

Appendix 4
Deferred Budget Reduction Proposals –
Tranche 2

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

Section 1

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

Title:	Adult Services – Income Maximisation
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Section 2

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

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

Section 3

Background: <i>Brief description of the proposal ie: what will be different, how will changes be implemented, timescale for</i>	<p>This document sets out proposals for maximising income for Adult Social Care in 2016/17.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a) Block contracts for brokerage services</td> <td style="text-align: right;">£60,000</td> </tr> <tr> <td>b) Cease backdating of residential payments</td> <td style="text-align: right;">£10,000</td> </tr> <tr> <td>c) Income generated from deferred payments</td> <td style="text-align: right;">£10,000</td> </tr> <tr> <td>d) Review of Helpline charges</td> <td style="text-align: right;">£50,000</td> </tr> <tr> <td>e) Charging carers who are service users</td> <td style="text-align: right;">£52,000</td> </tr> <tr> <td>f) Billing from the start of a package</td> <td style="text-align: right;">£10,000</td> </tr> </table>	a) Block contracts for brokerage services	£60,000	b) Cease backdating of residential payments	£10,000	c) Income generated from deferred payments	£10,000	d) Review of Helpline charges	£50,000	e) Charging carers who are service users	£52,000	f) Billing from the start of a package	£10,000
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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.

f) Billing from the start of a package

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.
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<p><u>Further Financial Implications & Considerations</u></p> <p><i>ie Capital implications or invest to save, pump priming etc , variations to budget</i></p>	None
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<p><u>Property Implications</u></p> <p><i>ie closures, maintenance costs, transfer of Assets, property savings, etc.</i></p>	None
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Section 4

<u>Key Milestones</u>	
Milestone	Timescale
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 April 2016
e) Charging carers who are service users	Implemented April 2016
f) Billing from the start of a care package	Implemented April 2016

Key Risks and Mitigations	
Risk	Mitigating Factor
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.

Trade Union Consultation	All relevant consultation with staff, trade unions, providers and partners will be undertaken for specific projects.
Staff Consultation	All relevant, consultation with service users, carers, providers and partners, will be undertaken for specific projects.
Public Consultation	
Service User Consultation	All consultation will be completed by November 2015.
Any other consultation	

Section 8

Equality Impact Screening

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

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

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

http://intranet.oldham.gov.uk/downloads/file/124/equality_impact_assessment_toolkit

EIA required:	Yes
EIA to be completed by:	Kirsty-Louise Littlewood
By:	1 December 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


Approved

Please return completed form to: 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

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</p>

		<p>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 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. 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">• Ensuring an outcome focused approach to support plans• Identifying indicative costs of implementing the support plan• Managing the client's personal budget• Planning and managing the right support for clients• Writing a contingency plan reflects individuals personal preferences• Exploring solutions to emergency events• Providing and ensuring there is a more personalised service• Liaising and negotiating with the service providers• Arranging care and support services• Clarifying the client's needs and goals• Identifying and accessing community resources• Inducting, interviewing and recruiting staff / PA's• Drafting contracts of employment for PA's• Ensuring that direct payments funding is being used on items approved in the support plan• Regularly updating clients and supporting them to keep records of how the budget is being used and
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		<p>spent</p> <ul style="list-style-type: none"> • Opening a separate bank account where necessary for clients to access funding • Filling in payroll forms and PA's timesheets • Liaising with insurance companies and keeping a record of insurance certificates • Managing payroll/accountants' services • Resolving problems that may arise with the management of a client's personal budget <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</p>

		<p>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">• Physical, mental and emotional wellbeing• Control by the individual over day-to-day life• Social and economic wellbeing• Suitability of living accommodation• Individual's contribution to society• Participation in work, education, training or recreation• Protection from abuse and neglect• Personal dignity (including respect)• Domestic, family and personal wellbeing <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">• 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.• Compliance with other regulatory reforms including real time date to HMRC and pension reforms• Developing a brokerage modal which is flexible and can meet the demands of future integration models• Ensuring value for money and embedding performance management measures and accountability.
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		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.
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1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People 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?	None / Minimal	Significant
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1h	How have you come to this decision?	<p>The 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.</p> <p>Through contractual performance management requirements, the Council will ensure that the approved providers meet the client's expectations, deliver positive outcomes and ensure adherence with Council policies and procedures.</p>

Stage 5: Signature	
Lead Officer: Kirsty Louise Littlewood	Date: 7 December 2015
Approver signature: Mark Warren	Date: 7 December 2015
EIA review date: 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>Adult Social Care Non Residential Charging Policy The Care Act 2014 introduced changes to the rules relating to the financial assessment process for calculating service user's contributions towards their non-residential care services which include personal budgets, day-care, extra care housing and supported living 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>What is a financial assessment? 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>When are financial assessments completed? 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 there is a delay in completing the assessment.</p>

		<p>When is the financial assessment effective from?</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"> • All service users are treated in the same way and charged from the start date of their services • The income collected by the Council is maximised.
1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<p>This proposed change in policy may have a detrimental effect on those 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?				
	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

of a process of gender reassignment				
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?	None / Minimal	Significant
	<input type="checkbox"/>	X

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes X 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 finding 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 undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think that this proposal may affect negatively or positively?				

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

Consultation information

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 risk of loneliness, carers or serving and ex-serving members of the armed forces</i>)	No impact.

Stage 4: Reducing / mitigating the impact

As a result of what you have learned, what can you do to minimise the impact of the proposed changes on equality groups and other excluded / vulnerable groups, as outlined above?

