

# Public Document Pack



## TRAFFORD COUNCIL

### AGENDA PAPERS FOR EXECUTIVE MEETING

Date: Monday, 4 March 2013

Time: 6.30 pm

Place: Rooms 7 and 8, Quay West, Trafford Wharf Road, Trafford Park,  
Manchester M17 1HH

AGENDA	PART I	Pages
4.	<b>ADULT SOCIAL CARE: CONSULTATION OUTCOMES AND BUDGET PROPOSALS</b>	1 - 228
	To consider a report of the Executive Member for Adult Social Care.	
14.	<b>TRANSFORMATION PROGRAMME BENEFITS REALISATION 2012/13 - PROGRESS UPDATE</b>	229 - 236
	To consider a report of the Executive Member for Transformation and Resources and the Corporate Director, Transformation and Resources.	

**THERESA GRANT**  
Chief Executive

**COUNCILLOR MATTHEW COLLEDGE**  
Leader of the Council

#### Membership of the Committee

Councillors M. Colledge (Chairman), A. Williams (Vice-Chairman), S. Anstee, Dr. K. Barclay, Miss L. Blackburn, M. Cornes, J. Coupe, M. Hyman, A. Mitchell and M. Young

#### Further Information

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## Executive - Monday, 4 March 2013

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This agenda was issued on **Thursday, 28 February 2013** by the Legal and Democratic Services Section, Trafford Council, Quay West, Trafford Wharf Road, Trafford Park, Manchester, M17 1HH.

## TRAFFORD COUNCIL

**Report to:** Executive  
**Date:** 4 March 2013  
**Report for:** Decision  
**Report of:** Executive Member for Adult Social Care

### Report Title

**Adult Social Care: Consultation Outcomes and Budget Proposals**

### Summary

**This report outlines the overall response, outcomes and subsequent recommendations in relation to the Adult Social Care budget consultation which took place from the 15<sup>th</sup> of October 2012 to the 14<sup>th</sup> of January 2013. A comprehensive report (Appendix 1) has been completed which outlines the context of the consultation, the methodology, response and general themes. The request outlines each budget proposal, the high level themes established as a report of the consultation, subsequent risks and mitigating actions. All individual budget proposals are underpinned by specific Equality Impact Assessments (Appendix 2).**

### Recommendation(s)

**It is recommended that the Executive note:**

- **The extensive Adult Social Care Consultation in relation to budget proposals 2013/14.**
- **The methodology and process of the consultation.**
- **The final proposals and consultation outcomes.**
- **The Equality Impact Assessments.**

**It is recommended that the Executive agree:**

- **The recommendations in relation to individual budget proposals detailed in Section 4 of the report.**

Contact person for access to background papers and further information:

Name: Deborah Brownlee, Corporate Director, Communities and Wellbeing

Extension: 912 1901

Background Papers: None.

Relationship to Policy Framework/Corporate Priorities	Improving Health and Wellbeing of Trafford Residents
Financial Implications:	<p>The report outlines the adult social services budget consultation exercise undertaken and makes recommendations against each budget option affected.</p> <p>In summary, it is proposed to take the full value of the options presented, with one exception: a saving of £50,000 linked to advocacy services will now be aligned to the Council wide Information and Advice review, raising the recommended saving for that proposal by £50,000 to £150,000. It is proposed that the additional £50,000 is ring-fenced to the adult social care budget.</p>
Legal Implications:	<p>The implications of the public authority equality duty under section 149 Equality Act 2010 is set out in the report. Any legal duty to consult about the proposed changes to services has been carried out and is evidenced in Appendix 1. The Executive need to have regard to the results of the consultation when deciding whether or not to accept the recommendations of officers set out at section 4 and appendix 1 of this report.</p>
Equality/Diversity Implications:	These are specified in the individual Equality Impact Assessments
Sustainability Implications:	Not Applicable
Staffing/E-Government/Asset Management Implications:	<p>If agreed by Executive the proposal regarding the closure of Katherine Lowe Residential Home would lead to 39 staff being made redundant. 9 requests for VR/VER have been received. The Katherine Lowe building would be identified as surplus and disposed of.</p> <p>If agreed by Executive the proposal regarding the co-location of Princess Centre Day Services and Pathways Day Services on the Meadowside site would lead to 14 redundancies, 6 requests for VR/VER have been received. The Princess Centre building would be identified as surplus and disposed of.</p> <p>If agreed by Executive the Broome House proposal would lead to Broome House being identified as surplus and disposed of.</p>
Risk Management Implications:	These are addressed in the Equality Impact Assessments set out in the Appendices to this report.
Health and Safety Implications:	Not Applicable

## **1.0 Introduction**

1.1 This request outlines the overall response, outcomes and subsequent recommendations in relation to the Adult Social Care budget consultation which took place from the 15<sup>th</sup> of October 2012 to the 14<sup>th</sup> of January 2013.

1.2 As part of the Council wide spending challenge, proposals were developed for Adult Social Care to achieve savings of £4.9 M during 2013/14. A full and robust consultation exercise was undertaken to ensure that the views of all key stakeholders informed the final budget decision making process. The consultation also provided valuable information and data to further strengthen our Equality Impact Assessments.

## **2.0 Methodology**

2.1 The Council completed this robust consultation to meet the varied requirements of individuals and organisations. It was a targeted and focused consultation with service users, carers internal staff, service providers, established forums and partnership boards.

2.2 The process included:

- Development of a general document which outlined the overall approach, the need to achieve savings and the details of the individual proposals.
- Development of the easy read version of the general document.
- Development of individual information leaflets for each proposal which would potentially have a direct impact on service users and carers, for example the charging proposal.
- Development of the easy read versions of the individual information leaflets.
- Development of the questionnaire to capture people's views and opinions.
- Online Information and questionnaires made available.
- Arranged independent support brokerage from the following organisations to ensure citizens understood the potential impact of the proposal and could have their voice heard:

Trafford CIL (Centre for Independent Living)

Trafford Carers Centre

LMCP Care Link

Genie Network

Age UK Trafford Council

Trafford Link

- The use of existing networks and robust partnership forums to share budget proposals and gather peoples feedback. This included community groups and user and carer forums for example, the Learning Disability Partnership Board, the Citizen Reference Board, BME Service Improvement Partnership, Learning Disability Service Improvement Partnership, Dementia Strategy Group, Carers Service Board, Supporting People Commissioning Body.
- Established a contact helpline to answer any questions, deal with concerns and record people's views and feedback.
- Extensive programme of group and individual meetings with all providers including Homecare, Residential and Nursing, Community and Voluntary Sector and Supporting People.
- Intense programme of staff briefings.
- Range of briefings to strategic partners, for example NHS Trafford and Greater Manchester.
- Support to providers to engage and consult with their customers.
- Ongoing completion of advertising and individual Equality Impact Assessments.

### 3.0 Overview of Responses

3.1 A total of 311 questionnaires were returned, broken down as follows:

Forms	Responses	% of Total Response
Charging	92	27.8%
General Overview	88	26.6%
Supporting People	44	13.3%
General Overview	40	12.1%
Day Centres	34	10.3%
Meals	22	6.6%
Katherine Lowe	7	2.1%
Supported Living	4	1.2%
Carers	0	0%
	331	100%

3.2 The main themes from a service users perspective related to the proposals concerning charging. The response in relation to the proposal accounted for 27.8% of the overall response.

3.3 The main themes coming from the consultation with providers included:

- Concerns that the proposal in relation to advocacy was at a time when demand is increasing due to changes including welfare reform.
- Concern that the proposed budget reduction overall for Adult Social Care was high in light of previous savings made.
- Concern that vulnerable people would become more isolated.
- A willingness to continue to work with the council.
- An understanding of the financial context and the need to make savings.

### 4.0 Proposals and Consultation Outcomes

4.1 A comprehensive consultation report (Appendix 1) has been completed which outlines the context, methodology and response. The report outlines the details of each saving proposal, key messages, risks, mitigation and subsequent recommendations which are all underpinned by individual Equality Impact Assessments (Appendix 2).

4.2 The table below summarises the budget consultation report and the recommendations linked to each budget proposal. The recommendations are a result of careful consideration of the outcomes from the consultation, evaluation of risks, mitigating factors and the underpinning fully populated Equality Impact Assessments.

Budget Proposals	000's	000's
	Overarching Target	Recommended Savings
Community Meals Service	79K	79K
Support for Carers	40K	40K
Broome House	90K	90K
Advocacy Services	50K	0 *To align the 50K to the Council wide Information and Advice Review
Internal Day Support Services – Pathways and	326K	326K

Princess Centre		
To close Katherine Lowe House and provide service elsewhere	458K	458K
Supported Living for Adults with a Learning Disability	123K	123K
Extend Day Support Services	70K	70K
Charging for Community Care Services	130K	130K
Supporting People	740K	740K
Supporting People - Housing Brokerage Service Pilot	50K	50K
To introduce pre payment cards for personal budget recipients	60K	60K
Support for people with a Learning Disability	128K	128K
To undertake a council wide review of information and advice services	100K	150K
Public Health	400K	400K
<b>TOTAL</b>	<b>2,714K</b>	<b>2,714K</b>

## **5.0 The Public Sector Equality Duty**

5.1 Under the Equality Act 2010 a public authority in the exercise of its functions must have due regard to the need to eliminate discrimination, harassment, victimisation and any other prohibited conduct, advance equality of opportunity between persons sharing a relevant prohibited characteristic and persons who do not; and foster good relations between persons sharing a relevant prohibited characteristic and persons who do not.

5.2 Protected characteristics for the purpose of the Act are disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

5.3 In order to assist the evaluation of the proposals and to ensure that the Council paid due regard to its duties under the Equality Act, a number of Equality Impact Assessments (EIAs) were carried out as part of the evaluation process to ensure that due consideration was given to age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation and the likely impact of the proposals on each of these groups.

5.4 The EIAs were available to officers evaluating the consultation responses and are available to members of the Executive who will be deciding whether or not to support the proposals contained within the report. Any potential impacts have been identified through the EIA and consultation process. Where any potential impact has been identified consideration has been given to whether measures can be taken to mitigate against these impacts and the mitigation measures are set out within the body of the relevant EIA or are reflected in modifications to the proposals.

5.5 In considering the report and deciding whether to accept the recommendations the Executive is required to have regard to the Public Sector Equality Duty. In order to satisfy this duty the Executive must consider the potential impacts identified in the EIA's and the consultation responses which are appended to the report. Where reasonable and appropriate mitigation measures have been proposed which will offset either wholly or in part the impacts identified. Where mitigating measures are not proposed, countervailing factors, namely the significant budgetary pressures facing the Council and the need to make improvements and efficiencies to the services concerned are considered to provide justification for the measures proposed.

**6.0 Recommendations**

- 6.1 It is recommended that the Executive note:
  - The extensive Adult Social Care consultation in relation to budget proposals 2013/14.
  - The methodology and process of the consultation.
  - The proposals and consultation outcomes.
  - The Equality Impact Assessments.
- 6.2 It is recommended that the Executive agree:
  - The recommendations in relation to individual budget proposals.

**Other Options**

The consultation in relation to the budget proposals considered a range of options. The recommendations in the body of the report are based on a robust assessment and optimum mitigation of risks and equality impact.

**Consultation**

Section 2 (Methodology) contained in the body of the report outlines the robust and comprehensive consultation process.

**Reasons for Recommendation**

To deliver a balanced budget 2013/14 in relation to Adult Social Care, while having due regard for equality impact and risk mitigation.

<b><u>Key Decision</u></b>	<b>Yes</b>
<b><u>If Key Decision, has 28-day notice been given?</u></b>	<b>Yes</b>

**Finance Officer Clearance** *(type in initials)*.....JK.....  
**Legal Officer Clearance** *(type in initials)*.....MJ.....

**CORPORATE DIRECTOR’S SIGNATURE** *(electronic)*



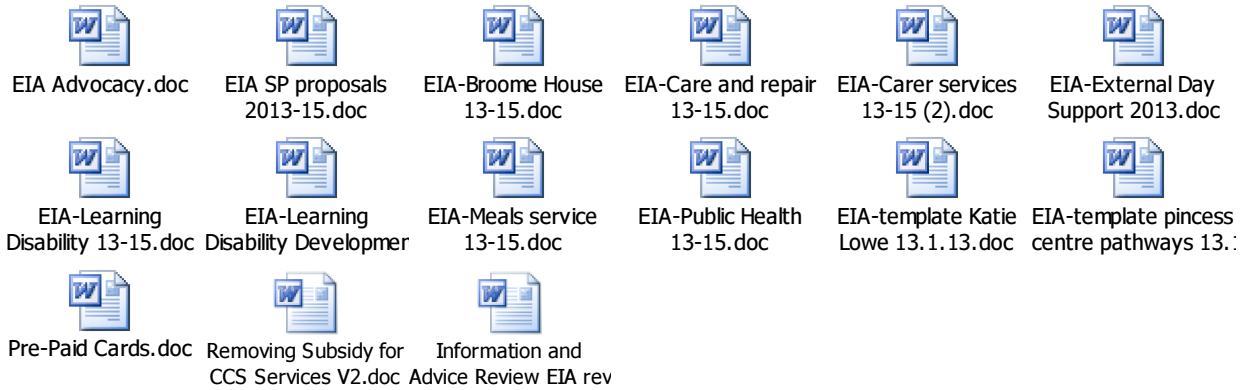
To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.

**Appendix 1 – Budget Consultation Report**





## **Appendix 2 – Equality Impact Assessments**



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# **BUDGET CONSULTATION 2013-14**



## **Your Adult Social Care**

### **Consultation Feedback Document**

**January 2013**

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## 1. Introduction

This report outlines the responses from 'The Future of Adult Social Care' consultation which took place from October 15<sup>th</sup> 2012 until 14<sup>th</sup> January 2013.

As part of the Council wide spending challenge, proposals were developed for Adult Social Care and Supporting People to achieve savings of £4.9 million during 2013-14. Due to the nature of the proposals a full and robust consultation exercise was undertaken to ensure that the views of all key stakeholders informs the final budget decision-making process. The consultation also provided valuable information and data to further strengthen our Equality Impact Assessments.

This consultation related only to those savings which impacted directly on service users, their carers and/or those organisations funded to provide support.

The savings are centred on continuing to develop services in line with our four key strategic priorities. These priorities are:

- Personalisation;
- Promoting independence;
- Integration with health;
- Market efficiencies and value for money.

These priorities are central to continuing to improve our use of resources, maximising the support available to the most vulnerable adults living within Trafford.

This report is based on four key elements:

- Process and methodology;
- Details of the proposals;
- Responses received;
- Recommendations.

## **2. Purpose and Scope of Consultation – The Proposals**

### **2.1 External Day Support Services: The Proposal**

Trafford fund a range of day support services for older people. This includes support for people with low and high level needs. These are provided by Age UK Trafford, the African Caribbean Care Group, Trafford Muslim Association and the Indian Senior Citizens Centre. Where people have an assessed need for support they are eligible for a Personal Budget. This provides people with the opportunity to have more choice and control over how they meet their needs. We are proposing to offer all people with an assessed need a Personal Budget. This will mean people can continue to use day support services or access other services within their community.

**Savings Target: £70,000.**

#### **Risks**

1. The national uptake and interest in Personal Budgets from older people is low.
2. There is a risk as three out of four providers of commissioned day support are culturally specific services, providing services to BME communities. The risk is also related to the fact that all providers are voluntary sector organisations who had budget reductions in 2011/12 and 2012/13.
3. Providers may be unwilling to engage and remodel services in line with the Personalisation agenda.

#### **Mitigating Factors**

1. Work is ongoing with service providers to offer virtual personal budgets where older people would not be required to hold a cash budget. Services are not being withdrawn and there is a commitment to continue to fund people with eligible needs via a Personal Budget. There will be no change to their service if people chose to spend their Personal Budget with their current provider.
2. Engagement and co-production with providers has continued over a number of years, developing an understanding of Personalisation through the BME Service Improvement Partnership. We are committed to facilitating access to brokerage support to respond to the needs of BME communities.
3. Support is being provided to share good practice and experiences of other providers who have transformed their services.

#### **Recommendations**

To proceed with the implementation of the proposal.

## **2.2 Internal Day Support Services - Pathways and Princess Centre: The Proposal**

Trafford Council runs a day support service for older people at the Princess Centre in Urmston. Trafford Council also runs a day support service for adults with learning disabilities at Meadowside in Urmston. We propose to continue to provide both services but to co-locate them on the Meadowside site. These services would continue to be run separately, in different parts of the building.

### **Savings Target: £326,000.**

#### **Risks:**

1. The timescales are extremely tight, particularly from a staffing perspective.
2. The change in location could cause disruption to older people currently using the Princess Centre.
3. Concerns have been expressed that there may not be sufficient or appropriate space at the Meadowside site to appropriately meet everyone's needs.

#### **Mitigating factors:**

1. Timescales can be achieved and are built into the project plan, based on a robust programme management approach.
2. A business case to support the proposal has been developed. This includes a proposed site plan and development of an additional entrance at Meadowside to ensure appropriate and adequate use of space.
3. The proposal is aligned to the strategic direction of day support services following the original review of the internal and external day support market completed in 2005.

#### **Recommendations**

To proceed with the implementation of the proposal.

## **2.3 Advocacy: The Proposal**

We propose, working with service users, carers and organisations, to review the range of advocacy services we support and fund. We aim to explore ways of providing these services in a more efficient way. We will work with these services to determine how best the proposals can be delivered based on a collaborative approach with partner organisations.

### **Savings Target: £50,000.**

#### **Risks**

1. There is a potential need to tender for services, which could result in a delay in implementation.
2. There is potential for a negative response from citizens who may be affected by the budget reduction.
3. If collaboration is not successful, there will be a potential reduction in access to advocacy for vulnerable people.
4. Welfare reform is likely to increase demand and need for advocacy.
5. There may be a negative response from partners affected by this budget reduction.

#### **Mitigating factors**

1. We will work with procurement to identify tendering issues early.
2. We will explore the potential to work within the current framework to minimise any time delay.
3. We will work closely with providers to ensure any concerns raised are managed early.
4. There will be close monitoring on the impact and demand for advocacy.
5. There will be ongoing work with benefits services across the Council, and external providers, to maximise resources and management functions.

#### **Recommendations**

To align the proposal to the review of Information and Advice Services.



## **2.4 Broome House: The Proposal**

We currently have mental health services based at Broome House in Old Trafford. We propose to work with these services to find new premises within communities across Trafford. Trafford Council would then sell this property.

**Savings Target: £90,000.**

### **Risks**

1. There may not be a suitable range of neighbourhood locations.
2. There may be an adverse reaction from the local community.
3. There may be associated costs with alternative locations.
4. There may be a negative response from the service provider to the proposal.

### **Mitigating factors**

1. BlueSCI, the provider based at Broome House, is working in partnership with commissioners to identify available locations.
2. BlueSCI has an excellent track record in pursuing and acquiring match funding in order to grow and develop.

### **Recommendations**

To proceed with the implementation of the proposal.

## **2.5 Support for carers: The Proposal**

We have transformed many of our services by providing people with Personal Budgets. We will now offer Personal Budgets to informal adult carers caring for vulnerable adults.

**Savings Target: £40,000.**

### **Risks:**

1. There may be a lack of sign up from carers.
2. Crossroads Care in Greater Manchester is well regarded by carers and service users.

### **Mitigating factors:**

1. Trafford Carers Centre and carers' representatives have been engaged throughout the consultation.
2. Crossroads Care in Greater Manchester has demonstrated support and willingness to participate and co-produce the new model.
3. Carers have the right to purchase from Crossroads Care in Greater Manchester as well as a wide range of alternative services.

### **Recommendation:**

To proceed with the implementation of the proposal.

