton– Director Education and Early Years</b>
<b>Cabinet Member and Cluster :</b>	<b>Cllr S Akhtar - Education and Skills</b>

<b>Title:</b>	<b>Reduced Support for Council Operated Daycare Centres</b>
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### Section 2

<b>2015/16 Budget for the section:</b> <i>(By Division):</i>	<b>Expenditure</b>	£898k
	<b>Income</b>	(£614k)
	<b>Net Expenditure</b>	£284k
<b>Total posts numbers in section:</b> <i>(By Division)</i>	<b>FTE</b>	31.5

	2016/17 £k	2017/18 £k
<b>Proposed Financial saving:</b>	<b>80</b>	<b>N/A</b>
<b>Proposed reduction in FTE's</b>	<b>31.5</b>	<b>N/A</b>

### Section 3

<p><b><u>Background:</u></b></p> <p><i>Brief description of the proposal ie: what will be different, how will changes be implemented, timescale for implementation</i></p>	<p>£80k saving relating to reduction in support for the Council operated day care centres. There are 3 fully operated by the Council and 1 still run by a school but receiving a subsidy.</p>
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<b><u>Proposed Savings £k:</u></b>  <i>Through efficiency, income generation, transformation, decommissioning, etc</i>	£80k from a reduction in revenue budgets by reducing the support for Council funded day care centres. Although the total budget is £284k, only £80-100k is controllable with the balance covering central recharges.
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<b><u>Further Financial Implications &amp; Considerations</u></b>  <i>ie Capital implications or invest to save, pump priming etc , variations to budget</i>	Options may include outsourcing to the PVI sector, a school-led delivery model or full withdrawal of Council funding support. One-off funding may be required to bridge any timing gap in the delivery of recurring savings, recognising that it may take time to implement final arrangements, particularly if tendering processes are required or children need to be moved to alternative provision where timing will best correspond with the end of a school year.
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<b>Economic Impact Summary</b>	
<b>Total net FTE job losses (gains):</b> <i>(including Council, Unity partnership, 3<sup>rd</sup> sector, other partners, private sector)</i>	Ranging from none to all staff depending on the option taken forward
<b>Total financial loss to partners (£k)</b> <i>(including Unity partnership, 3<sup>rd</sup> sector, other partners, private sector)</i>	Loss of the sustainability funding to the school-run day care centre
<b>Type of impact on partners</b>	<b>Not Known</b>

#### **Section 4**

<b><u>Key Milestones</u></b>	
<b>Milestone</b>	<b>Timescale</b>
<b>Mandatory – Completion of EIA &amp; Consultation within PVFM timeline</b>	Scheduled to complete as soon as possible and to ensure that any deliverable savings can be included in the 2016/17 budget.

<b><u>Key Risks and Mitigations</u></b>	
<b>Risk</b>	<b>Mitigating Factor</b>
That sufficient day care cannot be provided without Council financial support (particularly in light of extra provision required to deliver the Government's 30 hour offer)	Thorough examination of potential options and appropriate consultation to ensure selected option is deliverable

Delays to selection and implementation of savings option whilst awaiting Government announcements on 30 hour childcare offer

Options to be developed taking in all potential considerations around the 30 hour childcare offer

## **Section 5**

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

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

Potential property implications and reduction in property related budgets depending on the proposals developed, notably if the daycare centres are outsourced to an external provider whereby they take responsibility for the sites or full closure is selected. It should be noted that the daycare centres are attached to children's centres on school sites.

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

Several options are under development which may see the daycare centres outsourced to an external provider, outsourced to schools or closed.

Options will be developed to ensure that sufficiency of childcare places is retained to continue to deliver current outcomes for families, although that sufficiency may be met by other providers and/or on alternative sites.

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

These proposals are not expected to impact on other Council services as they will be developed to take into account the Government's 30 hour childcare offer, but should also result in reduced management time required from the Schools and Early Years team. Any management savings would form part of the service area management restructure proposals.

### **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*

Any changes required to the Council's management structure will be picked up by the separate proposals relating to the Schools and Early Years management team. Other workforce implications will depend on the preferred option developed and taken forward. It is possible that Council staff will TUPE transfer to an alternative provider or redundancies may result if the current centres close.

### **Communities**

Communities may lose access to current facilities and need to seek alternative provision if the existing centres are closed.