4a. Where you have identified an impact, what can be done to reduce or mitigate the impact?	
Impact 1: Not being aware	Service users are advised at the initial contact stage that they

of their financial contribution prior to the start of their services	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

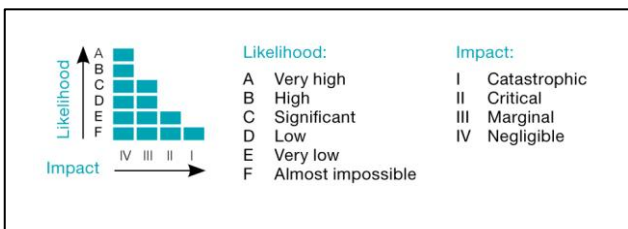
EIA review date: 12 months (October)

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"> Information and record sheet is completed with service users and uploaded onto FWi Information is available via the internet or leaflet to explain briefly the charges for care services 	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"> Clear records are kept as to the reasons for the backdated invoice Service users understand their invoice and what it is for The number of complaints received is reduced 	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.	Yes x No Date of original EIA:

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>Helpline Service (Oldham Care and Support) 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>Background</p> <p>What is helpline? 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>Who is helpline for? 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>

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 keep this service or have it removed. This forms part of the service commissioned from Oldham Care and Support (OCS) by 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.

		<p>Payments are received from the Housing Revenue Account totalling approximately £186,000 a year to subsidise the Housing Association services.</p> <p>What is the proposed change?</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 and 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?				
	None	Positive	Negative	Not sure
Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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?	None / Minimal	Significant
	<input type="checkbox"/>	X

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes X 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>

Stage 2: What do you know?

What do you know already?

From the records that we currently hold on helpline services we are currently aware of the following information:

As of 1 October 2015 we have 2635 helpline users broken down as follows:-

- 385 who have helpline as part of their support plan
- 1500 private payers
- 750 have helpline provided through their housing provider

Of these users the breakdown of service levels provided is as follows:-

- Bronze 240
- Silver 1593
- Gold 52
- 750 who have Bronze level care subsidised by the Housing Provider

The age breakdown of these users is as follows:

• 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"/>	<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"/>	x	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input type="checkbox"/>	x	<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 that this proposal may affect negatively or positively?				

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

Consultation information <i>This section should record the consultation activity undertaken in relation to this project, policy or proposal.</i>	
3a. Who have you consulted with?	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	Whilst our approach does not positively or negatively impact either of these groups disproportionately it should be noted that

pregnancy / maternity)	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.
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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 users 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

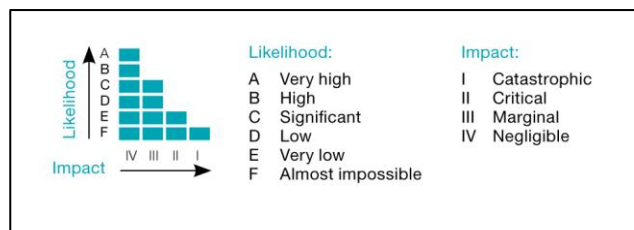
Lead Officer:	Kirsty Littlewood	Date: 07.12.15
Approver signature:	Maggie Kufeldt	Date: 07.12.15
EIA review date: December 2016		

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>Adult Social Care Non Residential Charging Policy</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>What is Carers Allowance?</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>Fairer Charging Guidance</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</p>

		<p>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>Care Act 2014</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	<p>What are the main aims of the project, policy or proposal?</p>	<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"> • Income is treated as set out in the Care Act • 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.
1d	<p>Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?</p>	<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 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.</p>

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

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes X 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.</p> <p>Where service users are going to see an adverse change in their financial position, we will need to ensure that we have processes in place to help them cope.</p> <p>Due to this likely impact it is recommended we do a full impact assessment.</p>

Stage 2: What do you know?

What do you know already?

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

Financial Impact for Service Users

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

Financial Impact for the Council

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:-

- Weekly income invoiced will increase by £1,309
- Annual income invoiced will increase by £68,000

Financial reassessment

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.

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

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

- ensuring that people are not charged more than it is reasonably practicable for them to pay;
- is comprehensive, to reduce variation in the way people are assessed and charged;
- clear and transparent, so people know what they will be charged;
- promotes wellbeing, social inclusion, and supports the vision of personalisation, independence, choice and control;
- supports carers to look after their own health and wellbeing and to care effectively and safely;

- is person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet need;
- applies the charging rules equally so those with similar needs or services are treated the same and minimises anomalies between different care settings;
- encourages and enables those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so; and
- is sustainable for local authorities in the long-term.

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

What don't you know?

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 undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think that this proposal may affect negatively or positively?				

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

<p>Consultation information <i>This section should record the consultation activity undertaken in relation to this project, policy or proposal.</i></p>	
<p>3a. Who have you consulted with?</p>	<p>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.</p> <p>In addition, the proposals were presented to the Carers for Positive Change group for consideration and comment.</p>
<p>3b. How did you consult? (inc meeting dates, activity undertaken & groups consulted)</p>	<p>Postal questionnaires were sent out to the cohort of service users identified above.</p>

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

	<p>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.</p>
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>)	<p>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.</p>

Stage 4: Reducing / mitigating the impact

As a result of what you have learned, what can you do to minimise the impact of the proposed changes on equality groups and other excluded / vulnerable groups, as outlined above?

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

Impact 1: Increase in financial contribution for service users in receipt of night care allowance

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.

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.