## **2.6 Charging for Community Care services: The Proposal**

Community Care Services include day support and homecare. Charges to individuals for these services are currently subsidised as the cost to the Council is higher. We propose to end this subsidy; still ensuring people have the ability to pay by using a fairer charging assessment. This means people do not have to pay more than their “maximum assessed charge” which is based on the money people have available to them.

### **Savings Target: £130,000**

#### **Risks**

1. There is a risk to service users if they cancel services due to increased charges.
2. The proposal may have a risk in terms of removing subsidies for service users with less money.

#### **Mitigating factors:**

1. Individuals have a right of appeal against charges if they cannot afford them.
2. Fairer Charging Assessments will be used to ensure charges are based on people’s ability to pay.

#### **Recommendation:**

To proceed with the implementation of the proposal.

## **2.7 Katherine Lowe Residential Care Home: The Proposal**

Katherine Lowe is the only residential care home run by Trafford Council in the Borough. Trafford Council is consulting with residents and their families about the potential closure of Katherine Lowe, supporting current residents to move to a different residential home of their choosing. This is because the building is not fit for the future.

**Savings target: £458,000.**

### **Risks:**

1. Timescales are extremely tight, particularly from a staffing point of view.
2. The closure of Katherine Lowe will mean a change of environment for all residents many of whom have a high level of need disability. The impact of the move could cause disorientation or increased confusion.
3. Katherine Lowe has a number of residents who are 90+ who see Katherine Lowe as a home for life. The move could cause distress to this vulnerable group of people.
4. Katherine Lowe has several people who have already moved a number of times, related to previous closures of In House Residential Care Homes.

### **Mitigating factors:**

1. Timescales can be achieved and are built into the project plan. A project lead has been assigned to ensure the timescale is met, if the proposed is agreed.
2. Full and intensive support will be offered to individuals and their families to identify a suitable alternative placement.
3. Staff from Katherine Lowe will provide on-going support to residents in new placements for the first couple of weeks in order to provide reassurance and to establish orientation.
4. The Age UK Trafford broker will be engaged in the proposed re-location to ensure residents have all the relevant information to enable them to make an informed choice.
5. A wide range of alternative placements are available within the external residential care market

### **Recommendation:**

To proceed with the implementation of the proposal.

## **2.8 Support for people with Learning Disabilities: The Proposal**

By more efficient commissioning of contracts we plan to get better value for money. We will do this by working with the providers we have on our framework. We will approach each service tenders in partnership with service users and their carers to determine their priorities. We will also be offering individuals a Personal Budget to buy the support we would otherwise commission on their behalf, offering individuals support to have more choice and control. Trafford have an established a providers forum for learning disability providers which will be used to discuss future business opportunities and to share information about what kind of services people want, based on intelligence gathered through previous service tenders. This forum will also be used to discuss provider appetite to support people through Individual Living Funds, Personal Budgets, etc.

### **Savings Target: £128,000.**

#### **Risks**

1. There could be issues with providers not willing to negotiate.
2. Procurement capacity could have an impact on the timescale.
3. The Adult Social Care Review Team may be unable to meet the timescales to provide accurate 1:1 and shared hours to use in the tender.
4. It may not be possible to achieve the amount of savings required due to the level of need individuals present with and the model of support they require.
5. People may not be happy moving from placements. This could cause conflict with the individual(s) concerned and their families.

#### **Mitigating factors**

1. A process chart has been produced which addresses the approach commissioners and social care professionals will take to escalate instances of providers refusing to negotiate, if the proposal is agreed.
2. Discussions are ongoing with the procurement manager concerning capacity required.
3. The project is being regularly monitored through the Business Delivery Programme Board.
4. Social care professionals have collated information about individuals' needs and the cost of care packages to identify individuals who are within the project scope. Service users who are due to have their support packages reviewed have been prioritised. Support from the Learning Disability Reablement Service is available.

5. The process chart will inform the approach commissioners and social care professionals will take to address concerns by service users and family members.
6. The proposal is a continuation of the transformation programme of work in relation to the re-shaping of services to support adults with a learning disability.

**Recommendation:**

To proceed with the implementation of the proposal.

## **2.9 Community Meals Service: The Proposal**

Meals are part of people's day-to-day expenditure – everyone has to pay for meals. We are therefore consulting on the proposal to no longer provide a community meals service (also known as meals on wheels). We will support people to access and purchase meals from a wide range of alternative sources.

### **Savings Target: £79,000.**

#### **Risks:**

1. There may be a lack of sign up by service users and their families.
2. There is a potential risk to the Council in the removal of a traditionally accepted and known service.

#### **Mitigating factors:**

1. A comprehensive consultation process began in October 2012, including individual communication with those potentially affected.
2. The current provider is fully engaged in the proposal.
3. There are a wide range of alternative choices for people to access.
4. The most vulnerable will continue to receive a meal where it is part of a bigger package of support.
5. Reablement is widely available to new customers to develop people's skills and signpost to alternative provision as required.

#### **Recommendation:**

To proceed with the implementation of the proposal.

## **2.10 Pre-paid Cards: The Proposal**

A Pre-Paid Card will assist service users to manage their Direct Payment funds and make the process of paying providers and care service bills as simple and efficient as possible. The Pre-Paid card will act as a bank account and service users will be able to make payments using the card as if it were a regular bank card.

We propose to further develop Pre-Paid Cards for people who have a Personal Budget.

**Savings Target: £60,000.**

### **Risks**

1. Service users may refuse to sign up to a Pre-Paid Card.
2. Service users may not have the capacity to use a Pre-Paid Card.

### **Mitigating Factors**

1. The Pre-Paid Card has already been piloted and proven popular with Direct Payment users as it simplifies the audit process.
2. Eligibility criteria has been developed which ensure that the most vulnerable customers can continue to receive accountancy support.

### **Recommendations**

To proceed with the implementation of the proposal.



## **2.11 Public Health: The Proposal**

In April 2013 the Council will take over responsibility for Public Health locally. We propose to review these services, including the back office staff and the services which are currently commissioned from the external market. The proposal will focus on increasing efficiencies across this area of work to support the delivery of savings in care services. The work will focus on increasing efficiencies through a tender process in relation to Sexual Health Services, increasing efficiencies of the Smoking Cessation Services which are commissioned externally and a review of all the areas of spend to deliver the efficiency target.

### **Savings Target: £400,000.**

#### **Risks:**

1. The external market will not respond to the commissioning of more cost effective services.
2. The services have not historically been the responsibility of the Council.

#### **Mitigating Factors:**

1. An internal project group has been established to manage risks in relation to the market and the proposed review.
2. There is strong commissioning expertise, knowledge and experience in the Council.

#### **Recommendations**

To proceed with the implementation of the proposal.

## **2.12 Supported Living for Adults with a Learning Disability: The Proposal**

Trafford Council currently provides supported living for a number of adults with learning disabilities. Working with people living in this accommodation, and their families, we propose to review these services, exploring the increased use of Personal Budgets.

**Savings Target: £123,000.**

### **Risks**

1. There may be resistance to the development of a new model of care and support from service users or their families.

### **Mitigating factors**

1. There will be a good consultation and communication process with service users and families based on our embedded approach to co-production.
2. We will share positive case studies and new opportunities.
3. Advocacy and Brokerage support will be provided to people with learning disabilities and their families.
4. The proposal is aligned to our well established Personalisation Programme.

### **Recommendations**

To proceed with the implementation of the proposal.

## 2.13 Supporting People: The Proposal

We currently contribute funding to a range of support services related to housing needs and specialist housing schemes. Examples include:

- Sheltered Housing for older people, including the community alarm service;
- Supported Living schemes for people with a learning disability or mental health need;
- Temporary Accommodation schemes for families and single people who are homeless or in housing need.

These are provided by a range of organisations. We propose to review these services. Supporting People funded services for young people will be retendered by Children and Young People's Services (C.Y.P.S.). The new services will focus on young people aged 16 to 19 years and those for whom the Council has a statutory responsibility. These services will continue to be provided by the Council and commissioned via the C.Y.P.S. commissioning team. The savings will be achieved by reshaping the service model, competitive tender, and by utilising accommodation to meet statutory needs, for example looked after children.

### **Savings Target: £790,000.**

#### **Risks:**

1. Some elements of the proposal require a tender programme.
2. Sheltered housing service users may see a reduction in service provision or an increase in charges. This will be dependent on the actions taken by sheltered housing providers.
3. Older and disabled people may find it more difficult to maintain their home or find a reputable contractor.

#### **Mitigating factors:**

1. Resources have been allocated to manage the tender process if the proposal is agreed.
2. We will work with sheltered housing providers to enable them to continue to provide a re-focussed scheme manager service to residents living in sheltered housing. We will also support sheltered housing providers to refocus support networks at sheltered housing, making better use of locality based support and the development of natural support networks.
3. We have a robust relationship with external service providers.
4. The Supporting People services respond to change and engage with alternative and new ideas to improve services or deliver services in a different way.

5. Alternative sources of advice and information regarding reputable traders and home maintenance will be further developed.

## **Recommendations**

To proceed with the implementation of the proposal.

## **2.14 Information and Advice: The Proposal**

The Information and Advice proposals aim to review activity and spend on Information and Advice services across the Council to facilitate achievement of cashable savings. The savings would be linked to directly commissioned services and internally provided information and advice functions and would be based on increased collaboration and reduced duplication to ensure a straightforward customer journey.

### **Savings Target: £100,000.**

### **Risks**

1. Failure to work collaboratively will mean that we will not succeed in delivering our vision.
2. We will fail to deliver on time due to lack of capacity within the Council to support delivery.
3. Inability to deliver the savings.
4. Voluntary and community sector may not fully engage with the review, impacting on our ability to work collaboratively.
5. Wider economic climate increasing demand with a lower level of capacity to deliver.
6. Welfare reforms present a risk to the capacity within Access Trafford to handle more calls. This may result in employing additional staff and increase the cost of the service.
7. There may be an opportunity for certain non-statutory information and advice services that the Council currently provides and is proposing to stop, to continue to be delivered through an alternative delivery model. However, this presents possible financial and reputational risks in terms of 'specialist' advice being given on behalf of the Council by unqualified staff.

### **Mitigating factors**

1. Communicating effectively inside and outside of meetings, attending key meetings, meeting with stakeholders and abiding by the principles agreed at the Programme Board will mitigate the risks.

2. Being fully supportive of the review and allowing people time to spend on supporting the review will help to mitigate the risks.
3. We will undertake early financial analysis to assess where savings could be made. Alongside being open and honest about the financial resources deployed in providing information and advice services to residents.
4. Capacity concerns will be identified early by tracking demand for information and advice services.
5. Close working with the Welfare Reforms Project team to assess how the reforms will be implemented will determine what the expectation is around the affect the reforms will have on call volumes at Access Trafford.
6. A thorough risk assessment will be carried out for any such proposal. Measures will then be put in place to protect financial and Council reputation during the collaborative re-design of the information and advice delivery model.

### **Recommendations**

To proceed with the implementation of the proposal.

To incorporate proposed advocacy savings (50K) into Council wide Information and Advice Review. This will be factored into Communities and Well Being Directorate's share of the overall savings.

### 3. Methodology

#### Context

- The consultation ran from October 15<sup>th</sup> 2012 until 14<sup>th</sup> January 2013. Responses were received from a variety of people including representatives of organisations providing services, users of services, carers, Councillors and M.P.s. The consultation was inclusive and robust, supporting a wide range of stakeholders to express their opinions and views.

Specific consultations occurred with the following groups:

- Service Users;
- Carers;
- Staff;
- Partner Agencies;
- Service Providers.

#### Overview of Process

- Development of a general document outlining the overall approach, the need to achieve savings and the details of the individual proposals.
- Development of an easy read version of the general document.
- Development of individual information leaflets for each proposal which would potentially have a direct impact on service users and carers, for example the charging proposal.
- Development of easy read versions of most individual information leaflets.
- Development of general and individual questionnaires to capture people's views and opinions.
- Distribution of individual information leaflets and questionnaires on a targeted basis – for example community meals information leaflet and questionnaire sent to all people in receipt of this service.
- Online information made available.
- Arranged independent support brokerage from the following organisations to ensure citizens fully understood the potential impact of the proposals and could have their voices heard:-
  - Trafford Centre for Independent Living
  - Trafford Carers Centre

- LMCP Care Link
  - Genie Networks
  - Age UK Trafford
  - Trafford LINK
- Use of existing networks and partnership forums to share budget proposals and gather people's feedback. This included community groups and user and carer forums, for example: the Learning Disability Partnership Board, the Citizen Reference Board, BME Service Improvement Partnership and Carers' Services Board.
  - Established a consultation helpline to answer any questions, deal with concerns and record people's views and feedback.
  - Extensive programme of group and individual meetings with all providers including Homecare, Residential and Nursing, Community and Voluntary Sector and Supporting People funded services.
  - Intensive programme of staff briefings.
  - Range of briefings to Strategic Partners such as NHS Trafford, Trafford Provider Services and Greater Manchester West Mental Health NHS Foundation Trust.
  - Support to providers to engage and consult with their customers.
  - Ongoing completion of equality impact assessments.

### **Service users and carers**

Service users and carers were potentially directly affected by one or more of the following changes:

- Charging for community care services;
- Community Meals (also known as meals on wheels);
- Katherine Lowe Residential Care Home;
- Princess Centre and Pathways Day Support Services;
- Supported Living.

All service users potentially affected by one or more of the above proposals were sent information about the proposed changes and were invited to respond. Easy read information was provided where appropriate. Methods for response included a helpline and the completion of a questionnaire. Service users were also provided with information about brokerage support.

Where service users were potentially affected by changes in funding for organisations, the organisations concerned were encouraged to discuss the possible changes with their clients. Support with these consultations was offered. Carers also had involvement in the consultation through a number of channels:-

- Carers Services Board;
- Learning Disability Partnership Board;
- Citizens' Reference Board.

### **Staff**

All Communities and Wellbeing staff were briefed on the proposals and the approach to the consultation. Information was provided about the consultation period, the savings within specific service areas, for example advocacy and services for people with learning disabilities, and the key approaches for using available resources. Staff from corporate support services were also briefed, including performance and procurement staff. Staff were encouraged to offer their views and ideas, using their knowledge and expertise to inform and develop the budget proposals.

Staff were potentially directly impacted by the following proposals:

- Katherine Lowe Residential Care Home;
- Princess Centre and Pathways;
- Supported Living.

An initial meeting was held with each of the staff teams affected by these proposals and staff were provided with information about the proposals as well as information from H.R. Staff were encouraged to submit their comments during and after the meeting. The unions were also briefed on these proposals. 1:1 meetings were arranged with individuals, who were invited to bring along a representative from their union.

A formal 90 day consultation was undertaken with all potentially affected staff groups.

### **Equality Impact Assessments (E.I.A.s)**

Councils need to pay due regard to their duties under the Equality Act 2010. This includes robust consideration of equality issues when making financial decisions. An Equality Impact Assessment (E.I.A.) has been undertaken for each budget proposal where initial screening identified a potential impact on Trafford residents or staff. The E.I.A.s continue to be live documents, running alongside the consultation. This has meant that people's views could be taken into account and mitigating factors put in place where required.

The E.I.A.s have identified and measured the potential impact on different equality strands.



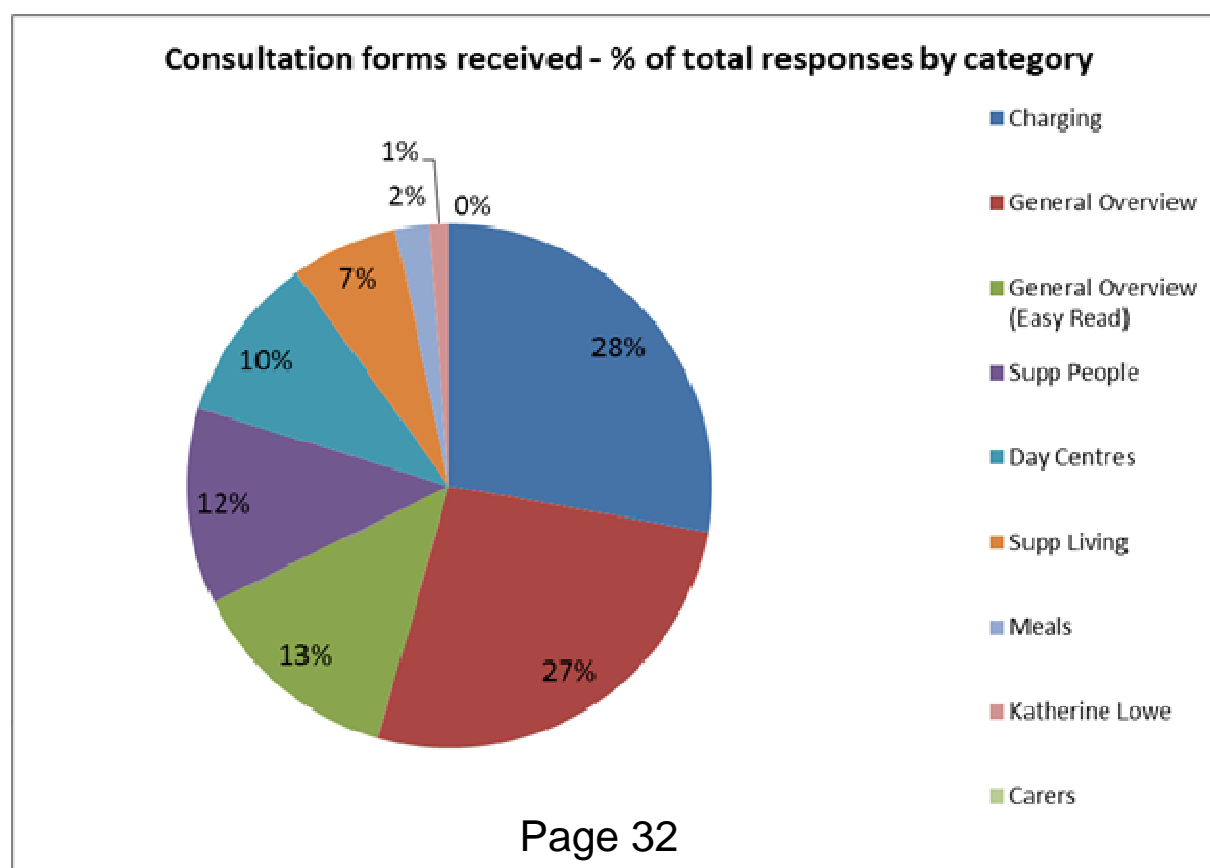
To ensure interdependencies and potential impacts have been fully captured and considered an overarching E.I.A. has been completed.