### **Service Users**

By maintaining the current provision there will be no immediate impact on services, although if the centres are closed families may need to find alternative provision. If the day care centres are outsourced, long term prices would be set independently of the Council and may impact on the cost of childcare for Oldham residents.

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

As set out in the workforce section above, there may be reductions in staffing compared to current contracts and/or potential TUPE transfers of staff.

## **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**

- Meeting held with GMB, Unison and Unite unions to brief on proposal and seek feedback.
- Representatives of the above unions attended the staff consultation meeting held on 13 October 2015.
- To complete in time for inclusion in 2016/17 budget and complete by 27 November 2015.

#### **Staff Consultation**

- Consultation meeting held with all daycare staff on 13 October 2015.

	<ul style="list-style-type: none"> <li>All staff given opportunity for a 1:1 meeting with Service Manager at each daycare site.</li> <li>To complete in time for inclusion in 2016/17 budget and complete by 27 November 2015.</li> </ul>
<b>Public Consultation</b>	<ul style="list-style-type: none"> <li>Proposal posted on the Council's 'Let's talk budget' website.</li> </ul>
<b>Service User Consultation</b>	Consultation with parents of children who use daycare to be arranged.
<b>Any other consultation</b>	Proposals have been reported to the following groups for information/comment: <ul style="list-style-type: none"> <li>Planning School and Setting Places Group;</li> <li>Early Years and Childcare Core Group (This is the practitioner forum that reports to the Early Years and Childcare Board).</li> </ul>

## **Section 8**

### **Equality Impact Screening**

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

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

[http://intranet.oldham.gov.uk/downloads/file/124/equality\\_impact\\_assessment\\_toolkit](http://intranet.oldham.gov.uk/downloads/file/124/equality_impact_assessment_toolkit)

EIA required:	Yes
EIA to be completed by:	Gill Hoar
By:	August 2015

**Section 9**

Responsible Officer:	Gill Hoar
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Support Officer Contact:	Sharon Davies
Support Officer Ext:	x1138


Cabinet Member Comments and/or approval
None

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

Submitted to Finance:	18 November 2015
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**Section 10**

**Approval by Lead Cabinet Member**

Cabinet Member:	Cllr S Akhtar
Signed:	
Date:	18 November 2015

**Approval by Supporting Cabinet Members**

Cabinet Member:	
Signed:	
Date:	

# Equality Impact Assessment Tool

## D007 - Reduced Support for Council Operated Day-care Centres

### Stage 1: Initial screening

Lead Officer:	Gill Hoar
People involved in completing EIA:	Gerri Barry
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.	<p>Yes X                      No</p> <p>Part of this project has had an EIA: Beaver &amp; Spring Meadow Daycare report ref: 1071</p> <p>Date of original EIA: April 2012</p>

### General Information

1a	Which service does this project, policy, or proposal relate to?	<p>Early Years and Childcare Services</p> <p>The service currently manages 3 daycare settings:</p> <ul style="list-style-type: none"> <li>• Beaver Daycare</li> <li>• Spring Meadow Daycare</li> <li>• First Steps @ Richmond Daycare</li> </ul> <p>Stanley Road School Daycare which is under the management of the school governing body.</p>
1b	What is the project, policy or proposal?	<p>Leadership Star Chamber ref D007 has been approved to look into and consider options to save £80,000 – Reduced Support for Councils Operated Daycare centres</p> <p>The options will focus on reducing or totally withdrawing year on year sustainability funding to 4 daycare settings. The daycare businesses are self financing with income generated from fees and grants for children accessing their free early</p>

		<p>education (2, 3 &amp; 4 year old grant funding) This budget has historically been used to meet the end of year business losses.</p> <p>3 of these settings are currently under the leadership and management of Oldham Council following a transfer from school governing bodies in 2012 and 2013 (Beever, Spring Meadow and First Steps @ Richmond Daycare). This accounts for <b>£60,000.00</b> of the proposed saving.</p> <p>There is no budget provision for the daycare businesses. The daycare businesses are modelled to be self-funding relying on income from grants and fee paying parents. The businesses are required to break even with losses not to be underwritten by the council at year end.</p>
1c	<p>What are the main aims of the project, policy or proposal?</p>	<p>To remove the sustainability funding for Oldham Council daycare settings. For the 3 managed by Oldham Council the following options will be considered:</p> <ul style="list-style-type: none"> <li>• <b>Option 1</b> - Oldham Council continue delivery but with a reduced cost base or increased income to achieve a 'break even position'.</li> <li>• <b>Option 2</b> - To integrate services for 2, 3 &amp; 4 year olds that are currently delivered by the Council into the schools foundation stage.</li> <li>• <b>Option 3</b> - Oldham Council agrees to alternative providers taking over the businesses</li> <li>• <b>Option 4</b> - If none of the above prove feasible, a closure of each setting may need to be considered</li> </ul> <p>A different decision may be made for each daycare dependant on circumstances and the outcome of the option review</p> <p>At this stage no decision has been made and we are in discussions with providers.</p> <p>The 3 Oldham Council businesses above have been recently remodelled to reduce costs and now offer a sessional delivery model two sessions a day, term time only for 2, 3 &amp; 4 year olds. The expectation of the remodelled businesses was to become increasingly more self-sufficient and reduce reliance on Oldham Council for subsidies in the future. Notwithstanding the successful aspects of the businesses, regrettably the council daycares are still in a position where subsidy funding will be required due to the volatile and unpredictable nature of the childcare market. This is a</p>