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.
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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"> • Service users will fully understand the charging policy and changes that are being made. • Information will be collected on disability related expenditure ensuring that financial assessments are accurate 	Angela Pemberton	31/03/2016	
2 Welfare Benefit Checks	As part of the financial reassessment a benefit check will be completed ensuring that service users are in receipt of their full benefit entitlement and their income is maximised.	<ul style="list-style-type: none"> • Referrals are made to Welfare Rights and DWP where appropriate to assist with benefit claims. • Income levels are reviewed for those service users where additional benefits are 	Angela Pemberton/Sophie Harland	31/03/2016	

		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.	<ul style="list-style-type: none"> The financial impact on those affected by the change is limited initially. 	Income & Assessment Team		
4 Monitor the impact of the change	Monitor the impact on service user's contributions and levels of income along with the income collected by the Council.	<ul style="list-style-type: none"> Reports can be produced to monitor the effects of the change. 	Sophie Harland/Karen Maders	31/03/2016	
6 Consider other options	Consider other options, under our carers strategy approach, to incentivise carers services.	<ul style="list-style-type: none"> 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?	Adult Social Care – Residential Care Providers 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?	Residential Care Fee Payments 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"> • to ensure that homes notify us of changes and return paperwork in a timely manner • to allow us to manage budgets more accurately • 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
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.

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

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	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.

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

N/A

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

Does the project, policy or proposal have the potential to have a <u>disproportionate</u> impact on any of the following groups? If so, is the impact positive or negative?	None	Positive	Negative	Not sure
Disabled people	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	X	<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	
Residents 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 5 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. 4 said that this approach should not be adopted, with 1 respondent stating it should.

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. 1 respondent felt it shouldn't apply to a specific timeframe. The proposal focussed on the 3 month plus period to reflect that this is the practice adopted within our care at home market and ensures that the Council's accounts can be effectively monitored and profiled.

We also asked providers to consider a reduced fee rather than ceasing back payments, 4 providers felt that there should not be a reduction and 1 provider felt that this should be set at 10% less.

All 5 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 your 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.

In addition, 1 respondent felt that it should be acknowledged that care home providers are facing the same pressures as local authorities and should be paid for this services it provides to

its residents, regardless of whether contracts have been returned. They raised concerns about late issue of contracts and how this could impact on them, especially in cases where CHC funding ceases and this passes to local authority funding. They feel consideration also needs to be given to how this would be implemented in practice and the practicalities of time frames, which should be addressed via the Care Home Partnership Forum.

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 a 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. Residents 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?

<p>Impact 1 Residential providers not being paid the full amount for services that they have provided</p>	<p>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.</p>
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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

Conclusion

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

N/A

Stage 5: Signature

Lead Officer: Kirsty-Louise Littlewood **Date:** 11.01.16

Approver signature: Maggie Kufeldt **Date:** 11.01.16

EIA review date: 12 months (October 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:					
Number	Action	Required outcomes	By who?	By when?	Review date
1. Development of proposals in conjunction with affected providers	Proposals for the ceasing of back payments will be developed in partnership with the care home provider forum	<ul style="list-style-type: none"> Attend the care home provider forum with outline proposals Develop and implement proposals in partnership with providers Ensure proposals are reflected in contractual agreements with the homes 	Brokerage and Payments Team	February 2016	
2. Fee payments not being backdated	Processes will be put in place to ensure documentation is chased up at appropriate intervals	<ul style="list-style-type: none"> Documentation is chased up in a timely manner Staff are aware of their responsibilities in the process A clear audit trail is kept 	Brokerage and Payments Team	February 2016	
3. 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"> Providers are fully aware of the payment terms Contract terms are agreed 	Brokerage and Payments Team Procurement	March 2016	

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

Section 1

Reference:	E012a – combining E007 – 1/12/2015
Portfolio	Health and Wellbeing
Directorate:	Health and Wellbeing
Division:	Adult Social Care
Responsible Officer and role:	Maggie Kufeldt Executive Director, Health and Wellbeing
Cabinet Member and Cluster :	Cllr Jenny Harrison Health and Wellbeing Cluster

Title:	Local Area Coordination / Prevention – An Asset-Based Approach to Adult Social Care and workforce redesign
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Section 2

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

	2016/17 £k	2017/18 £k
Proposed Financial saving:	824	0
Proposed reduction in FTEs	Approximately 3-4fte (£100k)	0

Section 3

Background:

Brief description of the proposal i.e.: what will be different, how will changes be implemented, timescale for implementation

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 one coherent cross-sector model across the borough which takes an asset-based approach to prevention and early intervention.

This programme of work refreshes the approach to two existing savings programmes namely;

E007 – Workforce Redesign and
E012 – Local Area Coordination. This programme replaces the former proposal specifically and solely relating to Local Area Co-ordination.

The programme will cover the following two areas;

- a) A refreshed prevention strategy and
- b) Achieving savings through an evolving workforce /service redesign

a) *Prevention approach*

By building on the cooperative ethos of our borough, we will develop a new deal with our residents, communities and partners, to enable individuals, families and communities to become more resilient, independent and inclusive through the effective harnessing of their talents, resources and assets.

This approach provides the opportunity to shift the focus from people as passive recipients of health and social care, to people as valued citizens (irrespective of service labels) who have talents, assets and contributions. The programme as part of a developing targeted prevention strategy will view communities as inclusive and welcoming places to live that have a range of resources for mutual support and practical solutions.