## 8. Consultation Feedback

### Response Rate

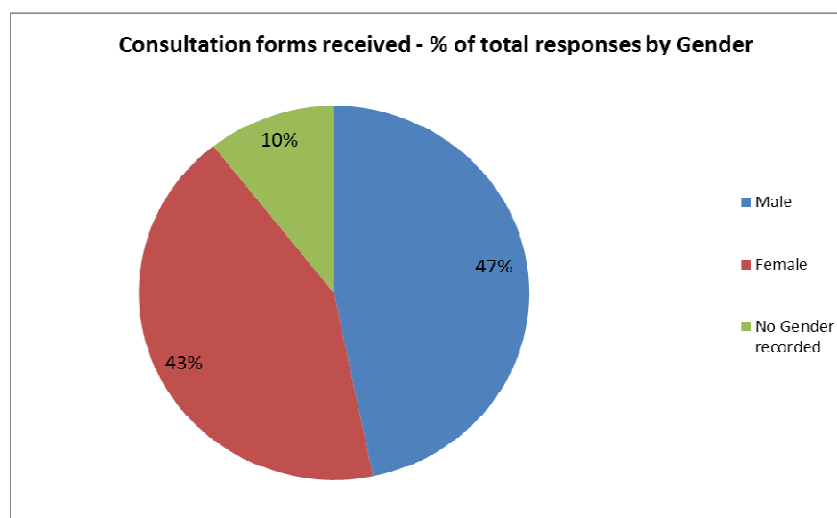
We can report that, in relation to the budget consultation within the Communities and Wellbeing Directorate, there have been 311 forms returned, broken down as follows:

Form	Responses	% of total responses
Charging	92	27.8%
General Overview	88	26.6%
Supporting People	44	13.3%
General Overview (Easy read)	40	12.1%
Day Centres	34	10.3%
Meals	22	6.6%
Katherine Lowe	7	2.1%
Supported Living	4	1.2%
Carers	0	0%
<b>TOTAL</b>	<b>331</b>	<b>100%</b>



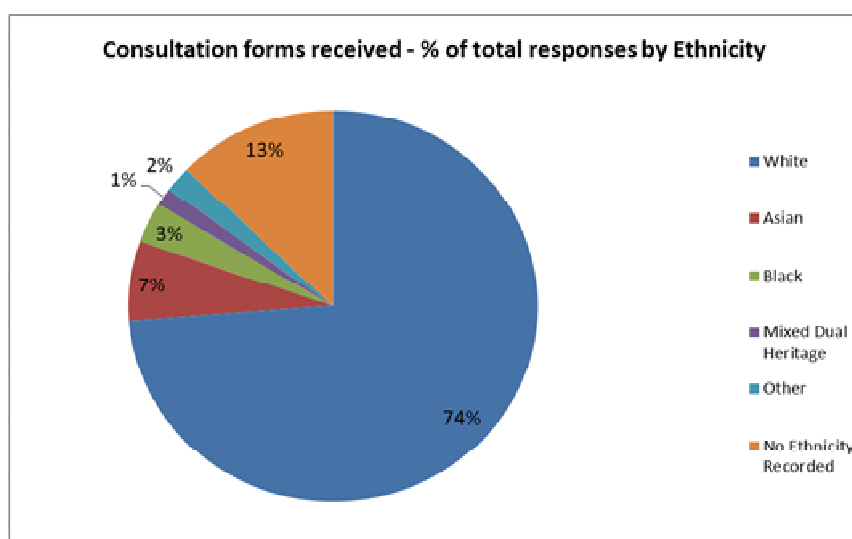
The gender split is as follows:

Male	Female	No Gender Recorded
155 (46.8%)	141 (42.6%)	35 (10.6%)



The ethnicity profile is as follows

White	Asian	Black	Mixed Dual Heritage	Other	No ethnicity recorded
244 (73.7%)	22 (6.6%)	11 (3.3%)	5 (1.5%)	7 (2.1%)	42 (12.7%)



**226 people (68.3%) responded “Yes” to the question – Do you have a disability?**

**50 people (15.1%) responded “Yes” to the question – Are you a carer?**

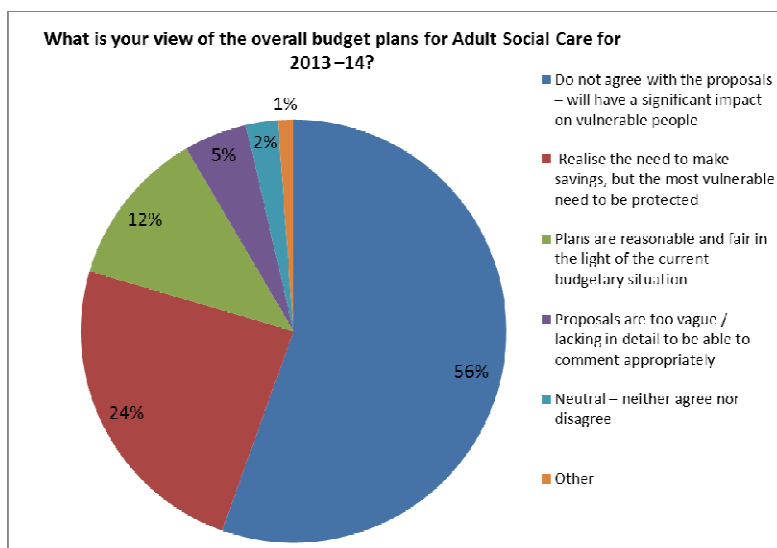
## **General Overview (88 forms returned)**

In order to facilitate comments about the budget proposals a questionnaire was devised. Below are details of the responses received to each question. The general overview form contained 5 questions, all of which allowed for a free text response. For each question, the responses have been grouped into specific categories for ease of reporting.

### **Question 1**

- **What is your view of the overall budget plans for Adult Social Care for 2013 –14?**

<b>Response</b>	<b>Number</b>	<b>% of total Responses</b>
Do not agree with the proposals – will have a significant impact on vulnerable people	46	55.4%
Realise the need to make savings, but the most vulnerable need to be protected	20	24.1%
Plans are reasonable and fair in the light of the current budgetary situation	10	12%
Proposals are too vague / lacking in detail to be able to comment appropriately	4	4.8%
Neutral – neither agree nor disagree	2	2.4%
Other	1	1.2%
<b>Total Responses</b>	<b>83</b>	<b>100%</b>
No Response	5	

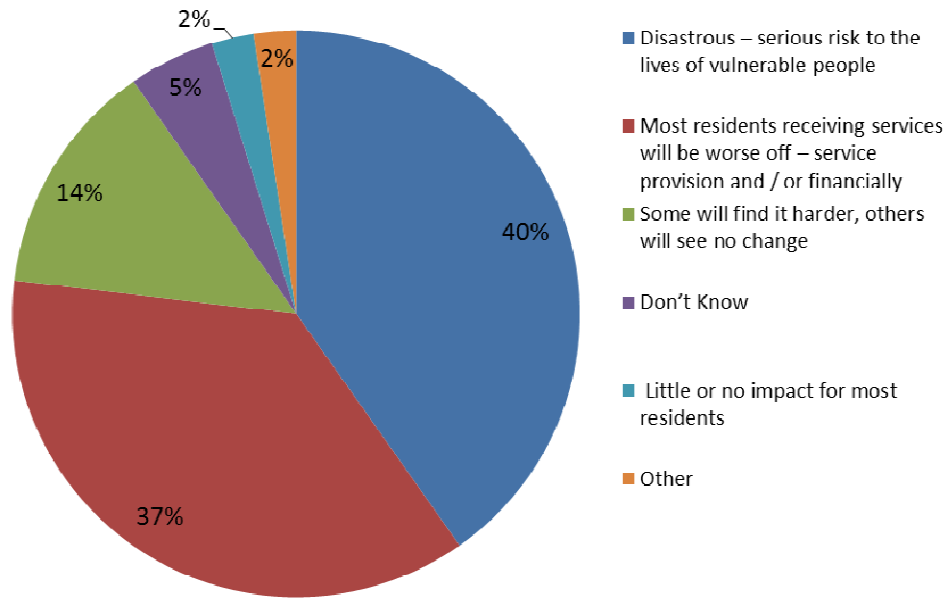


## Question 2

- **What do you think the impact will be on the residents of Trafford?**

Response	Number	% of total Responses
Serious risk to the lives of vulnerable people	33	40.2%
Most residents receiving services will be worse off – service provision and / or financially	30	36.6%
Some will find it harder, others will see no change	11	13.4%
Don't Know	4	4.9%
Little or no impact for most residents	2	2.4%
Other	2	2.4%
<b>Total Responses</b>	<b>82</b>	<b>100%</b>
No Response	6	

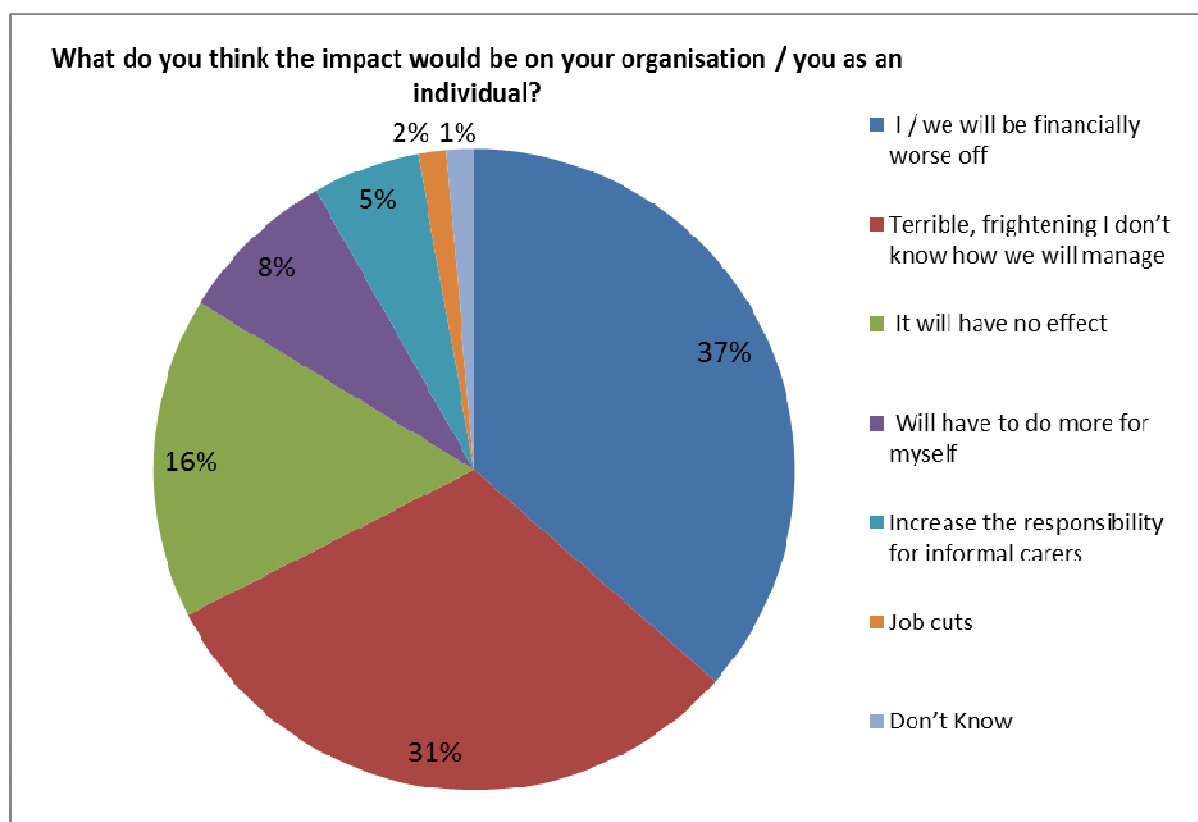
**What do you think the impact will be on the residents of Trafford?**



### Question 3

- What do you think the impact would be on your organisation/you as an individual?

Response	Number	% of total Responses
I / we will be financially worse off	27	36.5%
Terrible, frightening I don't know how we will manage	23	31.1%
It will have no effect	12	16.2%
Will have to do more for myself	6	8.1%
Increase the responsibility for informal carers	4	5.4%
Job cuts	1	1.4%
Don't Know	1	1.4%
<b>Total Responses</b>	<b>74</b>	<b>100%</b>
No Response	14	

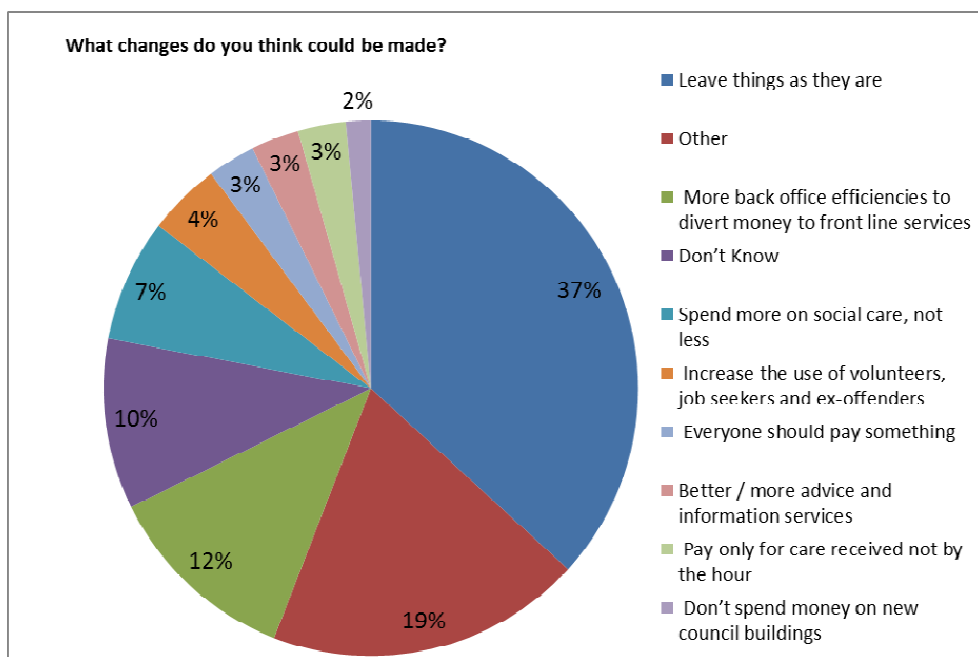


#### **Question 4**

- **What changes do you think could be made?**

<b>Response</b>	<b>Number</b>	<b>% of total Responses</b>
Leave things as they are	25	36.8%
Other e.g. <ul style="list-style-type: none"><li>• Target other areas of Council funding not social care</li><li>• Integration of health and social care</li></ul>	13	19.1%
More back office efficiencies to divert money to front line services	8	11.8%
Don't Know	7	10.3%
Spend more on social care, not less	5	7.4%
Increase the use of volunteers, job seekers and ex-offenders	3	4.4%
Everyone should pay something	2	2.9%
Better / more advice and information services	2	2.9%
Pay only for care received not by the hour	2	2.9%
Don't spend money on new Council buildings	1	1.5%
<b>Total Responses</b>	<b>68</b>	<b>100%</b>
No Response	20	





### **Question 5**

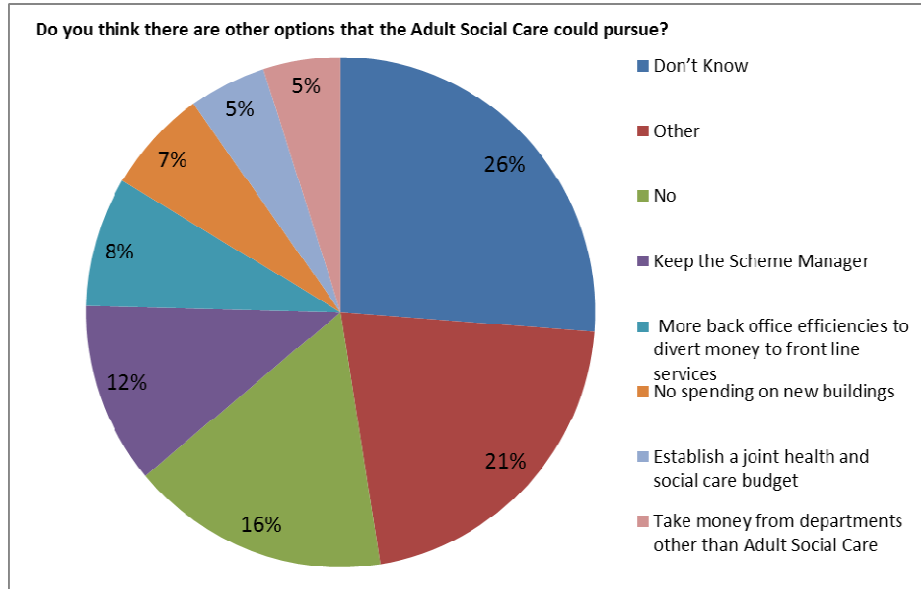
- **Do you think there are other options that the Adult Social Care could pursue?**

<b>Response</b>	<b>Number</b>	<b>% of total Responses</b>
Don't Know	16	26.2%
Other e.g. <ul style="list-style-type: none"> <li>• Refuse to comply with Government requests for savings</li> <li>• Take more from those who can afford it</li> </ul>	13	21.3%
No	10	16.4%
Keep the Scheme Manager	7	11.5%
More back office efficiencies to divert money to front line services	5	8.2%
No spending on new buildings	4	6.6%
Establish a joint health and social care budget	3	4.9%
Take money from departments other than Adult Social Care	3	4.9%
<b>Total Responses</b>	<b>61</b>	<b>100%</b>

No Response

27

(NB – 35 General Overview forms were received from the residents of Bath Crescent as well as the Supporting People forms that they completed. A specific response within these to question 5 was “Keep Scheme Manager” hence this showing as a comparatively high percentage score answer.)



### **General Overview (Easy Read) – 44 forms returned**

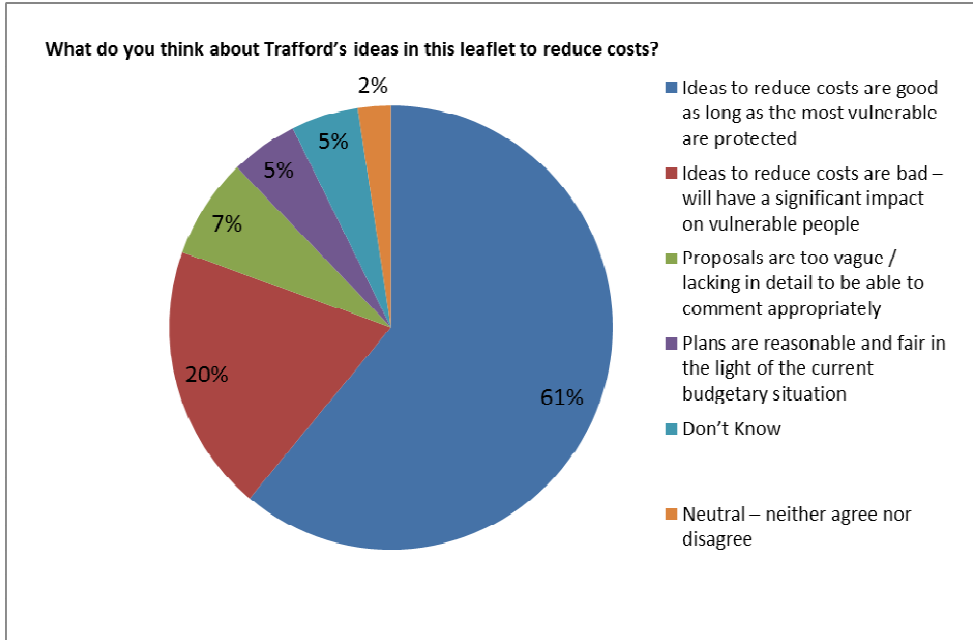
The general overview form contains 4 questions, all of which allow for a free text response. For each question responses have been grouped into specific categories for ease of reporting.