		<p>complicated area and makes it difficult to predict and achieve a balanced budget.</p> <p><b>Occupancy levels</b></p> <p>Occupancy levels have fluctuated at all 3 daycare businesses across the terms throughout the time they have been under Council management. At times it has been difficult to attract new children particularly in the higher age range. Sustainability funding has still been required to support all 3 daycare businesses at the end of each financial year. We are currently forecasting year end losses for 2015/16. In September 2015 child vacancy levels have been higher than expected particularly for 3 &amp; 4 year olds at Beever and Spring Meadow daycare. This has been in some part due to families moving to take up a place in the school nurseries. First Steps @ Richmond Daycare child vacancy levels have been higher than expected particularly for 2 year olds. This is an on-going risk that could further impact on the end of year losses.</p> <p><b>Ofsted</b></p> <p>All 3 daycare businesses are currently rated by Ofsted as 'good' and 'outstanding' and two are overdue re-inspection and one due inspection in June 2016 under the new Ofsted inspection framework.</p> <p>Government funding for 2, 3 &amp; 4 year olds can only be paid to settings that are of an appropriate standard. Any downgrading by Ofsted would impact on reduced income from places. Therefore, if the Ofsted grade were less than 'good' at next inspection then this would mean that the setting is no longer eligible to access grant funding for 2 year old children, and if a setting receives an 'inadequate' Ofsted judgement then the setting would no longer be eligible to access any grant funding for 2, 3 or 4 year olds.</p>
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<p>If no other provider comes forward to take over the daycare businesses and option 4 is the chosen option then:</p> <p>Staff at the daycare settings could be made redundant. S188 consultation finished on 26 November 2015.</p> <p>Families accessing the daycare may have to find alternative childcare arrangements.</p> <p>However, we are not at this stage yet we are still exploring</p>



		options and no decision has been made.
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1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Particular ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Men or women (include impacts due to pregnancy / maternity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
People of particular sexual orientation/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in a Marriage or Civil Partnership	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
People in particular age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
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 may be affected negatively or positively by this project, policy or proposal?				
<i>E.g. vulnerable residents, homeless people, individuals at risk of loneliness, carers or serving and ex-serving members of the armed forces</i>		<input type="checkbox"/>	<input type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?  <u>Please note that an example of none / minimal impact would be where there is no negative impact identified, or there will be no change to the service for any groups.</u> Wherever a negative impact has been identified you should consider completing the	None / Minimal	Significant
		<input type="checkbox"/>
At this point the D007 savings no decision has been made.		

rest of the form.	
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1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input type="checkbox"/> No <input type="checkbox"/>  A full EIA may need to be completed for each individual daycare settings depending on the outcome of the options review and feedback from the consultations currently taking place
1h	How have you come to this decision?	At this stage no decision has been made, Consultation with staff closed on 26 November 2015. As this is a very complex and volatile area and requires an extensive allocation of time to explore, develop and debate the options for each daycare, a request to extend any decision is being made. This will enable the Council to achieve some budget savings whilst having the minimum impact on the families and childcare market.  A full EIA would need completing if Option 4 was to be progressed in the future for each site, the removal of sustainability funding could result in closure and invoke redundancies if no other provider came forward

<b>Stage 5: Signature</b>	
<b>Lead Officer: Gill Hoar</b>	<b>Date: 07.12.15</b>
<b>Approver signature: Caroline Sutton</b>	<b>Date: 07.12.15</b>
<b>EIA review date: March 2016</b>	