It should therefore:

- a) prevent, delay or reduce demand for costly health and/or social care services . A reorganised `front door' to Adult Social Care will ensure where appropriate, referrals are directed to a revised prevention service

- b) build community capacity and resilience
- c) support service reform and integration
- d) enable limited valuable formal Adult Social Care services to be retained as a back-up to local solutions and to focus on more complex situations.

Although there is currently significant investment in Oldham to deliver wide-ranging prevention and early intervention activities, the borough doesn't have one coherent strategic approach to this activity for adults, which all parties are signed up to. This is fundamental if we are to deliver positive and long-lasting change to the health and wellbeing of all our citizens.

We plan to design a targeted prevention model that has at its heart the principles and ethos of Local Area Coordination (LAC) but builds on and redefines existing asset-based activity in Oldham, in order to increase resilience and independence at community, family and individual levels.

This asset-based model 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. It requires positive risk taking and a change in culture and expectations of what adult social care delivers.

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.

The aim is that Adult Social Care will work in partnership with colleagues in Community Services, Pennine Care, Housing strategy, the voluntary sector, faith groups and communities to develop and agree one prevention model that would reduce future demand for formal adult health and social care services.

The aim is to have one main delivery vehicle for prevention and early intervention activity across the borough (with the flexibility to adapt provision in line with local neighbourhood requirements), which would bring together NHS and Council resources, using asset-based approaches and principles as the preferred method of working.

We would support the development of this integrated model and

	<p>way of working through use of a proportion of the invest-to-save funding set aside for Local Area Coordination in the Better Care Fund and in order to support the delivery of comprehensive reductions in future demand.</p> <p>This programme of work would enable the Council and our NHS partners to develop and articulate one coherent place-based approach to prevention and early intervention which would help realise our ambitions to increase community resilience, to maximise use of community assets, and to support and empower individual residents to identify and utilise their own talents and skills and those of their families and other networks of support in order to improve everyone's health and wellbeing.</p> <p>This combined/integrated model embodies the values and ethos of cooperative working, as it encompasses an ethical and fair approach to working with individuals and communities and delivers good social value as well as value-for-money.</p> <p>b) Workforce redesign</p> <p>The prevention strategy needs to be considered as one of the first stages of the customer journey and its success will have a direct impact on the configuration of ASC statutory service offers. It will necessitate a revised approach to deploying staff. A re-organisation of service structures will be needed for those occasions when the prevention offer is not sufficient to meet the needs of local citizens with high risk or more complex needs</p>
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<p><u>Proposed Savings £k:</u></p> <p><i>Through efficiency, income generation, transformation, decommissioning, etc.</i></p>	<p>The development of one coherent strategic approach to prevention and early intervention, which will work across health and social care, will deliver savings on future additional demand of £200k. Reviewing and remodeling the role of Independence and Prevention Officers (IPO) so they are working to one integrated prevention model will achieve savings of £100k through reducing the number of posts by 3-4fetes.</p> <p>Other actions required to deliver the remaining £374k reductions include;</p> <p>i) developing the role of the Review Team to embody LAC principles in order to identify alternate ways of supporting individuals in receipt of current low(er) cost personal budgets (saving £150k)</p>
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	<p>ii) progressing other redesign opportunities, such as the integration of Learning Disability services and the pooling of skills to enhance the ability of that service to engage differently with people who have complex needs, enabling and empowering people to increase their levels of independence. People’s current placements and/or packages of care/support will be reviewed to ensure their links in to their local communities and networks of support are enhanced in order to promote and increase levels of independence.</p> <p>iii) linking in with E005 (e) to develop an invest-to-save ‘housing with care’ model to enable us to bring back people with complex learning disabilities from expensive out-of-borough placements through the provision of suitable accommodation in Oldham</p> <p>iv) reviewing the use of estate/assets by Adult Social Care, including maximizing the use of the Link Centre, in order to reduce corporate landlord costs and/or bring in additional income to offset these costs</p>
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<p><u>Further Financial Implications & Considerations</u></p> <p><i>i.e. Capital implications or invest to save, pump priming etc. , variations to budget</i></p>	<p>£225k investment set aside in BCF for LAC will be used to:</p> <p>a) support the development of a programme of work to design, develop and deliver this new integrated approach (£70k)</p> <p>b) support other activity to deliver the savings (£90k)</p> <p>c) invest £65k in 2fte Care Coordinators to support the delivery of core statutory duties as this capacity will be reduced when IPO roles are remodelled and numbers reduced.</p> <p>This solution will ensure that the resources already invested in developing and supporting community assets/resilience in Oldham can be effectively exploited/adapted so as not to duplicate effort and/or investment.</p>
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<p><u>Property Implications</u></p>	<p>Consideration will need to be given to how the Link Centre for Independent Living is used and resourced as well as our use of other council estate/assets.</p> <p>ASC use of other building will be undertaken as part of a wider implication of the new Locality Care Organisation developments and aim to integrate health and social care front line services.</p>
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Section 4

<u>Key Milestones</u>	
Milestone	Timescale
Establish Strategic Leadership Team and hold first meeting to agree vision, approach, scope, timescales	4 January 2016
Set-up cross-sector operational team and hold first workshop to agree terms of reference, membership, develop project plan, identify key stakeholders, develop communications plans	29 January 2016
Engagement with key stakeholders to ensure genuine and effective co-production of approach/model	February to April 2016
Cross-sector, cross-borough model/approach agreed; development of staffing model and consultation with staff and TUs concluded	April to May 2016
Implementation of model (phased approach)	June/July 2016
Evaluation of phase 1, revision and roll-out of other phases	October 2016