#### **Question 1**

- **What do you think about Trafford’s ideas in this leaflet to reduce costs?**

Response	Number	% of total Responses
Ideas to reduce costs are good as long as the most vulnerable are protected	25	61%
Ideas to reduce costs are bad – will have a significant impact on vulnerable people	8	19.5%
Plans are reasonable and fair in the light of the current budgetary situation	3	7.3%
Neutral – neither agree nor disagree	2	4.9%
Proposals are too vague / lacking in detail to be able to comment appropriately	2	4.9%

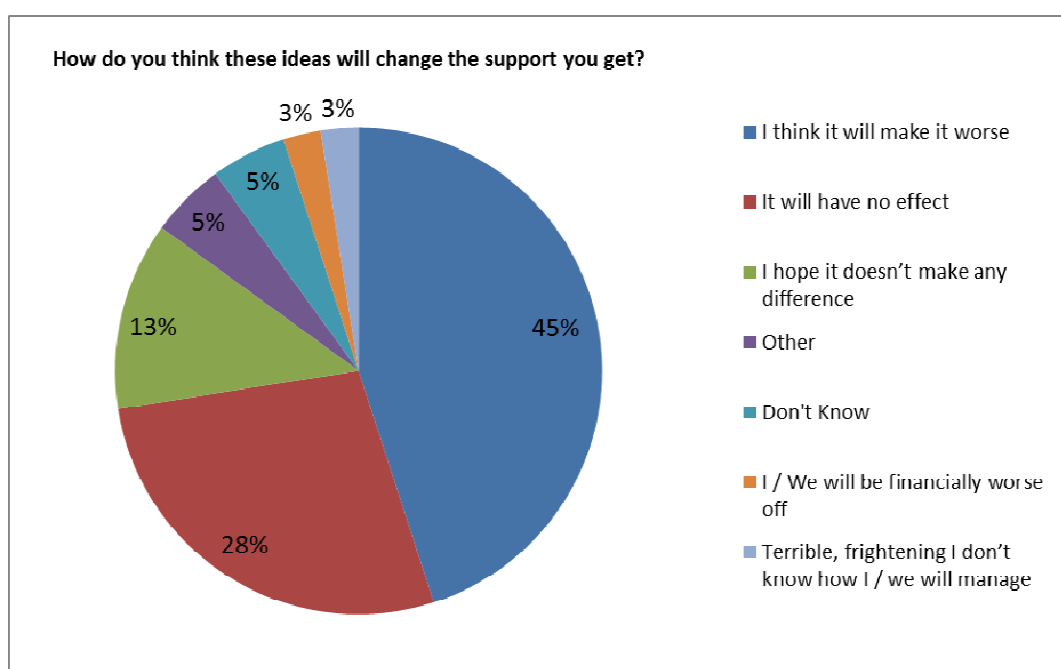
Don't Know	1	2.4%
<b>Total Responses</b>	<b>41</b>	<b>100%</b>
No Response	3	



## Question 2

- How do you think these ideas will change the support you get?

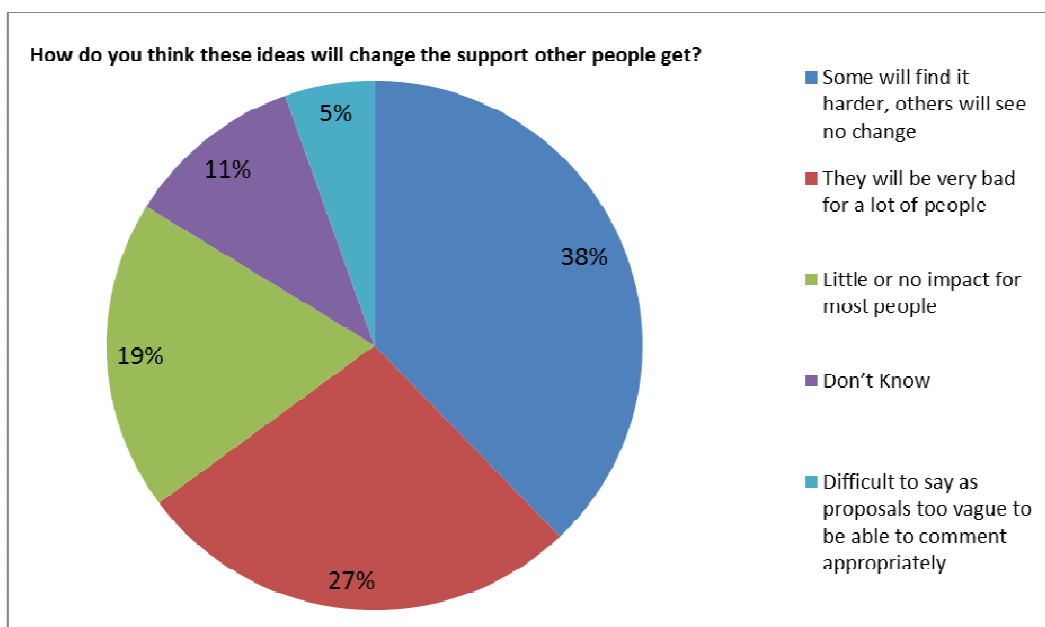
Response	Number	% of total Responses
I think it will make it worse	18	45%
It will have no effect	11	27.5%
I hope it doesn't make any difference	5	12.5%
Other	2	5%
Don't Know	2	5%
I / we will be financially worse off	1	2.5%
Terrible, frightening I don't know how I / we will manage	1	2.5%
<b>Total Responses</b>	<b>40</b>	<b>100%</b>
No Response	4	



### Question 3

- How do you think these ideas will change the support other people get?

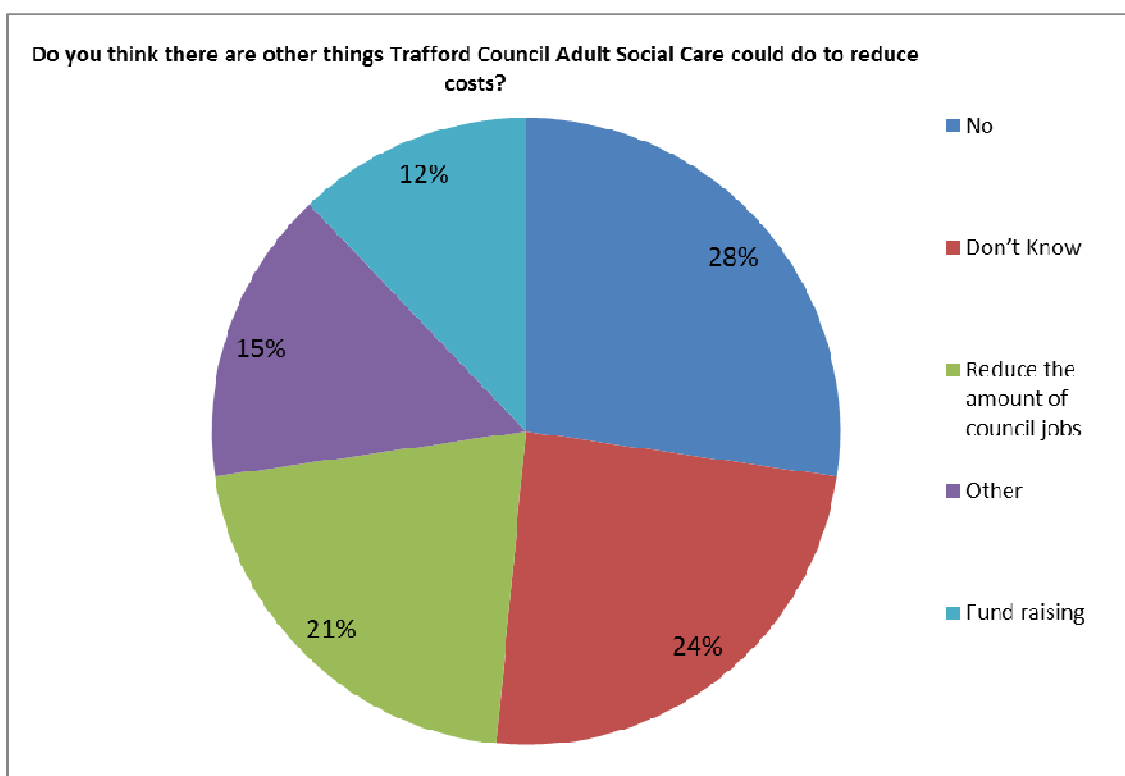
Response	Number	% of total Responses
Some will find it harder, others will see no change	14	37.8%
They will be very bad for a lot of people	10	27%
Little or no impact for most people	7	18.9%
Don't Know	4	10.8%
Difficult to say as proposals too vague to be able to comment appropriately	2	5.4%
<b>Total Responses</b>	<b>37</b>	<b>100%</b>
No Response	7	



#### Question 4

- Do you think there are other things Trafford Council Adult Social Care could do to reduce costs?

Response	Number	% of total Responses
No	9	27.3%
Don't Know	8	24.2%
Reduce the amount of council jobs	7	21.2%
Other	5	15.2%
Fund raising	4	12.1%
<b>Total Responses</b>	<b>33</b>	<b>100%</b>
No Response	11	



## Response to Individual Proposals

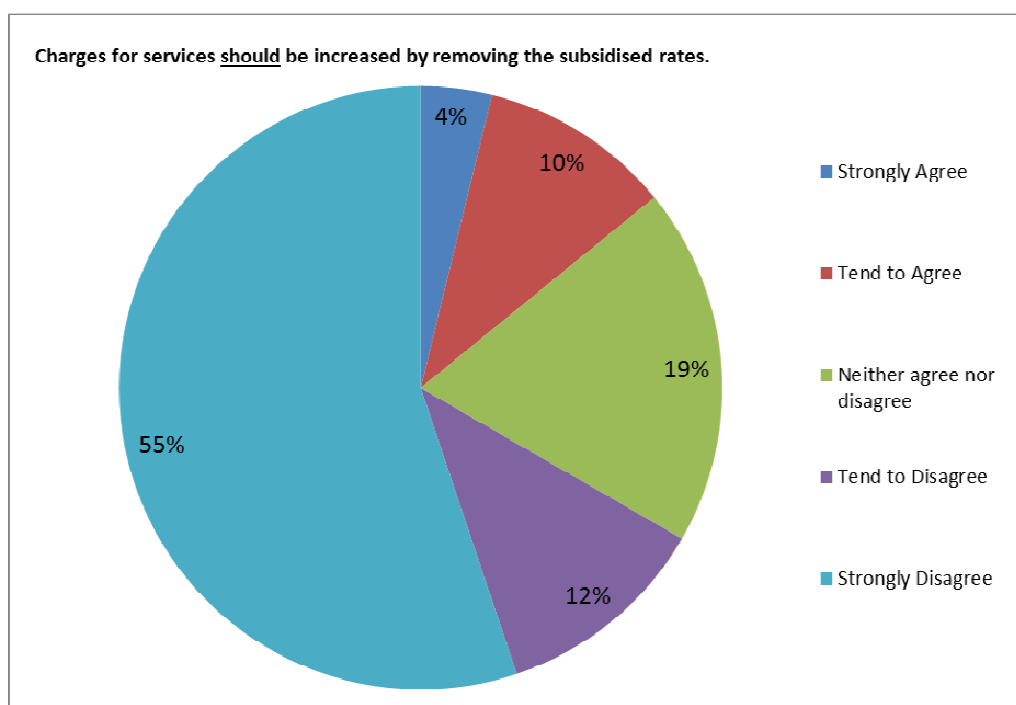
### Charging

There are 2 questions on the Charging consultation document, with a choice of response available.

92 forms have been received

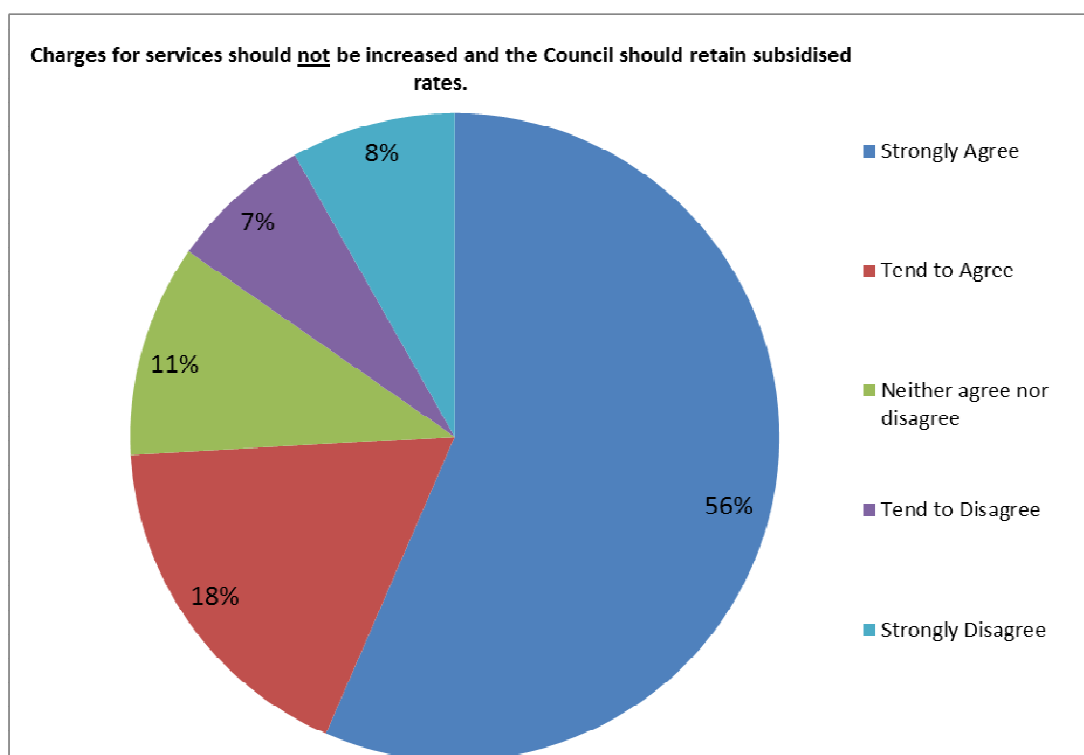
- **Charges for services should be increased by removing the subsidised rates.**

Response	Number	% of total Responses
Strongly Agree	3	3.8%
Tend to Agree	8	10.3%
Neither Agree nor Disagree	15	19.2%
Tend to Disagree	9	11.5%
Strongly Disagree	43	55.1%
<b>Total Responses</b>	<b>78</b>	<b>100%</b>
No Response	14	



- **Charges for services should not be increased and the Council should retain subsidised rates.**

Response	Number	% of total Responses
Strongly Agree	48	56.5%
Tend to Agree	15	17.6%
Neither Agree nor Disagree	9	10.6%
Tend to Disagree	6	7.1%
Strongly Disagree	7	8.2%
<b>Total Responses</b>	<b>85</b>	<b>100.00%</b>
No Response	7	



We have written to all customers, outlining the charging proposal. As a Directorate we are aware it is difficult to explain technical changes to our charging policy in a simple way. We have offered everyone the opportunity to discuss the proposal further via email or telephone helpline. We have also offered support via a range of brokers including Age UK Trafford.

The helpline has received approximately 20 calls. The queries taken regarding the charging proposal have mainly been from service users who wanted to know if they



would be affected. The majority of the callers were unaffected because they had capital under £23,250 and were being charged their maximum charge.

A couple of callers who telephoned already had £23,250 or above so were unaffected by proposals.

A specific meeting was also organised with homecare providers to discuss the charging proposals.

All comments and feedback have informed the risks identified against each proposal and the subsequent mitigating factors.

Below are examples of how these proposals may affect people.

Scenario	Current Charge using subsidised rates	Proposed Charge using real unit cost	Affect of the change
Mrs. Smith receives 8 hours of homecare per week. She has capital less than £23,250. Her assessed maximum charge is £40.00 per week.	8hrs per week x £8.92 = £71.36  Maximum charge = £40.00 per week  User invoiced for £40.00 per week	8hrs per week x £12.50 = £100.00  Maximum charge = £40.00 per week  User invoiced for £40.00 per week	Service user unaffected by proposal because the cost of services received totals more than their maximum assessed charge. Service user will never be billed more than £40.00
Mrs. Dodd receives 2 hours of homecare per week. She has capital less than £23,250. Her assessed maximum charge is £40.00 per week.	2hrs per week x £8.92 = £17.84  Maximum charge = £40.00 per week  User invoiced for £17.84 per week	2hrs per week x £12.50 = £25.00  Maximum charge = £40.00 per week  User invoiced for £25.00 per week	Service user will be affected by proposal because the cost of services received totals less than their maximum charge. Service user will never be billed more than £40.00 per week
Mr. Bloggs receives a Direct Payment of £120.00 per week. He has capital less than £23,250. His assessed charge is £80.00 per week.	Direct Payment = £120  55% subsidised charge = £66.00  Maximum charge = £80.00  User invoiced for £66.00	Direct Payment = £120  Full Cost Charge = £120  Maximum Charge = £80.00  User invoiced for £80.00	Service user will be affected by proposal because the cost of chargeable element of the Direct Payment totals less than their maximum charge. Service user will never be billed more than £80.00 per week

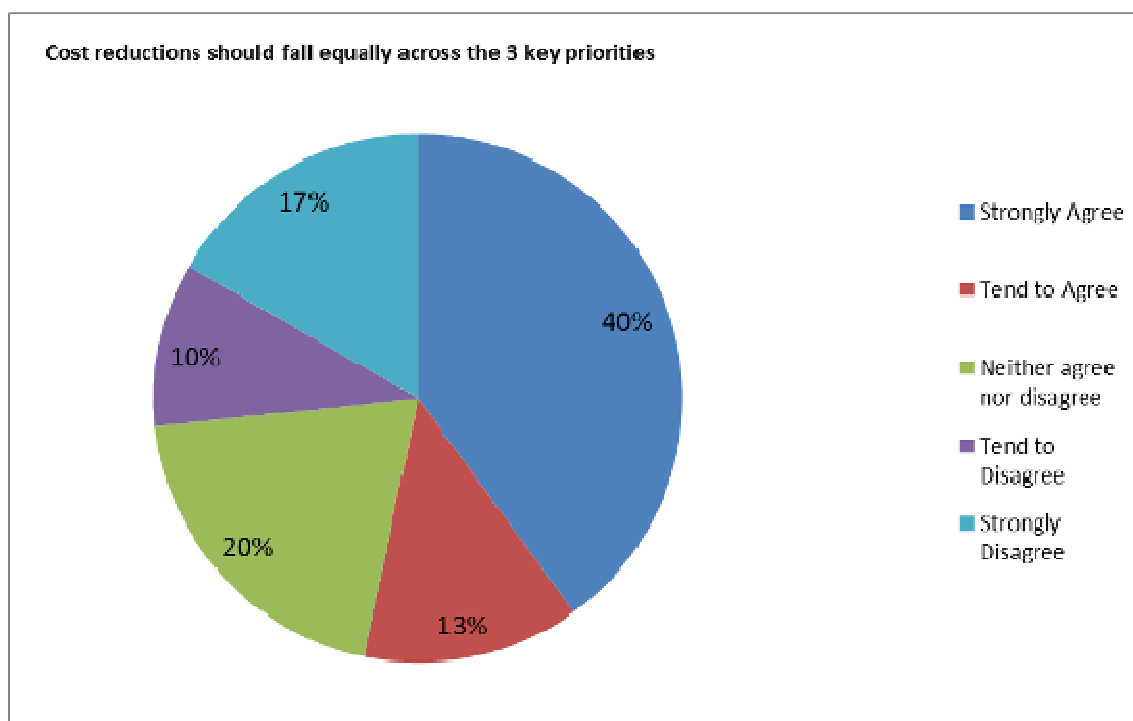
## Supporting People

There are 4 questions on the Supporting People consultation document, with a choice of response available.

40 forms have been received including a petition from residents living at Bath Crescent Sheltered housing Scheme.