<u>Key Risks and Mitigations</u>	
Risk	Mitigating Factor
The timeframe is too short, allowing insufficient time for genuine co-production, which would negatively impact on the success of the approach	Early conversations to be held with key stakeholders to ensure buy-in across the Council, CCG and the Health & Wellbeing Board. Approach already made to key stakeholders across the Council.
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	Development and roll-out of new service directory already underway – will need to re-appraise and consider use of other options e.g. NHS Choices. Options appraisal also planned to identify relevant digital solutions to support independence, self-management, (supported) self-help
Lack of engagement/obstacles to integration of full range of existing models leads to missed deadlines and/or dilution of approach, which risks effectiveness	All models already embody principles of asset-based approach to prevention in order to build resilience, increase independence and improve wellbeing of citizens, so there is already a shared understanding/common purpose. Early engagement with key partners planned.
Suitable housing with care options to be set up in Oldham to enable people with learning	E005 to progress at pace and use of HRA moneys to invest in new building

disabilities to return to the borough and as such savings realisations will extend to the 2017/18 financial year	infrastructure to be progressed
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Section 5

What impact will the proposal have on the following?

Service Delivery and future expected outcomes:

This proposal will support the transformation of health and social care and offers a fundamental shift in organisation and practice which views people as contributing citizens rather than passive service users/patients.

The prevention delivery model will provide a local, accessible point of contact in each cluster/neighbourhood area, effectively becoming the new “front door” for people who are vulnerable as a result of age, disability or mental illness. Staff will work with individuals, families and communities to help identify and develop non-service solutions, helping people identify their strengths and networks of support, providing connections, information, and guidance. They will help to build inclusive, resourced local communities, support people to develop practical ways of meeting their goals and needs, and enable citizens to access facilities, services, resources and other opportunities.

An integrated health and social care learning disability service will ensure a range of professional skills can be deployed to both prevent the need to place out of borough but facilitate the return of those with complex behaviours.

Organisation (other services)

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

Workforce

This is an innovative approach that will require the remodelling and reduction of some job roles in adult social care (IPOs), and is also likely to require the flexing/remodelling of job roles in other services both in and outside the Council.

These (new) roles will nurture local solutions and keep people strong. They will need to have strong local knowledge and a commitment to local people and communities, and they must be good at building relationships with people and have the requisite range of functional skills necessary to carry out the job effectively.

This approach supports integration and, as such, should provide the drive for

workforce redesign across the whole health and social care sector. Economies of scale will be achieved through the sharing of some management posts.

It has been identified that there will be an impact on the delivery of key statutory functions in adult social care as a consequence of revising the role of IPOs and reducing the number of ftes, so this will be mitigated (at least in the first year) by the recruitment of 2fte additional Care Coordinators.

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 integrated prevention model.

Communities

Expected outcomes include 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, making better use of community resources and being more cost-efficient.

Service Users

Anticipated outcomes for people supported through this approach include individuals having increased social networks, that they 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. A positive risk taking approach culture will need to be supported by all stakeholders.

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

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. Expected outcomes are that this approach will decrease emergency hospital admissions, reduce the use of GPs, increase the use of voluntary/3rd sector services and facilities, reduce the number (or cost) of people needing formal health and/or social care interventions/services.

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	April to May 2016 (45 days)
Staff Consultation	April to May 2016 (45 days)
Public Consultation	No additional consultation required
Service User Consultation	As Above
Any other consultation	Discussions have commenced with key departments across several directorates in the Council. Cross-sector project team to be formed to include Council, CCG and voluntary sector representation.

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

http://intranet.oldham.gov.uk/downloads/file/124/equality_impact_assessment_toolkit

EIA required:	Yes
EIA to be completed by:	Barbara Guest
By:	January 2016 (Stage 1); May 2016 (Stages 2&3 if required)

Section 9

Responsible Officer:	Mark Warren
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Support Officer Contact:	Ellen Marchbank-Smith
Support Officer Ext:	3125

Cabinet Member Comments and/or approval

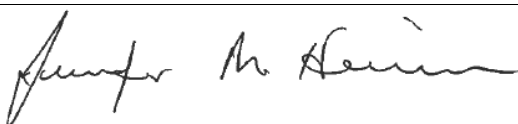
Approved

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

Submitted to Finance:	7 December 2015
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Section 10

Approval by Lead Cabinet Member

Cabinet Member:	Cllr Jenny Harrison – Cabinet Member for Social Care & Safeguarding
Signed:	
Date:	7 December 2015

Equality Impact Assessment Tool

E012a -Prevention – An Asset-Based Approach to Adult Social Care and workforce redesign

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

General Information

1a	Which service does this project, policy, or proposal relate to?	Prevention – An Asset-Based Approach to Adult Social Care and workforce redesign (Budget Reference: E012a)
1b	What is the project, policy or proposal?	<p>This proposal refreshes the approach to two existing budget savings proposals namely;</p> <p>E007 – Workforce Redesign saving £150k E012 – Local Area Coordination. This proposal completely replaces the former proposal specifically and solely relating to Local Area Co-ordination, saving £674k</p> <p>It is proposed to deliver:</p> <p>a) One prevention strategy and an agreed model of delivery for prevention and early help across the borough, bringing together resources across the Council, CCG, Housing and other relevant partners.</p> <p>It will require the disestablishment of the Independence and Prevention Service in Adult Social Care to ensure that all staff are working to one integrated prevention model. This will achieve savings through reducing the number of posts by 4ftes in order to make savings of £100k.</p> <p>b) Achieving £150k savings through an evolving redesign of integrated health and social care workforce and services.</p>

		<p>The remaining savings will be made through a range of actions, including:</p> <ul style="list-style-type: none"> • reviewing support plans for those in receipt of low(er) cost personal budgets to identify alternate ways of supporting individuals through better use of community resources/services • integrating learning disability services across health and social care • developing a 'housing with care' model to bring back people with complex learning disabilities from expensive out-of-borough placements through the provision of suitable accommodation in Oldham • reviewing the use of estate/assets by Adult Social Care, including the use of the Link Centre
1c	<p>What are the main aims of the project, policy or proposal?</p>	<p>Prevention Strategy</p> <p>By building on the cooperative ethos of our borough, we aim to develop a new deal with our residents, communities and partners, to enable individuals, families and communities to become more resilient, independent and inclusive through the effective harnessing of their talents, resources and assets.</p> <p>Although there is investment in Oldham to deliver wide-ranging prevention and early intervention activities, the borough doesn't have one coherent strategic approach to this activity for adults, which all parties are signed up to. This is fundamental if we are to deliver positive and long-lasting change to the health and wellbeing of all our citizens.</p> <p>We plan to design a targeted prevention model that has at its heart the principles and ethos of Local Area Coordination but builds on and redefines existing asset-based activity in Oldham, in order to increase resilience and independence at community, family and individual levels.</p> <p>This programme would enable the Council and our NHS partners to develop and articulate one coherent place-based approach to prevention and early intervention which would help realise our ambitions to increase community resilience, to maximize use of community assets, and to support and empower individual residents to identify and utilise their own talents and skills and those of their families and other networks of support in order to improve everyone's health and</p>

		<p>wellbeing.</p> <p>Workforce/Service Redesign</p> <p>The prevention model will be one of the first stages of the customer journey and its success will have a direct impact on the configuration of the adult social care statutory service offer(s). It will necessitate a revised approach to deploying staff. A re-organisation of service structures will be needed for those occasions when the prevention offer is not sufficient to meet the needs of local citizens with higher risk or more complex needs.</p> <p>The model to integrate health and social care provision will provide opportunities to realise workforce savings.</p>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in a Marriage or Civil Partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input 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?				
		<input type="checkbox"/>	<input type="checkbox"/>	

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

	Unclear at this stage – some aspects have potential to be negative in the short-term but in the medium to longer-term the impact should be positive
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1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1h	How have you come to this decision?	A number of the Intervention and Prevention Officers provide direct services to particular BME communities, as well as providing support across the borough with welfare benefit claims, helping to resolve debts and general tenancy support services, as well as casework support to social workers. The replacement of this role and loss of 4ftes may have a detrimental impact on BME communities, people with disabilities and people on low incomes if the integrated offer isn't able to be established quickly enough. As the vast majority of social care service users are aged 65+ then any change in service provision is likely to impact on older people.

Stage 2: What do you know?

What do you know already?

A number of the IPOs provide direct services to particular BAME communities, as well as providing support across the borough with welfare benefit claims, helping to resolve debts and general tenancy support services, as well as casework support to social workers. The replacement of this role and loss of 4ftes may have a detrimental impact on BAME communities, people with disabilities and people on low incomes if the integrated offer isn't able to be established quickly enough. As the vast majority of social care service users are aged 65+ then any change in service provision is likely to impact on older people.

Service Managers are currently gathering in-depth data about size of caseloads, target groups for delivery, capacity and use of IPO services in all locations across the borough.

An initial briefing session took place with affected staff on 14 January 2016 to gather information about potential impacts. It was clear from the feedback that impacts would be felt across a number of BAME communities, specifically Bangladeshi, Indian and African-Caribbean. It was agreed with staff that further detailed information, including observation of staff and focus-group style consultation with affected communities would be undertaken to fully understand all impacts

and how these can be mitigated. These discussions will also help inform the development of the new integrated prevention roles currently under consideration.

What don't you know?

A detailed analysis of all IPO work is required, plus consultation with service users, staff, and community organisations, supplemented by some observation sessions in community outreach sessions to fully inform this analysis.

Further data collection

See 'What don't you know?' section.

This EIA cannot be completed further at this point in time but will be updated as development of the model progresses.

Stage 5: Signature

Lead Officer: Barbara Guest Date: 28/01/2016

Approver signature: Mark Warren Date: 28/01/16

EIA review date: May 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	On transition to new service ensure that face-to face briefings take place with service users	<ul style="list-style-type: none"> ➤ Service users and families feel reassured about what is going to happen next ➤ A list of potential risks associated with the transition to be drawn up following briefings and these risks managed 	Name of officer/s	Insert date	Insert date

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

Section 1

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

Title:	Home School Transport
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Section 2

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

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

Section 3

<p><u>Background:</u></p> <p><i>Brief description of the proposal ie: what will be different, how will changes be implemented, timescale for implementation</i></p>	<p>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"> • The offer of personal budgets as an alternative • Independent travel training • Designated pick-up and drop-off points • Including travel costs in the overall costs of Out of Borough Placements • Reviewing the procurement strategy and current pricing structure • Reviewing the current transport policy and its eligibility
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	<p>criteria</p> <ul style="list-style-type: none"> • Exploring the provision of passenger assistants by contractors <p>Savings will be realised from 2017/18 following a policy review which will be implemented in 2016/17 and the review of the procurement strategy and pricing structure. As this reduction had already been accepted, we propose to make £148K savings in 2016/17 through compensating budget reductions in other areas.</p> <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>
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<p>Proposed Savings £k: <i>Through efficiency, income generation, transformation, decommissioning, etc</i></p>	£148k in 2017/18
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<p>Further Financial Implications & Considerations <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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Economic Impact Summary	
Total net FTE job losses (gains): <i>(including Council, Unity partnership, 3rd sector, other partners, private sector)</i>	
Total financial loss to partners (£k) <i>(including Unity partnership, 3rd sector, other partners, private sector)</i>	Private contractors who provide the transport services will be contracted under more efficient terms and conditions. This may result in lower payments made on the basis of the work they undertake only.
Type of impact on partners	Negative