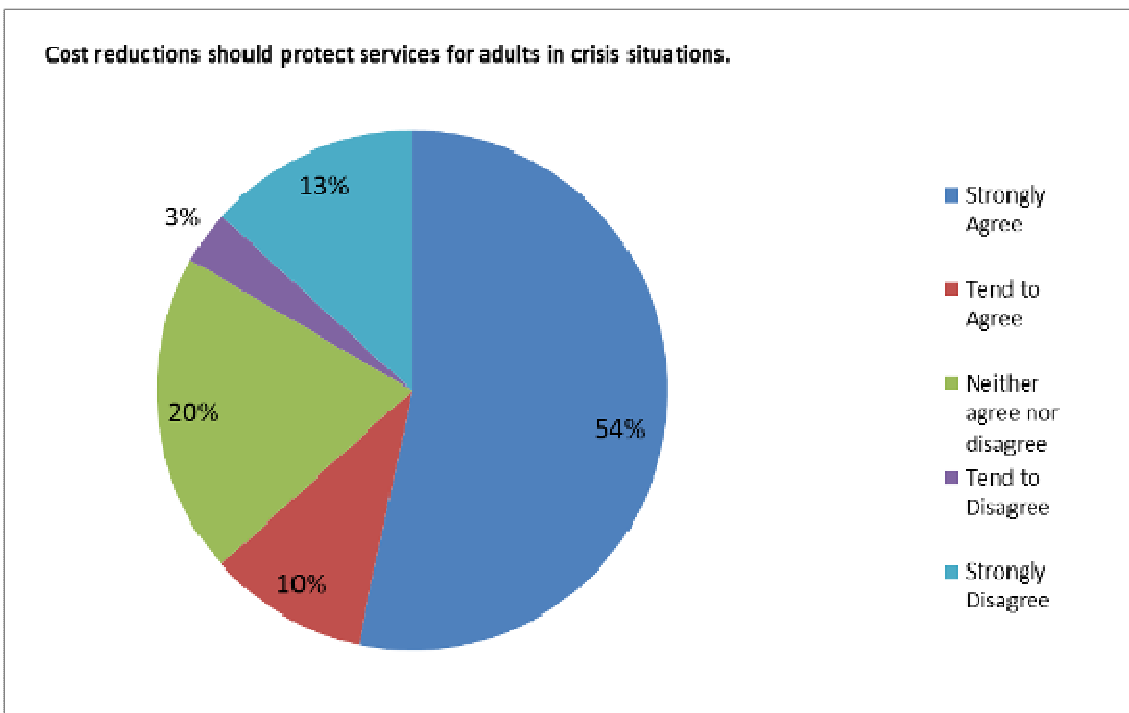
- **Cost reductions should fall equally across the 3 key priorities**

Response	Number	% of total Responses
Strongly Agree	12	40%
Tend to Agree	4	13.3%
Neither Agree nor Disagree	6	20%
Tend to Disagree	3	10%
Strongly Disagree	5	16.7%
<b>Total Responses</b>	<b>30</b>	<b>100%</b>
No Response	10	



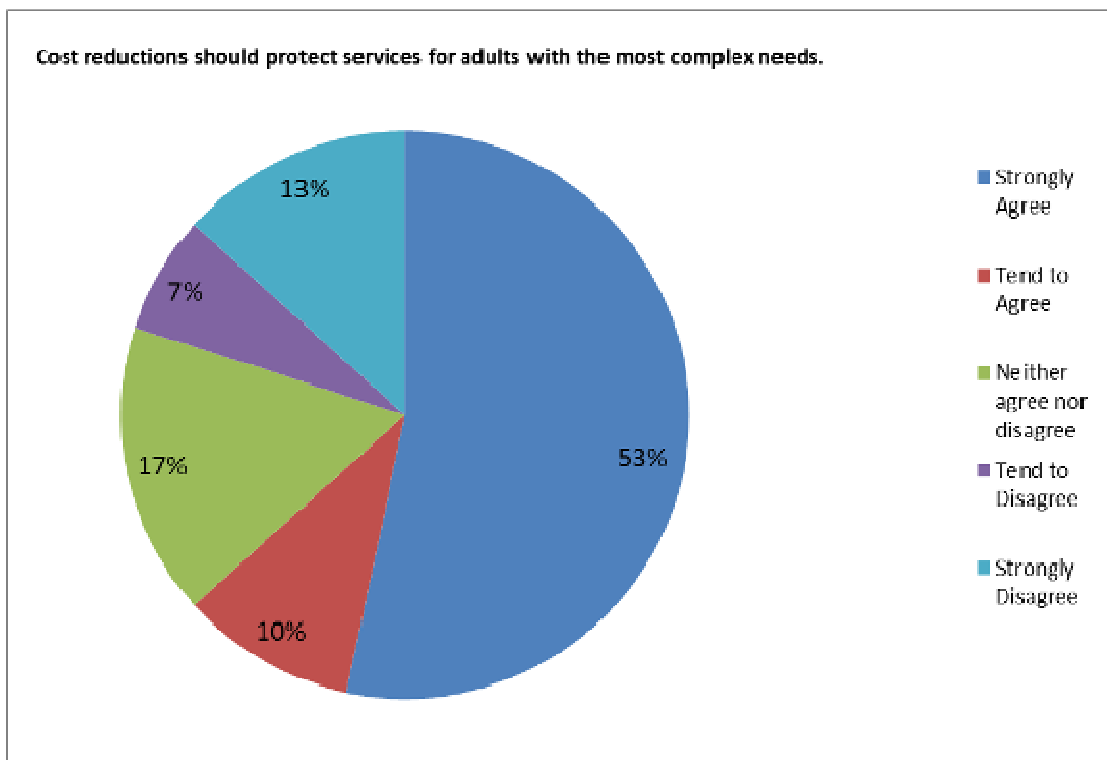
- **Cost reductions should protect services for adults in crisis situations.**

Response	Number	% of total Responses
Strongly Agree	16	53.3%
Tend to Agree	3	10%
Neither Agree nor Disagree	6	20%
Tend to Disagree	1	3.3%
Strongly Disagree	4	13.3%
<b>Total Responses</b>	<b>30</b>	<b>100%</b>
No Response	10	



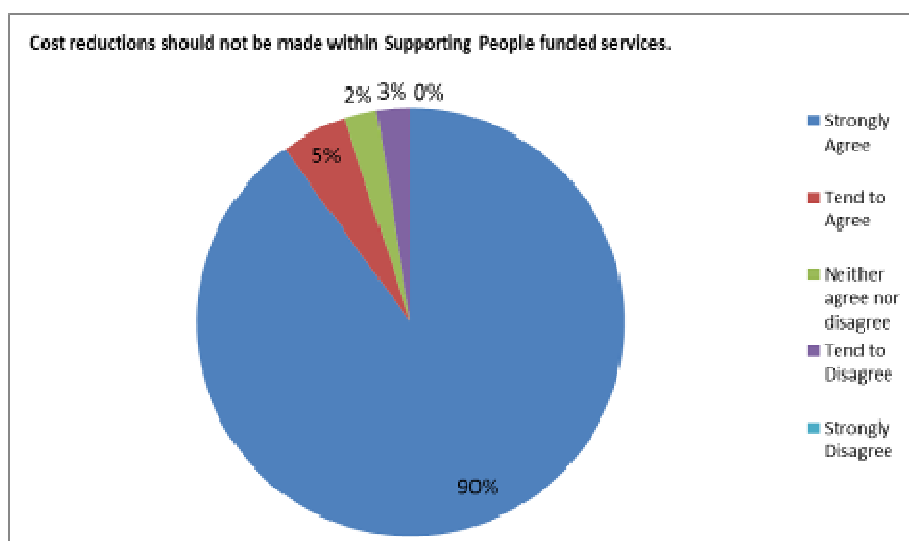
- **Cost reductions should protect services for adults with the most complex needs.**

Response	Number	% of total Responses
Strongly Agree	16	53.3%
Tend to Agree	3	10%
Neither Agree nor Disagree	5	16.7%
Tend to Disagree	2	6.7%
Strongly Disagree	4	13.3%
<b>Total Responses</b>	<b>30</b>	<b>100%</b>
No Response	10	



- **Cost reductions should not be made within Supporting People funded services.**

Response	Number	% of total Responses
Strongly Agree	36	90%
Tend to Agree	2	5%
Neither Agree nor Disagree	1	2.5%
Tend to Disagree	1	2.5%
Strongly Disagree	0	0%
<b>Total Responses</b>	<b>40</b>	<b>100%</b>
No Response	0	



A full market review of Supporting People services was carried out prior to the proposals being formulated. Providers and other stakeholders were fully involved in this review which provided the evidence base from which the proposals were developed.

All current providers of Supporting People services have been given details of the Supporting People proposals and an overview of the wider Adult Social Care proposals.

A consultation briefing was held for providers of Supporting People funded services. Individual meetings were also held with providers. The feedback from these meetings was that providers generally supportive of the future plans to re commission social inclusion services and young people's services. Questions focused on the tendering process. Responses received to the sheltered housing

proposals indicated that some providers and service users were concerned that the proposals may lead to increased costs being passed on to service users.

Responses to the proposal regarding Trafford Care and Repair focussed on concerns regarding the handy help service which is not funded by Trafford Council. Another concern was that older and disabled people would find it more difficult to find a reputable contractor and be able to maintain their home. The response from the provider asked for a 2 year extension to the current funding to allow more time to transform the service. All comments and feedback have informed the risks identified against each proposal and the subsequent mitigating factors.

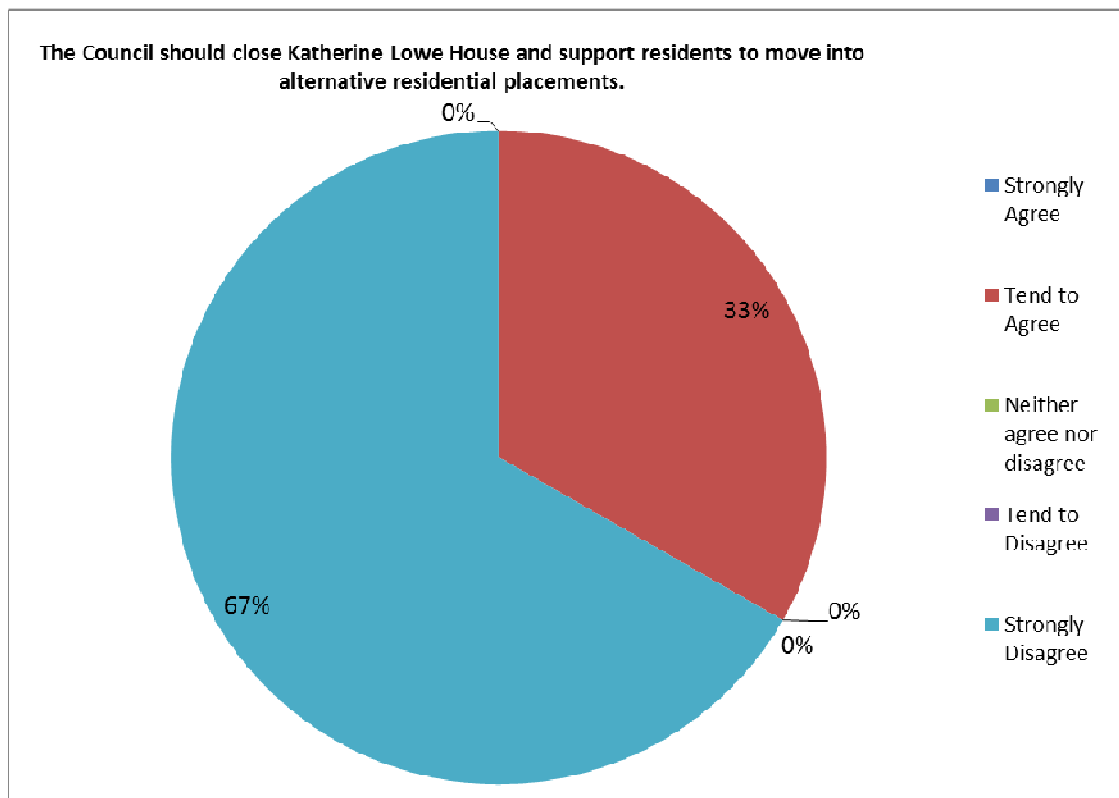
## Katherine Lowe Residential Care Home

There are 2 questions on the Katherine Lowe consultation document, with a choice of response available.

4 forms have been received

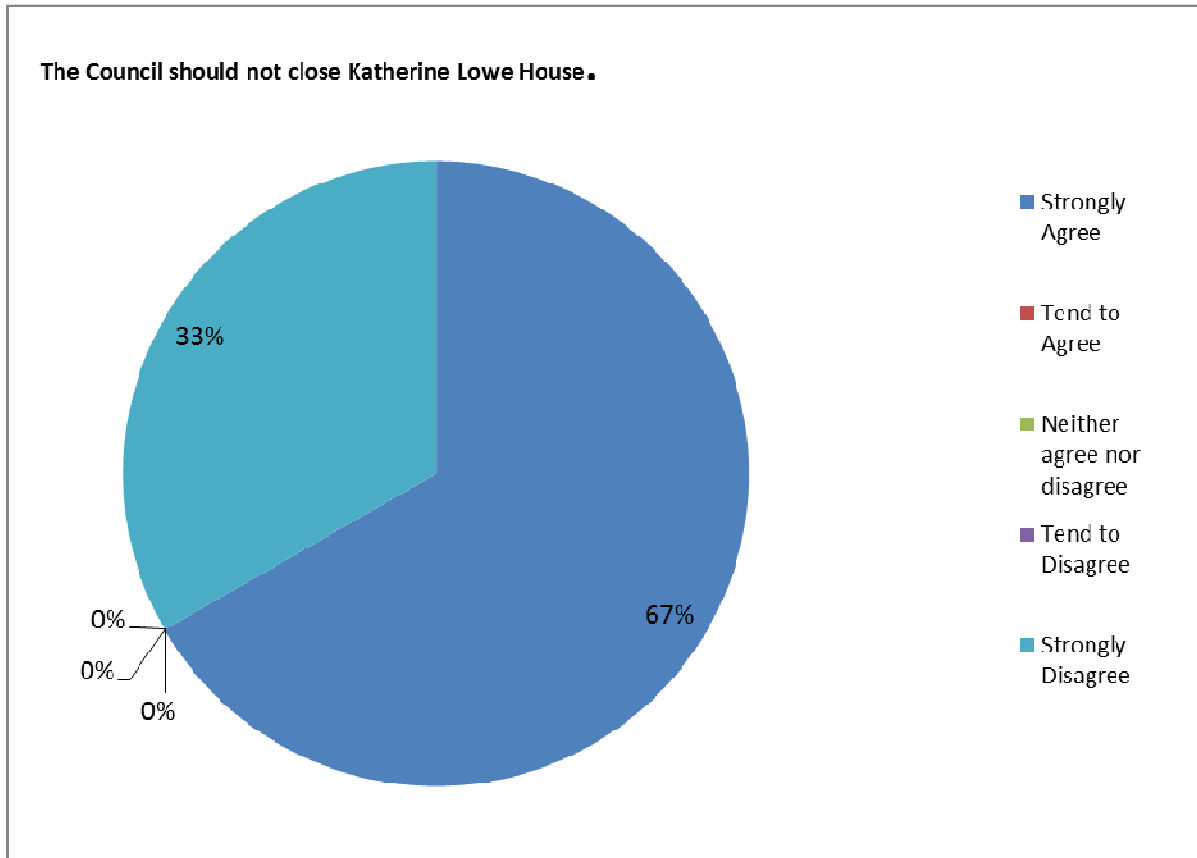
- **The Council should close Katherine Lowe House and support residents to move into alternative residential placements.**

Response	Number	% of total Responses
Strongly Agree	0	0%
Tend to Agree	1	33.3%
Neither Agree nor Disagree	0	0%
Tend to Disagree	0	0%
Strongly Disagree	2	66.7%
<b>Total Responses</b>	<b>3</b>	<b>100%</b>
No Response	1	



- **The Council should not close Katherine Lowe House.**

Response	Number	% of total Responses
Strongly Agree	2	66.7%
Tend to Agree	0	0%
Neither Agree nor Disagree	0	0%
Tend to Disagree	0	0%
Strongly Disagree	1	33.3%
<b>Total Responses</b>	<b>3</b>	<b>100%</b>
No Response	1	





## **Residents and families**

The residents' and families' consultations took place between 10:00am and 10:00pm on the 23<sup>rd</sup> October.

The consultation meetings have gone well and although residents and families are understandably disappointed with the proposed closure they have all confirmed their understanding of the reasons why this proposal has been put forward. They have voiced their thanks and appreciation for the care their relatives have received from both staff and management.

## **Staff**

Initial staff consultation meetings were carried out 2<sup>nd</sup>, 5<sup>th</sup> and 6<sup>th</sup> November 2012 at Katherine Lowe. There are a number of staff who wish to take Voluntary Early Retirement (V.E.R.) and there are a small number of staff for whom we have identified possible redeployment opportunities if the proposal were to go ahead. Unfortunately there will still be a number of staff who we will find difficult to redeploy due to the current climate and limited vacancies.

All comments and feedback have informed the risks identified against each proposal and the subsequent mitigating factors.

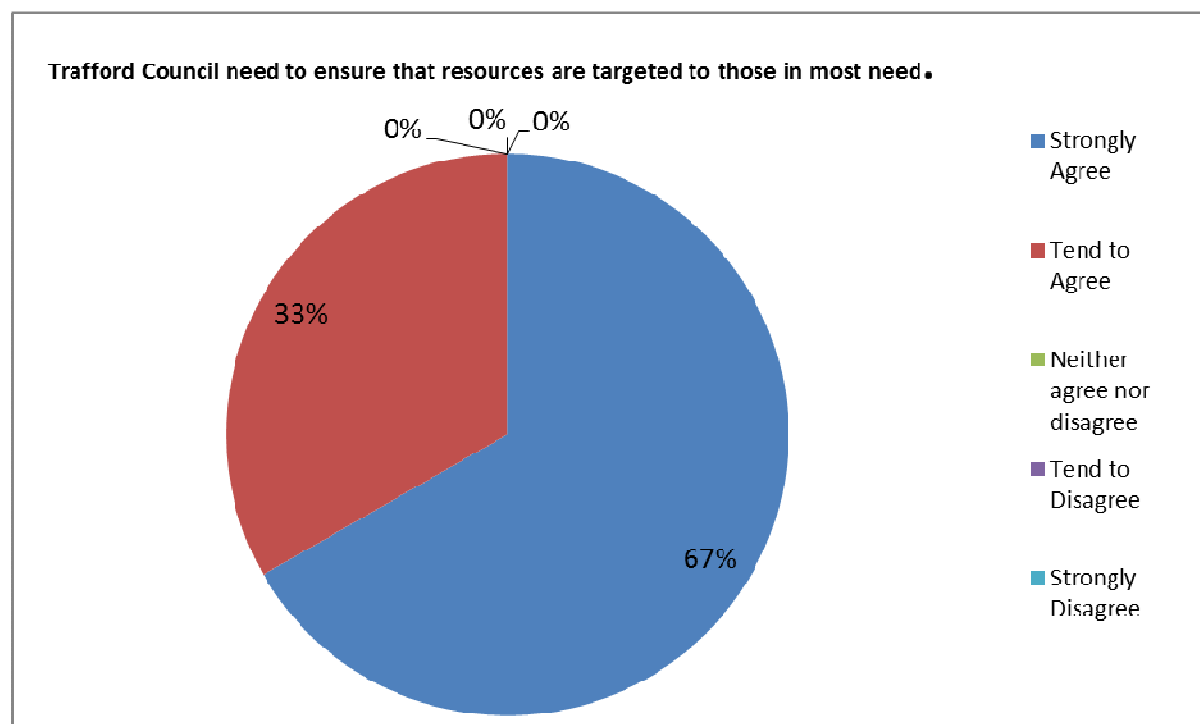
## Community Meals

There are 3 questions on the community meals consultation document, with a choice of response available.