Section 4

<u>Key Milestones</u>	
Milestone	Timescale
EIA	July 2015 – August 2015
Consultation within PVFM timeline	Any consultation required for initial reductions to be complete by 18 March 2016
Consultation with POINT (parent partnership group)	Any consultation required for initial reductions to be complete by 18 March 2016
Consultation with schools and colleges	Any consultation required for initial reductions to be complete by 18 March 2016
	Any consultation required for initial reductions to be complete by 18 March 2016

<u>Key Risks and Mitigations</u>	
Risk	Mitigating Factor
Parents of children affected by the changes object to the proposals	Consultation through SENDIASS (parent partnership)
Reductions are sufficient to meet current budget pressures but do not deliver further efficiencies	Ongoing monitoring and financial evaluation of specific proposals
Increased demand for transport, driven by growing pupil population and increases in EHCs and the 0-25 agenda, 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?

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

<u>Service Delivery and future expected outcomes:</u>
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.

<u>Organisation (other services)</u>

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 optimising the transport network there may be a requirement for more shared transport, rationalisation of pupil escorts and changes to transport routes, but adverse impacts will be minimised as far as possible and service users consulted.

Where appropriate there will be support and training available to facilitate independent travelling, improving outcomes for these young people in readiness for, further education and training, employment and independent living.

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

The Council's partnership with SENDIASS (formally 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.

Section 7

Consultation Information –

The groups and individuals identified in the Cabinet report January 2016, will be included in the consultation. These are as follows:

Parents and carers

- Children and Young People
- Schools and Colleges
- School Governors
- School Heads
- SENCOs

Point SENDIASS	
NB – All public consultations must be completed prior to approval by Cabinet/Council.	
Trade Union Consultation	Consultation to commence 1 February 2016 and complete by 18 March 2016.
Staff Consultation	Consultation with staff will be necessary and will start 1 February 2016 and complete by 18 March 2016.
Public Consultation	Consultation to commence 1 February 2016 and complete by 18 March 2016.
Service User Consultation	Consultation will be undertaken with service users through SENDIASS, beginning in February 2016 and complete by 18 March 2016.
Any other consultation	No other consultation identified as required

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

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

Section 9

Responsible Officer:	Gill Hoar
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Support Officer Contact:	Sharon Davies
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Support Officer Ext:	1138
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Cabinet Member Comments and/or approval

Approved


Please return completed form to: 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
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Signed:	
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Date:	18 November 2015
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Approval by Supporting Cabinet Members

Cabinet Member:	
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Signed:	
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Date:	
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Cabinet Member:	
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Signed:	
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Date:	
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Cabinet Member:	
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Signed:	
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Date:	
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Equality Impact Assessment

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> <ul style="list-style-type: none"> • Home to School Travel Assistance Policy • Independent Travel Training • Joint Procurement Strategy

		<p><u>Home to School Travel Assistance Policy</u></p> <p>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.</p> <p>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.</p> <p><u>Independent Travel Training</u></p> <p>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 qualifications and moving into further education, training and employment.</p> <p><u>Joint Procurement Strategy</u></p> <p>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.</p> <p>The group is also looking at other areas which will improve service delivery and efficiency with minimal impact to service users, these include:</p> <ul style="list-style-type: none"> • 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?	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>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	<p>Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?</p>	<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 NEGATIVE 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"/>
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.

Stage 5: Signature		
Lead Officer:	Gill Hoar	Date: 22.10.15
Approver signature:	Caroline Sutton	Date: 22.10.15
EIA review date:	October 2016	

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

Section 1

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

Title:	Reduced Support for Council Operated Daycare Centres
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Section 2

2015/16 Budget for the section: <i>(By Division):</i>	Expenditure	£898k
	Income	(£614k)
	Net Expenditure	£284k
Total posts numbers in section: (By Division)	FTE	27.20

	2016/17 £k	2017/18 £k
Proposed Financial saving:	80	N/A
Proposed reduction in FTE's	27.20	N/A