7 forms have been received

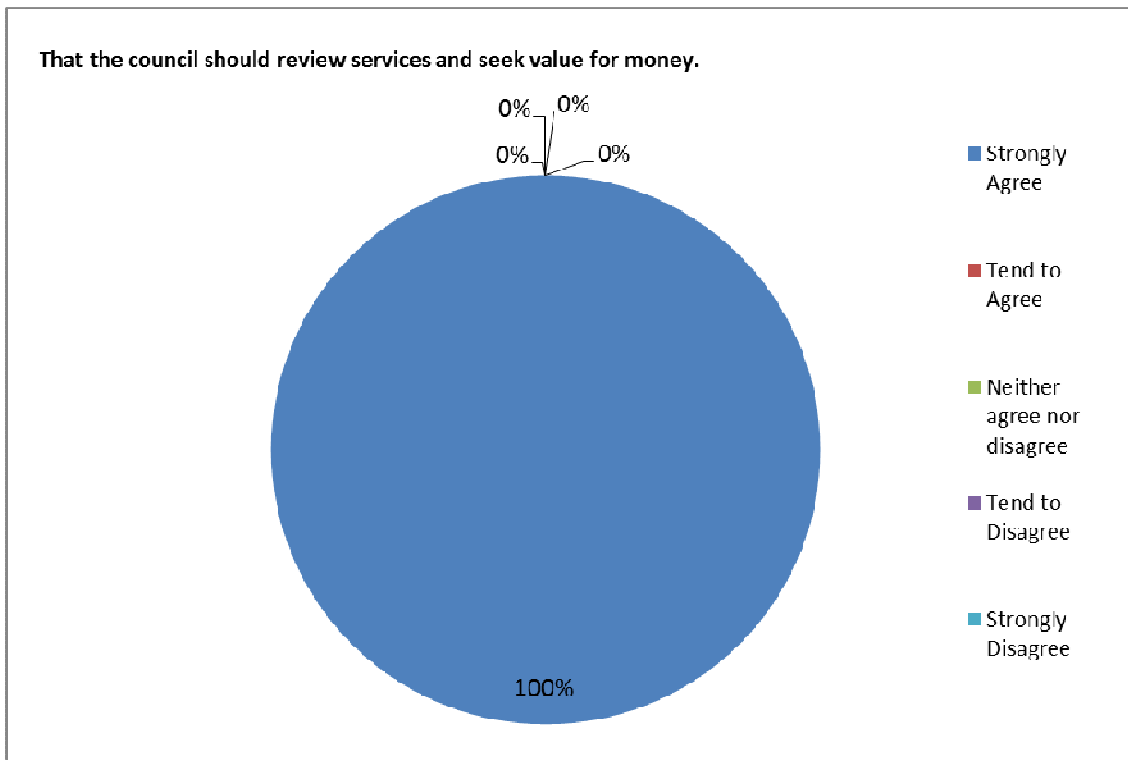
- **Trafford Council need to ensure that resources are targeted to those in most need.**

Response	Number	% of total Responses
Strongly Agree	4	66.7%
Tend to Agree	2	33.3%
Neither Agree nor Disagree	0	0%
Tend to Disagree	0	0%
Strongly Disagree	0	0%
<b>Total Responses</b>	<b>6</b>	<b>100%</b>
No Response	1	



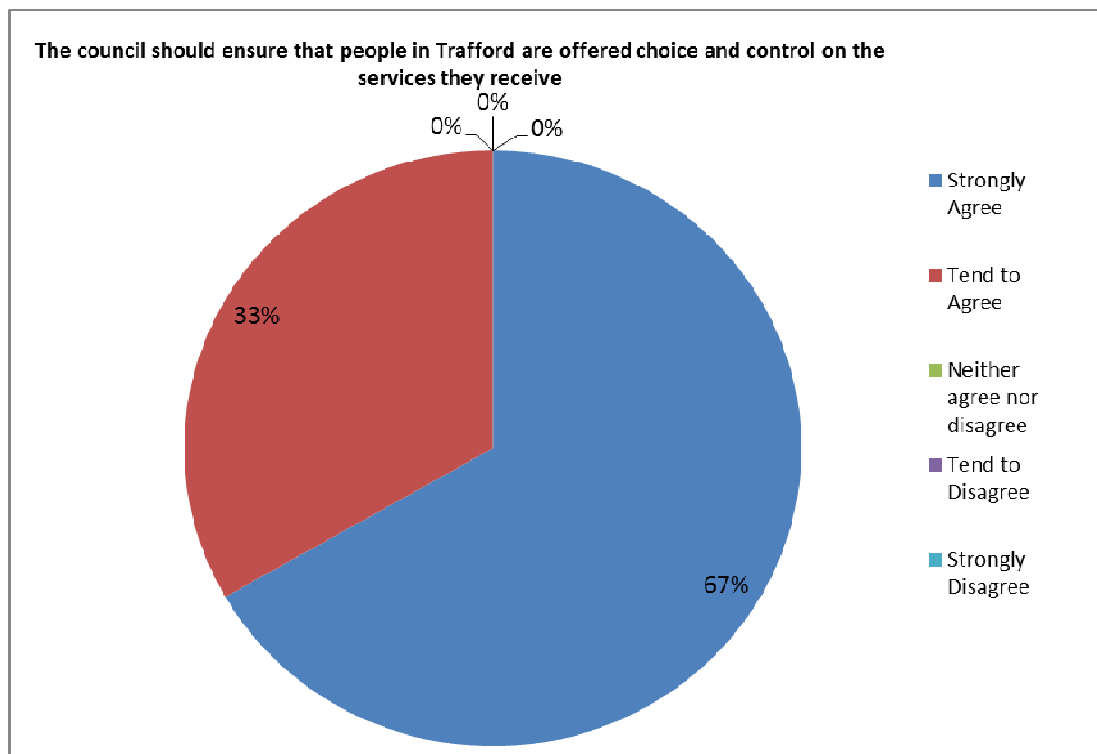
- That the Council should review services and seek value for money.

Response	Number	% of total Responses
Strongly Agree	6	100%
Tend to Agree	0	0%
Neither Agree nor Disagree	0	0%
Tend to Disagree	0	0%
Strongly Disagree	0	0%
<b>Total Responses</b>	<b>6</b>	<b>100%</b>
No Response	1	



- The Council should ensure that people in Trafford are offered choice and control on the services they receive.

Response	Number	% of total Responses
Strongly Agree	4	66.7%
Tend to Agree	2	33.3%
Neither Agree nor Disagree	0	0%
Tend to Disagree	0	0%
Strongly Disagree	0	0%
<b>Total Responses</b>	<b>6</b>	<b>100%</b>
No Response	1	



88 individual letters providing information about the proposals have been sent to people who currently use the service.

The response to the proposals in relation to meals has so far been positive, partners overall have received the proposals well. An individual meeting with ICare to inform them of the proposals was positive. ICare has agreed to work with the Council and people in receipt of the meals service to access different options. Seven responses

have been returned all endorsing Trafford's approach in targeting resources to those most in need, living in the borough.

All comments and feedback have informed the risks identified against each proposal and the subsequent mitigating factors.

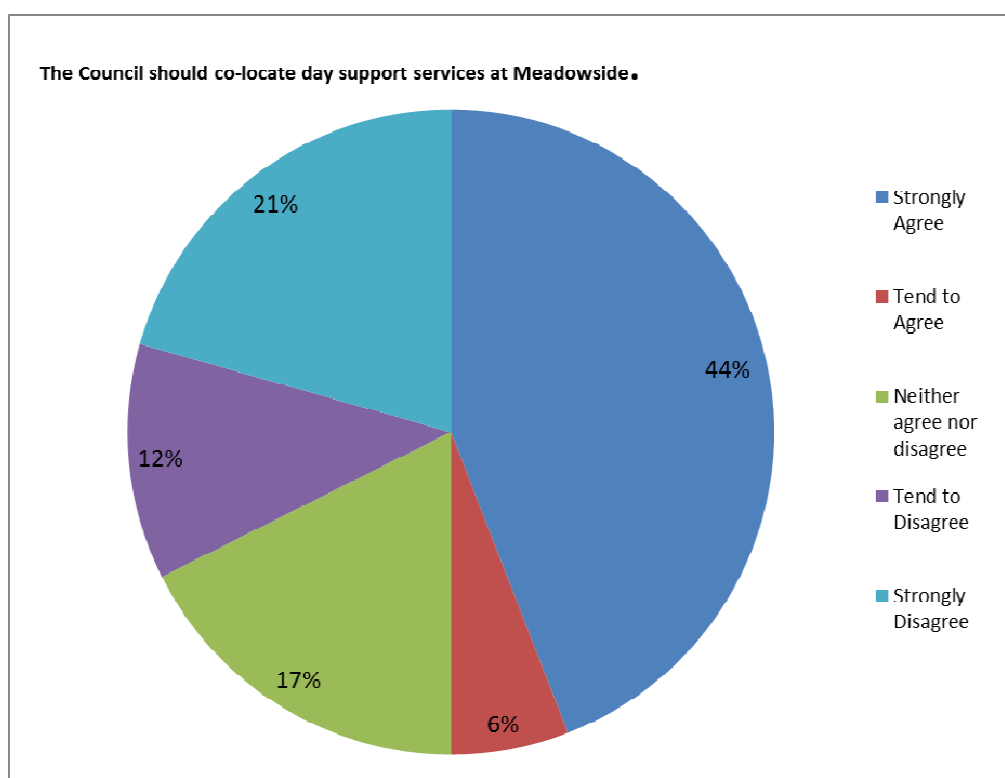
## Internal Day Support Services - Pathways and Princess Centre

There are 3 questions on the Day Centre consultation document, with a choice of response available.

34 forms have been received

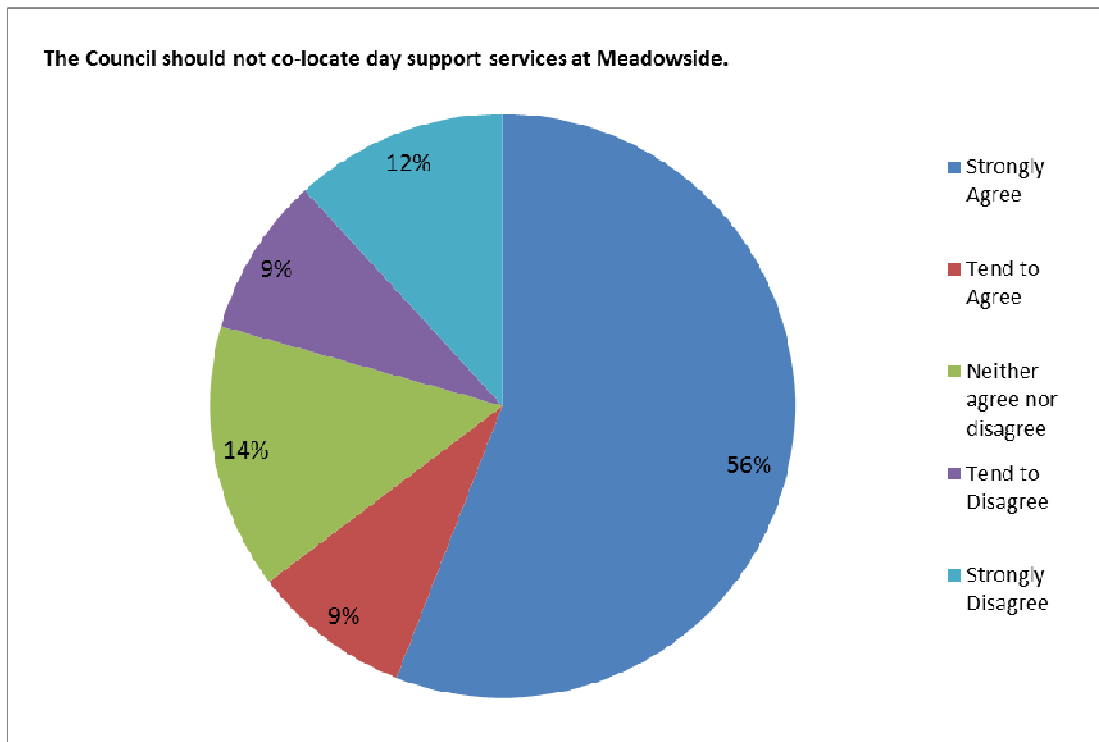
- The Council should co-locate day support services at Meadowside.

Response	Number	% of total Responses
Strongly Agree	15	44.1%
Tend to Agree	2	5.9%
Neither Agree nor Disagree	6	17.6%
Tend to Disagree	4	11.8%
Strongly Disagree	7	20.6%
<b>Total Responses</b>	<b>34</b>	<b>100.00%</b>
No Response	0	



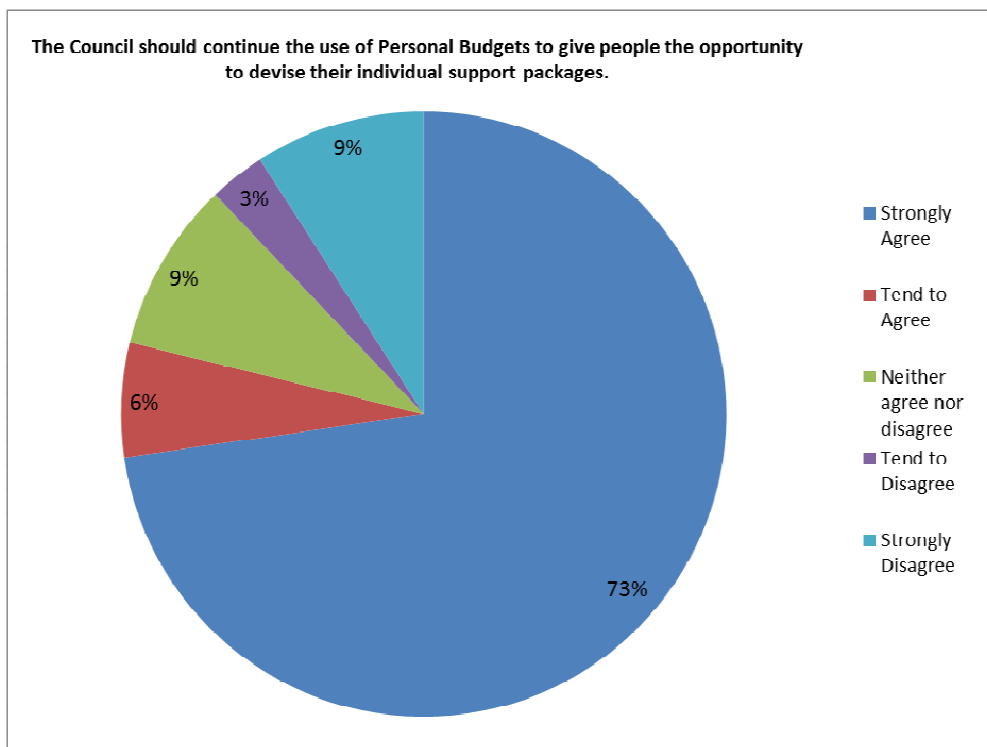
- The Council should not co-locate day support services at Meadowside.

Response	Number	% of total Responses
Strongly Agree	19	55.9%
Tend to Agree	3	8.8%
Neither Agree nor Disagree	5	14.7%
Tend to Disagree	3	8.8%
Strongly Disagree	4	11.8%
<b>Total Responses</b>	<b>34</b>	<b>100.00%</b>
No Response	0	



- The Council should continue the use of Personal Budgets to give people the opportunity to devise their individual support packages.

Response	Number	% of total Responses
Strongly Agree	24	72.7%
Tend to Agree	2	6.1%
Neither Agree nor Disagree	3	9.1%
Tend to Disagree	1	3.0%
Strongly Disagree	3	9.1%
<b>Total Responses</b>	<b>33</b>	<b>100.00%</b>
No Response	1	



### **Pathways - Service users and families**

The consultation meetings with service users and families took place on 22<sup>nd</sup> October. All families attended the meetings and the feedback was mostly positive. The only concerns raised related to the possible aggressive behaviour of people attending the centre who had dementia. However, all families were reassured that



the Princess Day Centre would be in a separate part of the building and that all service users would be supervised at all times. Some families were concerned with the proposed reduction in staffing levels and this has been noted in the consultation feedback.

### **Pathways - Staff**

The individual staff consultations took place on the 30<sup>th</sup> and 31<sup>st</sup> October 2012. The feedback from staff was very positive about the changes and the learning of new skills. However concerns were raised about potential job losses. Staff have made a number of suggestions around the staffing levels and the rotas which will be considered.

### **Princess Centre - Service users and families**

The consultation with service users and families took place 24<sup>th</sup>, 25<sup>th</sup> and 29<sup>th</sup> October. The feedback was one of disappointment aligned with understanding of the need to save money. Most families were grateful that the service will be continuing, albeit on a different site. There were a large number of families who raised concerns over the provision of a hot, cooked meal. However reassurance was provided that a meal will still be provided on the new site however this will be brought in and not cooked on site.

### **Princess Centre - Staff**

The staff consultation meetings took place 1<sup>st</sup> and 2<sup>nd</sup> November 2012. The meetings went well and staff are committed to the change and look forward to learning new skills. There was however concern over job losses although since the consultation meetings we have had a number of staff asking for Voluntary Early Retirement (V.E.R.) which, if the proposal was to go ahead, would mean limited job losses in this service area.

All comments and feedback have informed the risks identified against each proposal and the subsequent mitigating factors.

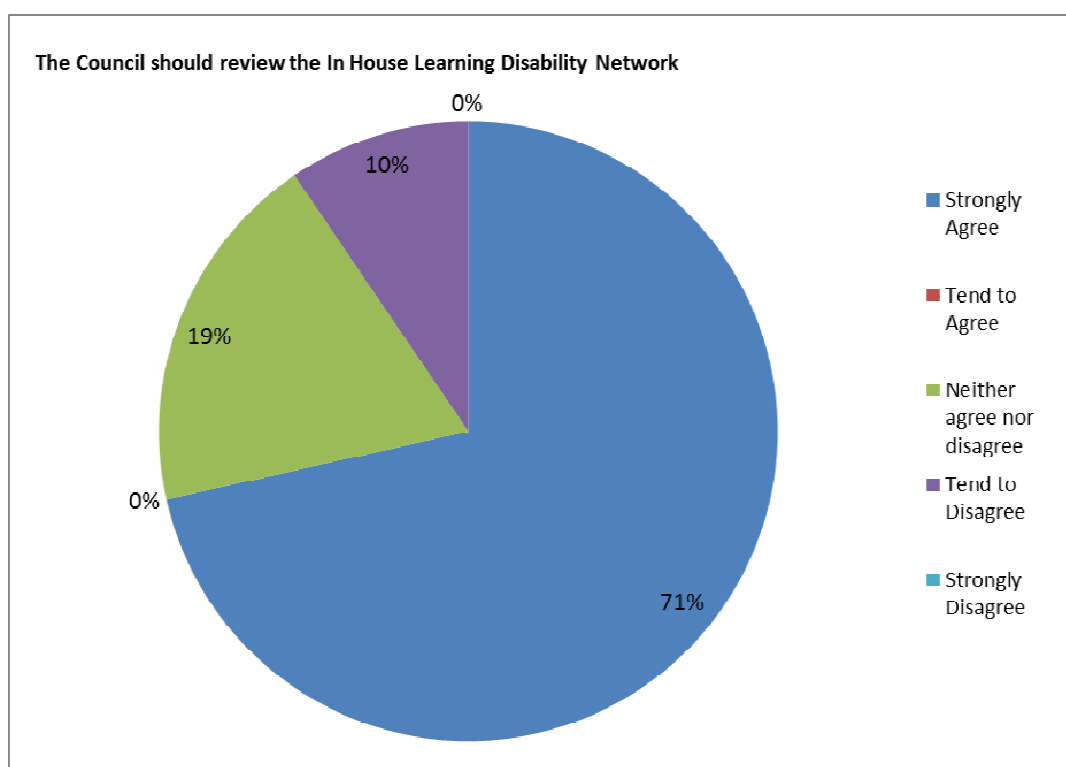
## Supported Living

There are 4 questions on the Supported Living consultation document, with a choice of response available.

22 forms have been received

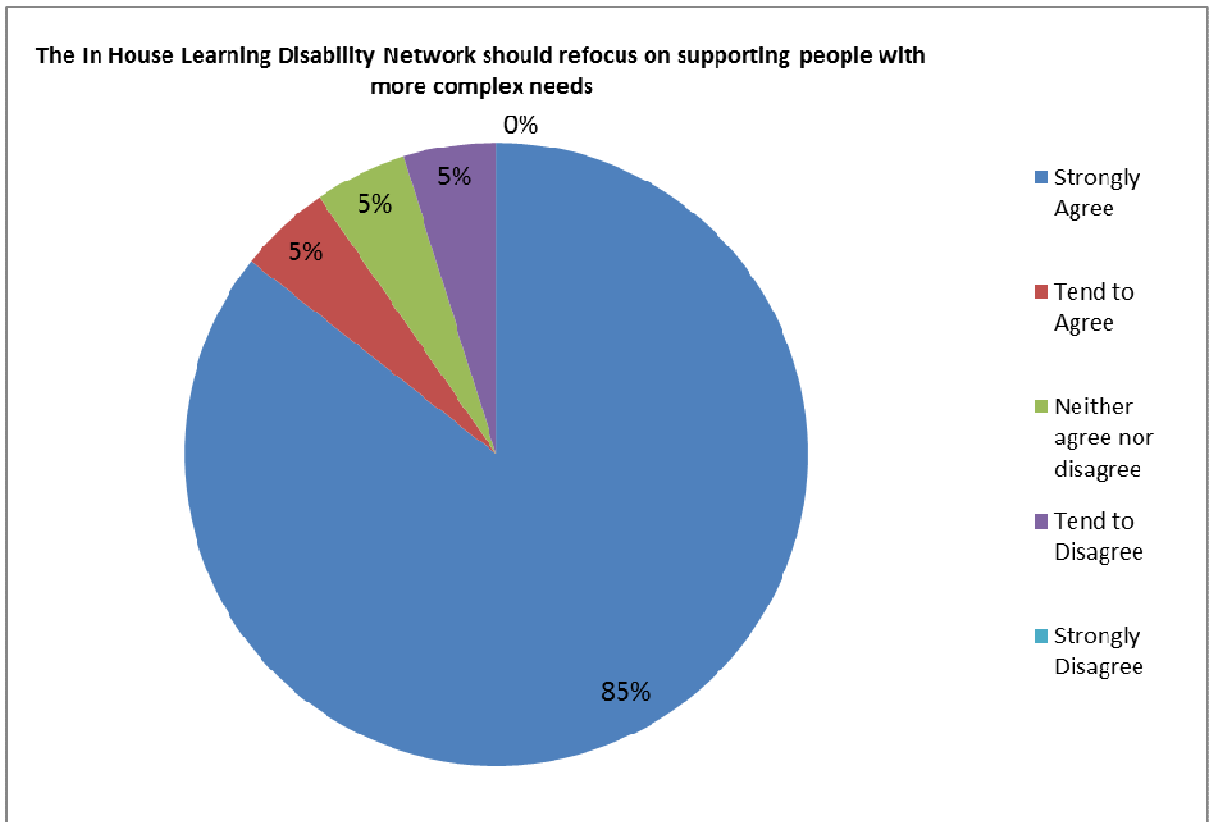
- **The Council should review the In House Learning Disability Network**

Response	Number	% of total Responses
Strongly Agree	15	71.4%
Tend to Agree	0	0.0%
Neither Agree nor Disagree	4	19.0%
Tend to Disagree	2	9.5%
Strongly Disagree	0	0.0%
<b>Total Responses</b>	<b>21</b>	<b>100.00%</b>
No Response	1	



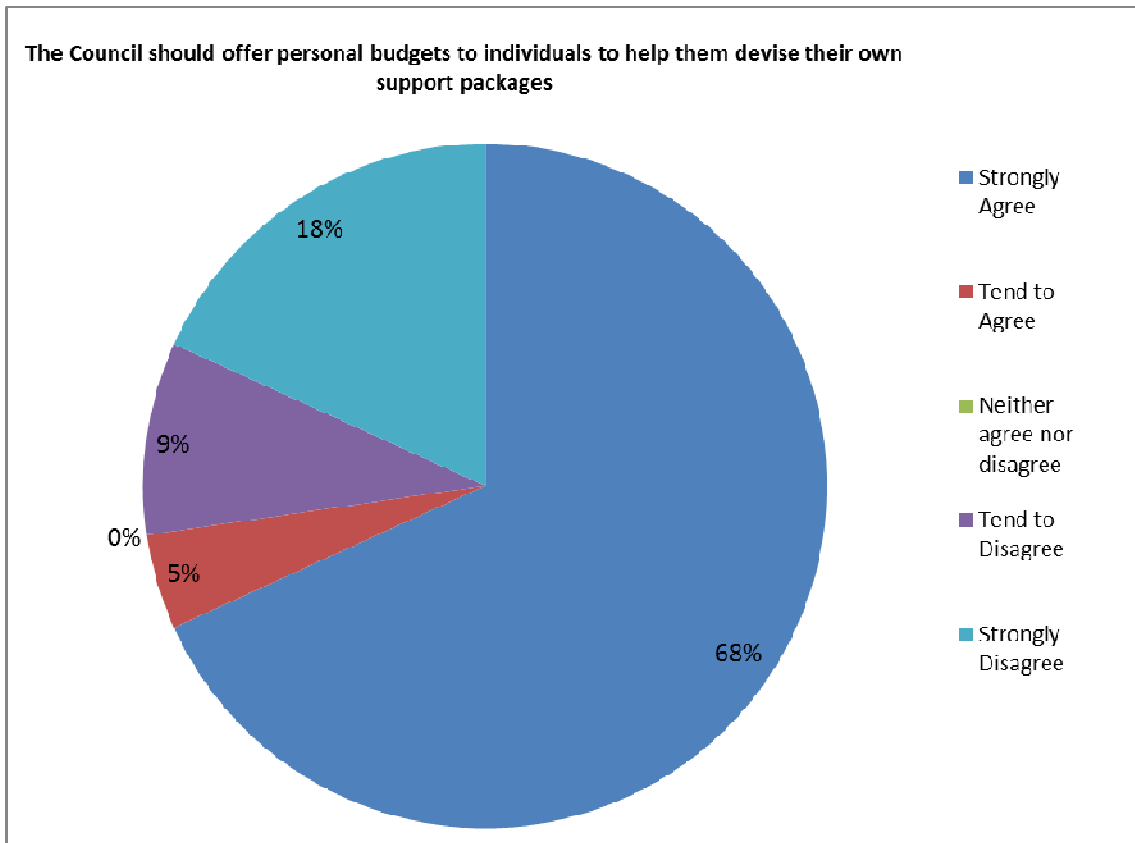
- The In House Learning Disability Network should refocus on supporting people with more complex needs

Response	Number	% of total Responses
Strongly Agree	18	85.7%
Tend to Agree	1	4.8%
Neither Agree nor Disagree	1	4.8%
Tend to Disagree	1	4.8%
Strongly Disagree	0	0.0%
<b>Total Responses</b>	<b>21</b>	<b>100.00%</b>
No Response	1	



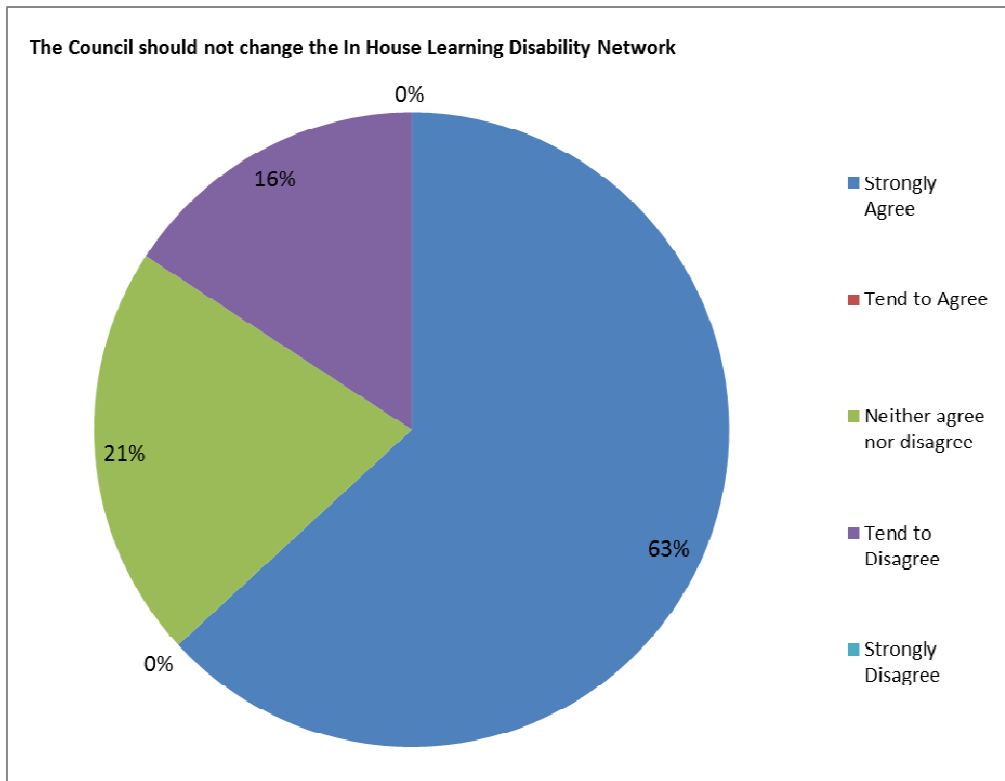
- The Council should offer Personal Budgets to individuals to help them devise their own support packages

Response	Number	% of total Responses
Strongly Agree	15	68.2%
Tend to Agree	1	4.5%
Neither Agree nor Disagree	0	0.0%
Tend to Disagree	2	9.1%
Strongly Disagree	4	18.2%
<b>Total Responses</b>	<b>22</b>	<b>100.00%</b>
No Response	0	



- The Council should not change the In House Learning Disability Network

Response	Number	% of total Responses
Strongly Agree	12	63.2%
Tend to Agree	0	0.0%
Neither Agree nor Disagree	4	21.1%
Tend to Disagree	3	15.8%
Strongly Disagree	0	0.0%
<b>Total Responses</b>	<b>19</b>	<b>100.00%</b>
No Response	3	



Consultations were undertaken with staff. Their feedback focused on future implications following the outcome of the consultation.

All comments and feedback have informed the risks identified against each proposal and the subsequent mitigating factors.

## **Brokers**

Trafford Council promoted brokers supporting a range of vulnerable adults as a mechanism for people to respond to the consultation. The brokers supported the following number of people:

- Age UK Trafford 1
- LMCP Carelink 3
- Genie Networks 0
- Trafford Carers Centre 42
- Trafford Centre for Independent Living 1
- Trafford LINK 3

The overwhelming majority of enquiries concerned charging and its impact on individuals. Other concerns included:

1. The overall impacts of the proposals
2. The impact on support within the home
3. Concern about the impact on carers including through changes to day support and respite provision.

All comments and feedback have informed the risks identified against each proposal and the subsequent mitigating factors.

## **Advocacy**

Meetings were held with the current providers of advocacy services in Trafford - Trafford Mental Health Advocacy Service, managed by VCAT, and Trafford Centre for Independent Living. The response from the providers centred on concern that any reduction in funding:

- Comes at a time when there is uncertainty about funding for advocacy from the NHS;
- Will, at the very least, lead to a reduction in staff hours, and may lead to redundancies;
- Comes at a time when demand is increasing due to changes including welfare reform and changes to services;
- Cannot be met solely through efficiencies within back office functions and service re-design, for example increasing self and group advocacy.
- Will impact on other services for example housing advice.

The providers would also like to see the savings absorbed into the information and advice review.

Trafford Centre for Independent Living also held an event for citizens of Trafford about the consultation. The view from those attending was that the saving should be made elsewhere and that additional support and finance should be provided for peer and citizen advocacy.

Trafford Centre for Independent Living also has close links with Future Visions, an organisation working with people with learning disabilities. Their concerns centres the support provided by the current advocate for people with learning disabilities with representation at meetings.

All comments and feedback have informed the risks identified against each proposal and the subsequent mitigating factors.

## **Broome House**

BlueSCI has previously expressed a desire to move to a locality based model of service provision and are happy to work with the Council to achieve this aim. Concerns about the proposals centre on the funding requirement for new premises and the availability of premises within Old Trafford, where the organisation would like to maintain a presence.

BlueSCI also received feedback from a number of people who are involved with the organisation. Many were positive about the move to new premises and the potential for the development of services. Concerns about the proposals included:

- Accessibility of the new venues, both in terms of access to the building and public transport;
- People who are involved with the service being kept up-to-date about the proposals;
- Loss of services during the move, including the impact on exams in May;
- That existing services could all be accommodated in a range of new buildings.

All comments and feedback have informed the risks identified against each proposal and the subsequent mitigating factors.



## **Public Health**

The response to the proposals in relation to Public Health has been positive. Partners have approved the approach to efficiencies through better commissioning and integration of systems, functions and resources. There have been no negative responses in relation to this proposal.

All comments and feedback have informed the risks identified against each proposal and the subsequent mitigating factors.

## **Information and Advice**

To date there has been a positive response from Programme Board members and service providers, evidenced by the level of participation and active engagement at the first collaborative Programme Board meeting. Following the first Programme Board meeting partner organisations have been keen to put forward people from within their organisations to be part of the collaborative review team.

The review team members are committed to engaging with service providers and citizens to capture a true reflection of the information and advice services currently offered and the opportunity to make recommendations for future provision.

Partner organisations have been particularly receptive to the co-produced approach and have welcomed the opportunity they have been given in shaping the future delivery model for information and advice provision for citizens within Trafford.

All comments and feedback have informed the risks identified against each proposal and the subsequent mitigating factors.

### **External Day Support**

Overall the response was positive from the African Caribbean Care Group and Indian Senior Citizens Centre. We are currently working with providers of these services to develop plans for future provision.

All comments and feedback have informed the risks identified against each proposal and the subsequent mitigating factors.

## **Support for Carers**

A meeting was held with the provider and discussions focussed on Personal Budgets including the assessment process, the value of the Personal Budget and the options for those carers choosing not to have a Personal Budget.

All comments and feedback have informed the risks identified against each proposal and the subsequent mitigating factors.

## 9. Recommendations Summary

### Proposal

### Recommendation

External Day Support Services:

To proceed with the implementation of the proposal.

Internal Day Support Services – Pathways and Princess Centre:

To proceed with the implementation of the proposal.

Advocacy:

To align the proposal to the Information and Advice Review.

Broome House:

To proceed with the implementation of the proposal.

Support for Carers:

To proceed with the implementation of the proposal.

Charing for Community Care Services:

To proceed with the implementation of the proposal.

Katherine Lowe Residential Care Home:

To proceed with the implementation of the proposal.

Support for People with a Learning Disability:

To proceed with the implementation of the proposal.

Community Meals Service:

To proceed with the implementation of the proposal.

Pre-Paid Cards:

To proceed with the implementation of the proposal.

Public Health:

To proceed with the implementation of the proposal

Supported Living – Adults with a Learning Disability:

To proceed with the implementation of the proposal.

Supporting People:

To proceed with the implementation of the proposal.

Information and Advice:

To proceed with the implementation of the proposal

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## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Trafford Advocacy Services
2	Person responsible for the assessment:	Gillian Renshaw
3	Contact details:	912 4029 Gillian.renshaw@trafford.gov.uk
4	Section & Directorate:	Communities and Wellbeing / Adult Social Care, Commissioning and Service Development
5	Name and roles of other officers involved in the EIA, if applicable:	Barry Glasspell – Communities and Wellbeing Project Officer

B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="radio"/> Function <input checked="" type="radio"/> X
2	Is this EIA for a new or existing policy or function?	New <input type="radio"/> Existing <input checked="" type="radio"/> X Change to an existing policy or function <input type="radio"/>
3	What is the main purpose of the policy/function?	To provide advocacy to those most vulnerable living in the Trafford community.
4	Is the policy/function associated with any other policies of the Authority?	N/A
5	Do any written procedures exist to enable delivery of this policy/function?	Individuals service specifications / operating processes are in place for each contracted service. Standard monitoring of services is in place for all organisations
6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	The 3 main providers of advocacy deliver specific advocacy to targeted groups or specialities. The services delivered each operate pending on need and cost, therefore the deliverability of this is reflected individually. By linking with the Information and Advice review we will be able to explore more collaborative and consistent working.

7	Who are the main stakeholders of the policy? How are they expected to benefit?	<p>The main stakeholders are Trafford residents, predominantly those living with a mental health condition or a learning disability. Advocacy should be more coordinated to enhance accessibility to service regardless of need. The budget reduction however could impact on the numbers of those able to be supported, however this will be on a needs led basis.</p> <p>Stakeholders also include the hosting organisations, staff trustees and volunteers.</p>
8	How will the policy/function (or change/improvement), be implemented?	<p>Services will be supported to restructure by council officers and foster partnerships across organisations. The Information and Advice review may potentially provide a clear pathway which may act as a triage system prior to reaching specialist advocacy services.</p> <p>The 3 main contracts will be looked at being pooled into one main contract in order to reduce unnecessary back office costs, however this reduction is minimal given the lack of management fees incorporated within contract.</p>
9	What factors could contribute or detract from achieving these outcomes for service users?	<ul style="list-style-type: none"> <li>- Large reduction of an already low budget.</li> <li>- Welfare reform and changes to health and social care are likely to bring about an increased need for advocacy services to vulnerable residents</li> <li>- A reduction in support offered through advocacy will potentially have an impact on other more costly service areas where without support and an advocate in place, may result in individuals needing longer term more intense service provision</li> <li>- Service users resistant to alternative support</li> <li>- Organisations may not be able to pick up additional capacity (for example within information and advice services)</li> <li>- CCG / NHS Trafford have not made resources clear, therefore the future commitments and requirements to advocacy are unclear at this moment in time</li> <li>- Reduction in staffing. May lead to delays in service which could impact on other more costly services</li> </ul>
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	No



<b>C. Data Collection</b>		
1	What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	Trafford CIL LD - 53 Trafford CIL - 43 TMHAS – 334 IMHA & 769 Non IMHA)
2	Please specify monitoring information you have available and attach relevant information*	Each service is required to provide quarterly returns which monitor the level of demand, numbers supported through the service and where signposted if relevant as well as outcomes which involvement to the service has had.  Attached below is the consultation response to the business proposal following meetings with ourselves and the two main providers
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	NA

*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

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<b>D. Consultation &amp; Involvement</b>		
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	Links with the Voluntary and community sector consultation last year
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	Individual and joint meetings have been held with the two potentially affected organisations.  Trafford CIL have held their own consultation with service users to identify risks and opportunities – awaiting collation of results  Both providers have worked in partnership to form a joint response to the consultation proposal (attached below) as well as to give any alternative solutions to the identified reduction amount.