Section 3

<p><u>Background:</u></p> <p><i>Brief description of the proposal ie: what will be different, how will changes be implemented, timescale for implementation</i></p>	<p>£80k saving relating to reduction in support for the Council operated daycare settings. There are 3 fully operated by the Council and 1 still run by a school but receiving a subsidy.</p> <p>The future of the Council operated daycare under the direct management of Oldham Council continues to be problematic and this is something that needs additional time to fully consider the wider political implications.</p>
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<p><u>Proposed Savings £k:</u></p> <p><i>Through efficiency, income generation, transformation, decommissioning, etc</i></p>	<p>It is proposed that an £80k budget reduction for 2016/17 can be achieved and met through any in year underspends for 2015/16 being placed in reserves and carried forward for 2016/17.</p> <p>The childcare market is a very complex and volatile area that requires extensive time to explore, develop and debate options that will enable the Council to achieve some budget reductions whilst having the minimum impact on the families and the childcare market. In particular, consideration regarding the future delivery of daycare by Oldham Council requires a wider political debate.</p>
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<p><u>Further Financial Implications & Considerations</u></p> <p><i>ie Capital implications or invest to save, pump priming etc , variations to budget</i></p>	<p>Options may include outsourcing to the PVI sector, a school-led delivery model or full withdrawal of Council funding support.</p> <p>One-off funding may be required to bridge any timing gap or transfer costs to achieve the delivery of recurring reductions, 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.</p> <p>Since the inception of this budget reduction proposal officers have worked to develop options for removing the £80K reduction whilst retaining effective childcare provision.</p> <p>More time is required to develop sustainable options that will secure childcare provision.</p>
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Economic Impact Summary	
Total net FTE job losses (gains): <i>(including Council, Unity partnership, 3rd sector, other partners, private sector)</i>	Ranging from none to all staff depending on the option taken forward during 2016/17
Total financial loss to partners (£k) <i>(including Unity partnership, 3rd sector, other partners, private sector)</i>	Loss of the sustainability funding to the school-run day care centre of £20K
Type of impact on partners	Not Known

Section 4

<u>Key Milestones</u>	
Milestone	Timescale
Mandatory – Completion of EIA & Consultation within PVFM timeline	Scheduled to complete as soon as possible once options have been identified and to ensure that any

Initial £80K saving through effective budget management	deliverable savings can be included in the 2017/18 budget.
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Key Risks and Mitigations	
Risk	Mitigating Factor
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
Changes in staffing numbers due to becoming vacant can impact on the quality of the provision and the impending Ofsted inspections which are overdue at two daycare sites. This can also impact on parents choosing to move their children to another day care setting which will also result in loss of income.	Staff replacements are progressed quickly to ensure that key quality workers are in place. Temporary management cover remains in place.
Government funding for 2, 3 & 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 funded 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 2, 3 or 4 year olds.	Temporary management cover remains in place to push forward the new Ofsted Inspection compliance standards

Section 5

What impact might the proposal have on the following?

Property Implications <i>ie closures, maintenance costs, transfer of Assets, property savings, etc</i>
Potential property implications depending on the proposals developed notably if the daycare centres are outsourced to an external provider then they will need to work in partnership with the children's centre who have responsibility for the sites. If daycare closure is selected for a setting then the space occupied by the daycare on the children's' centre site will require repurposing in line with previous funding conditions. It should be noted that the daycare centres are located within children's centres footprint and are attached or adjacent to primary schools.

Service Delivery and future expected outcomes:

Continue to manage the daycare settings under the current temporary management arrangements whilst securing alternative providers and sufficient childcare and early education places.

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. However they should result in reduced management time required from the Schools and Early Years team and Human Resources.

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

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 any of the current daycare centres close.

Communities

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

There will be a need to maintain a sufficient childcare market across Oldham that offers a choice of high quality settings and meets the needs of working parents and those accessing training and volunteering.

Service Users

By maintaining the current provision there will be no immediate impact on services, although if the centres are closed families may need support to find alternative provision.

If the daycare 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	<ul style="list-style-type: none"> • Meetings 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 and 8 December 2015
Staff Consultation	<ul style="list-style-type: none"> • Consultation meeting held with all daycare staff on 13th October and 8 December 2015 • All staff given opportunity for a 1:1 meeting with Service Manager at each daycare site.
Public Consultation	Proposal posted on the Council's 'Let's talk budget' website.
Service User Consultation	Consultation with parents of children who use daycare to be arranged.
Any other consultation	<p>Proposals have been reported to the following groups for information/comment:</p> <ul style="list-style-type: none"> • Planning School and Setting Places Group; • Early Years and Childcare Core Group (This is the practitioner forum that reports to the Early Years and Childcare Board).

Section 8

Equality Impact Screening

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

EIA required:	Yes
EIA to be completed by:	Gerri Barry
By:	January 2016

Section 9

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


Cabinet Member Comments and/or approval
Approved

Please return completed form to: 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:	

Cabinet Member:	
Signed:	
Date:	

Cabinet Member:	
Signed:	
Date:	

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 & Spring Meadow Daycare report ref: 1071 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"> • Beaver Daycare • Spring Meadow Daycare • First Steps @ Richmond Daycare <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 education (2, 3 & 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 (Beaver, Spring Meadow and First Steps @ Richmond Daycare). This accounts for £60,000.00 of the proposed</p>

		<p>reduction.</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"> • Option 1 - Oldham Council continue delivery but with a reduced cost base or increased income to achieve a 'break even position'. • Option 2 - To integrate services for 2, 3 & 4 year olds that are currently delivered by the council into the schools foundation stage. • Option 3 - Oldham Council agrees to alternative providers taking over the businesses • Option 4 - If none of the above prove feasible, a closure of each setting may need to be considered <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 & 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 complicated area and makes it difficult to predict and achieve a balanced budget.</p>

		<p>Occupancy levels</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 & 4 year olds at Beaver 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>Ofsted</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 & 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 funded 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 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 options and no decision has been made.</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"/>	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? 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. Wherever a negative impact has been identified you should consider completing the rest of the form.	None / Minimal	Significant
	<input type="checkbox"/>	Not sure
	At this point no decision on the D007 savings option has been made.	

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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</p>
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

		<p>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 reductions whilst having the minimum impact on the families and childcare market.</p> <p>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</p>
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Stage 5: Signature	
Lead Officer: Gill Hoar	Date: 07.12.15
Approver signature: Caroline Sutton	Date: 07.12.15
EIA review date: March 2016	