3	<p><b>**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?</b></p>	<p>Unknown market of individuals – changes could bring about a number of new users to advocacy, however as market is currently uncertain, it is difficult to predict where or for which service area this will be required. Therefore not all will see this proposal as affecting them as currently this isn't a need.</p> <p>Communication barriers exist, hence why the providers are best placed to gain the voices of individuals.</p> <p>Confidence – people need advocacy to support their ability to challenge, therefore by nature this group will not naturally comprehend the full scope of review or have the confidence to come forward to raise concern(s)</p>
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*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

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**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
<b>Gender</b> – both men and women, and transgender;				
Pregnant women & women on maternity leave				
Gender Reassignment				
Marriage & Civil Partnership				
<b>Race-</b> include race, nationality & ethnicity (NB: the experiences may be different for different				

groups)				
<b>Disability</b> – physical, sensory & mental impairments		<b>H</b>		<b>Potentially changes to service will reduce those able to access support. Given the reduction over the years, any further reduction can only come from staffing which would potentially affect waiting times and access.</b>
<b>Age Group</b> - specify eg; older, younger etc)				
<b>Sexual Orientation</b> – Heterosexual, Lesbian, Gay Men, Bisexual people				
<b>Religious/Faith groups</b> (specify)				

**As a result of completing the above what is the potential negative impact of your policy?**

**High X Medium Low**

**F. Could you minimise or remove any negative potential impact? If yes, explain how.**

Race:	
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership	
Disability:	By working with organisations to help support individuals to restructure or remodel services where possible
Age:	We will work with procurement to identify tendering issues early. We will explore the potential to work within the current framework to minimise any time delay. We will work closely with providers to ensure any concerns raised are managed early. There will be close monitoring on the impact and demand for advocacy. There will be ongoing work with benefits services across the Council, and

		external providers, to maximise resources and management functions.
Sexual Orientation:		
Religious/Faith groups:		
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	No
2	Could the policy have an adverse impact on relations between different groups?	Not currently identified
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	

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**G. EIA Action Plan**

<b>Recommendation</b>	<b>Key activity</b>	<b>When</b>	<b>Officer Responsible</b>	<b>Links to other Plans eg; Sustainable Community Strategy, Corporate Plan, Business Plan,</b>	<b>Progress milestones</b>	<b>Progress</b>
To absorb the savings into the information and advice review	To work with the review team and programme board to ensure advocacy is reviewed with this in mind.	April 13	Gillian Renshaw / Barry Glasspell			
To continue to work with providers to seek alternative opportunities to value for money in service.	Ongoing monitoring and joint meetings between providers	On-going	Gillian Renshaw / Barry Glasspell		Monitoring outcomes  Evidenced value for	On-going

					money and outcomes  Joint service provision / joint contract between services	
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Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed  
 Lead Officer  
 Date

Signed  
 Service Head  
 Date

**Communities and Well Being – Budget Consultation 2012 – Advocacy – VCAT & TCIL Response**

Firstly we would like to thank you for the opportunity to take part in the consultation process relating to the budget proposals for 2013-15 and especially appreciate your approach in working with current service providers to seek efficiencies in the way that advocacy services are delivered. We believe that a comprehensive advocacy service is essential in Trafford, enabling residents to access support at their point of need.

VCAT and Trafford CIL have held initial meetings, including meeting with Barry Glaspell. During these meetings we have sought to explore efficiency savings linked to closer cooperation, eliminating duplication, merging back office functions and making changes to staff terms and conditions in line with those proposed by TMBC. We have also had initial discussions about potential improved service delivery, the development of alternative approaches to advocacy such as group advocacy and self-advocacy and on seeking a greater use of volunteers within advocacy. Such service redesign will take more time, achieving anywhere near the savings required would be difficult to achieve within one organisation, let alone across two organisations, it is doubly difficult without knowing the wider implications of other related funding decisions.

On the face of it, a £50,000 reduction on an existing budget of £150,000 is disproportionate and one that cannot be borne out by simple efficiencies or reduction of waste and duplication. There are few, if any, savings to be made by seeking to adopt a single management structure for the advocacy contracts – in part this is because the TMHAS budget has been reduced in previous years and no longer covers costs such as management or accommodation overheads. Given that the three contracts involved focus on different client groups and that the vast majority of the budgets are spent on direct service provision there is very little duplication in service provision.

It is unhelpful to make the decision to cut the advocacy budget at a time when it is not clear what additional resources may or may not be available via the NHS or Clinical Governance Group for IMHA which is a statutory function currently delivered by TMHAS; it is unclear to us how much of the previous TMBC budget to support IMHA originated from Trafford PCT, it is also unclear how much support for advocacy may, or may not, continue to be offered once the CCG take responsibility for health commissioning locally, in addition Trafford PCT agreed a one off budget for TMHAS in 2012 to cover some of the reductions in TMBC budgets for this current year.

In the context of TCIL, the 2 advocacy specifications sit within the wider contract for TCIL services, which is due to end in March 2013. It would be very helpful if TMBC were able to confirm their intentions for TCIL services beyond this date. As the wider information review has just commenced, this has the potential to reshape future services, and in this context it appears hasty to drastically reduce services before this process has been completed with the appropriate due diligence from all partners. It is appropriate to consider a waiver to extend services to the end of the review period in line with current expenditure, and then re-commission services after this point. The budgets for the services that TCIL delivers have been developed based on the principle of full cost recovery. Costs such as the Chief Officer role, accommodation, financial administration etc. are shared across contracts; this means that in real terms, we experience a larger deficit when budgets are trimmed without considering the wider consequences to the company. It is difficult to make significant savings on costs due to staff being TUPEd over on the 1<sup>st</sup> April 2012 and their terms and conditions being protected. Any potential redundancy process would have a wider impact on the entire team as we would have to consider the appropriateness and cost implications of making staff with long employment with the company over looking at options for staff more recently employed.

Any reduction in the advocacy budgets for next year, could only be met by reducing services in line with budget reductions, below is a table that indicates how reductions could be met and their implications:

Reduction in TMBC budget	Trafford CIL	TMHAS
		*assuming that £10,000 from Trafford PCT will also be lost in 2013
£10,000	<p>£10,000 (assume all TMBC cuts placed on TCIL)            Implication:            This would be met the early termination of a fixed term part – time Advocacy Support Officer contract of 18 hours per week that is due to end in July 2013, and associated on costs.</p> <p>Service impact:            This will result in a reduction in the following service areas:            Advocacy for LD and Advocacy customers:            Reduced initial assessments            increased waiting times for customers.            Quarterly feedback forums rather than the monthly forums recently established, meaning that fewer peer to peer advocacy opportunities will be supported and developed.            Citizen Advocacy.</p>	<p>£0 (+£10,000 PCT)            Implication &amp; Impact:            Approximately 90% of the TMHAS budget is spent of staff costs, VCAT have not taken any form of management fee for this service for several years. Any reduction in budget will lead to a direct reduction in hours worked on the project and a reduction in the number of clients seen and the quality of that work. Even if TMBC maintain their current budget for TMHAS (with CIL bearing the brunt of TMBC reductions in this scenario), the loss of supplementary PCT funds will automatically lead to a reduction in staff hours of 8 hours per week and a total reduction of clients seen of between 20 and 30 each year. Figures for number of clients seen includes both new clients and returning clients. A reduction in direct service delivery will also</p>

	<p>This would require coordination by a suitable volunteer. This project is in its initial phases so this may impact on quality of service delivered.</p> <p>Trafford Advice Partnership. Reduction in outreach support available, as ASO currently attends these sessions to undertake initial assessments.</p> <p>There are some areas that due to on-going commitments we are unable to reduce our budgets for – including the costs incurred running the building as we are committed to a 2 year lease that doesn't end until June 2014.</p>	<p>impact the level of service offered – including the number of issues that can be dealt with and the level of intervention offered. Reductions will be felt most within the non-statutory community service, whilst seeking to protect services within the statutory IMHA service.</p>
£20,000	<p>£12,533 Implication: On top of the implications and service impacts outlined above, the additional would occur: Staff in the LD Advocacy and Advocacy services would have training budgets reduced by 60%. Travel costs reduced by 33%, meaning that more customers would either be supported over the phone, or at the centre, and not in their locality. This will have an impact on numbers accessing the service. Reduction by 42% in access costs; this will result in a pooled budget.</p>	<p>£7,467 (+£10,000 PCT) Implication: On top of the loss of PCT funding, such a reduction will lead to a reduction in staff hours of 15 hours per week – there is an increased risk of redundancy – with related delays in services.</p> <p>Service impact: There would need to be restrictions in access to the service, with limits placed on either appointment based services leading to delays in accessing services or the highly regarded drop in services. Such reduced capacity would lead to</p>



	<p>This will have minimal impact on customers based on current expenditure. Reduction in marketing and promotion costs by 46%, meaning there will be a greater need to focus on our online presence, and other low cost marketing activities.</p> <p>Service impact: Customers will access services in a different way, either by phone or attending at the centre. All initial assessments will be still be delivered locally. Due to the nature of many of our customer's impairments this may be difficult for them, and numbers of beneficiaries supported will be reduced. There will also be a reduced presence at outreach services, as more time will be required in the office meeting or speaking with customers. Staff will be more office based as there will be a greater administrative burden upon them.</p>	<p>reduction in the number of clients supported of between 55 and 70 per year. There would be a reduction, or even loss, of community support beyond accessing the drop in, appointments and phone calls, this would mean no with doctor's appointments, CPA reviews or tribunal attendances.</p> <p>Any non-core activities would end – this would mean that TMMAS would not be able to into initiatives such as Patients Council, Advice Network and other forums. Staff would have very limited ability to attend training, or to deliver training to other health care professionals. It is likely that such a cut would mean that TAAG would not survive as there would be no ability to support the group.</p>
£30,000	<p>£18,800 Implication: Before this point, the budget has been tightened so that beyond the ASO post, no other staffing cuts are met. On top of the implications and</p>	<p>£11,200 (+£10,000 PCT) Implication: On top of the loss of PCT funding, such a reduction would have a significant impact upon the ability of the service to continue supporting people with mental</p>

	<p>service impacts outlined above, the additional would occur:  Reduction of delivery by 3 hours a week (making the hours of service delivered each week 57, from a starting point of 63 hours. One staff member due to impairment works 28 hours/week).  Training and marketing budgets are reduced by 87%, meaning staff will have reduced opportunities for CPD, and marketing activities that aren't online.  Travel budgets are reduced by 54% meaning a greater need for telephone, email or centre based contracts.  Access budgets reduced by 66%, meaning that we may need to access alternative ways of communicating with customers – this is counter to our ethos of supporting and promoting independence.  This will be the point when staff start to disengage and consider employment elsewhere.</p> <p>Service impact:  This will mean that the current level of casework will not be supported, and in future focus will need to be given to those customers who are in greatest need. We may need to limit the</p>	<p>health issues in the borough. The cut would lead to the loss of staff hours of 20 hours and leave the service with slightly more than one fte advocate.</p> <p>Service impact:  Without a thoroughly worked out service re-design plan it is difficult to see how the service can continue to support anywhere near the level of clients per advocate hour that are currently seen. Community support would be limited to one drop in per week, with restrictions placed on the numbers seen and issues dealt with. Any appointments would need to be less flexible than at present.</p> <p>Such a reduction would lead to the service only being able to support 80 – 100 clients per year – approximately half the current number.</p>
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	<p>amount of time spent supporting clients (and develop a ‘tariff’ of permitted time for cases). With reduced contract management time, there will be less time to discuss cases that require a team approach due to their complexity.</p>	
£40,000	<p>£25,067 Implication: On top of the implications and service impacts outlined above, the additional would occur: Reduction of delivery by 8.5 hours a week (making the hours of service delivered each week 54.5, from a starting point of 63 hours. One staff member due to impairment works 28 hours/week). Training budget reduced by 89% and marketing budget by 93%, meaning staff will have reduced opportunities for CPD, and marketing activities that aren’t online. Travel budgets are reduced by 70% meaning a greater need for telephone, email or centre based contracts. Access budgets reduced by 75%, meaning that we may need to access alternative ways of communicating with customers – this is counter to our ethos of supporting and promoting</p>	<p>£14,933 (+£10,000 PCT) Implication: On top of the loss of PCT funding, such a reduction would result in a reduction in staff hours of 20 hours and leave the service with the equivalent of only one full time advocate.  Service impact: TMHAS are specifically concerned that this proposal will reduce community advocacy to a non-existent extent whilst efforts are focussed onto the statutory IMHA service. The majority of community clients are given support in areas of housing, benefits and care / treatment, the loss of this service would be focussed on end results for clients increased rent arrears and legal actions, evictions, loss of benefits and severe poverty and a reduced access to health care services. There are increased risks of delivering the IMHA service with only one suitably qualified</p>

	<p>independence. Contract monitoring reduced by 14%. Service impact: At this point it is will be increasing difficult to maintain a 'full service' and provide assurances to support customers at tribunals and medical appointments, and at appointments with less than a week's notice period. There will be a difficult in attending initial meetings and these will have to be limited to specific days of the week to meet with our lone worker policy, and ensure staff safety; this will result in customers being in distress at long waiting times. There will be a reduction also in group LD advocacy provided and support to Future Visions, and regional LD Partnership activities supported by the LD Advocate.</p>	<p>advocate. The service would be able to support a maximum of 80 clients per year, mainly within the IMHA service.</p>
£50,000	<p>£31,333 Implication: On top of the implications and service impacts outlined above, the additional would occur: At this point, the service becomes untenable, as direct staffing is reduced by 14 hours per week to 49 hours), meaning there will only be 2 days a week where there is crossover of staff, and on these days all cases requiring support</p>	<p>£18,667 (+£10,000 PCT) Implication: Service impact: Such a cut would clearly be untenable. It would mean that the service was solely focussed on the statutory IMHA service, with staff capacity at less than one fte advocate. It has been previously agreed by TMBC and Trafford PCT that it would be unsafe to operate the IMHA service with only one</p>

	<p>from both advocates will require progression.</p> <p>Training budget reduced by 90% and marketing budget by 96%, meaning staff will have extremely limited opportunities for CPD, and marketing activities that aren't online. This will impact on customers self-referring to the service, and maintaining update knowledge of legislative changes and best practice.</p> <p>Travel budgets are reduced by 74% meaning a greater need for telephone, email or centre based contracts; this will mean housebound customers will not access a full service.</p> <p>Access budgets reduced by 91%, meaning that we will need to access alternative ways of communicating with customers – this is counter to our ethos of supporting and promoting independence.</p> <p>Contract monitoring reduced by 26%. This is element is delivered by the part-time chief officer and makes this post untenable and important development work and funding applications will not be able to be developed or submitted.</p> <p>Service impact: The service will require comprehensive redesigning at this</p>	<p>qualified advocate – at present, both TMHAS advocates are IMHA qualified. There is no known other IMHA service in the North West operating with less than 1.5 fte IMHA advocates. The service would be able to support a maximum of 60 clients per year.</p>
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	<p>point, and any company wide working opportunities will be vastly reduced due to lack of available time.</p> <p>There will be a further reduction also in group LD advocacy provided and support to Future Visions, and regional LD Partnership activities supported by the LD Advocate, as there will be an increased focus on supporting individuals.</p> <p>Activities such as citizen advocacy and peer advocacy and feedback forums will cease as there aren't sufficient staff to support volunteers to deliver these activities.</p>	
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The table above provides an indication of the implications on any reductions in funding for services as they stand, however, we acknowledge that such an approach, so called 'salami slicing' is less than ideal, both Trafford CIL and VCAT are committed to exploring the full potential of service redesign

Any impact on services would be difficult to manage at a time where both VCAT and Trafford CIL are experiencing growth in demand for services, both believe that there is a great deal of unmet need within target client groups, and both anticipate that demand will continue to increase as welfare reforms and changes to services continue. Any proposed reductions in services would need to be handled with care;

- any reduction in hours worked by staff may lead to staff leaving and pauses in the services being offered,
- any reductions in services will have impact on the ability to support existing clients and impact the services available to future clients
- any reductions in advocacy services will have a negative impact upon allied services such as advice and information,
- any loss of support to vulnerable clients will be felt by agencies working in the fields where clients seek our support – housing, benefits, care & treatment,
- any service restrictions will be counter to the aspirations of both TCIL and TMBC for an inclusive centre for independent living accessible to residents across the borough.

During the meetings we have discussed the complexities of decision making and planning within the timescales of the budget consultation, especially as there is a linked review into Advice and Information on-going over the current and next 2 financial years. Whilst Advocacy is different to Advice and Information, there is clearly crossover between the disciplines. We would like to suggest therefore that TMBC changes its current proposal to reduce the Advocacy budget by £50,000 per year, and include this savings target within the wider Advice and Information review – which we understand has already indicated it is to include Advocacy within its scope. By including Advocacy within this review and savings targets will allow greater time to fully explore the advantages of service re-design, and allow VCAT and Trafford CIL and our partners to fully explore closer working, greater synergy and added value. As earlier stated we are keen to work in partnership with TMBC to understand your commissioning intentions for both advocacy and our wider services in coming years, and hope that this is the beginning of a positive journey to ensure that residents have full access to services both now and in the future. We would appreciate a response to our proposals at the earliest possibility as this will allow us to plan for the immediate implications of any budget reductions and prepare for future activities.

Regards

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## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Supporting People
2	Person responsible for the assessment:	Ian Peet
3	Contact details:	01619125849 ian.peet@trafford.gov.uk
4	Section & Directorate:	Adult Social Care Communities and Wellbeing
5	Name and roles of other officers involved in the EIA, if applicable:	Linda Harper – Director of Commissioning Adult Social Care Andrea Glaspell – Interim Programme Manager Personalisation Adult Social Care Richard Roe – Housing Strategy Manager Richard Morris- Access to Housing Manager John Pearce – Director of Commissioning CYPS Elaina Quesada – Senior Commissioning Officer CYPS Debbie Nash – Strategic Manager – Public Health, Finance and Commissioning Satinderjit Bering – Strategic Commissioning Lead Primary Care Trust Chris Edwards – Assistant Chief Executive Greater Manchester Probation Trust Gaynor Burton – Equality and Diversity Manager

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B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="radio"/> Function <input checked="" type="radio"/>
2	Is this EIA for a new or existing policy or function?	New <input type="radio"/> Existing <input checked="" type="radio"/> Change to an existing policy or function <input type="radio"/>

3	What is the main purpose of the policy/function?	Supporting People currently funds a range of housing related support services for disabled people, older people, young adults and other vulnerable adults to help support them in their homes, and to connect with their local community.
4	Is the policy/function associated with any other policies of the Authority?	The function is associated with policies regarding adult social care, CYPS, Strategic Housing and Safer Trafford.
5	Do any written procedures exist to enable delivery of this policy/function?	Contracts and service specifications are in place with all service providers. They have been let through standard tendering/ procurement practices. Individual providers have a range of policies linked to their provision. There is an agreed quality monitoring tool in place.
6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	No
7	Who are the main stakeholders of the policy? How are they expected to benefit?	Service providers including 3 <sup>rd</sup> sector providers and Registered Social Landlords, vulnerable/ older/ disabled people, health and probation services, housing, Children and Young People's services.
8	How will the policy/function (or change/ improvement), be implemented?	SP commissioning body in place which is multi-disciplinary and multi-agency. It has been strengthened with new members to undertake this project. This body will oversee implementation. A comprehensive consultation programme will be in place
9	What factors could contribute or detract from achieving these outcomes for service users?	Lack of agreement by providers. Consultation fails to identify best way forward. Will be helped by good partnership working. Also, some providers are keen to transform and diversify services.
10	Is the responsibility for the proposed	Housing, Safer Trafford, Health commissioning, Probation, CYPS

policy or function shared with another department or authority or organisation? If so, please state?	
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**C. Data Collection**

1	What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	<p>The information below identifies the total number of people who could be using the service at any one time ie the capacity of the services funded.</p> <table border="1"> <thead> <tr> <th data-bbox="922 507 1496 547">Service User information</th> <th data-bbox="1496 507 1915 547">Number of Service Users</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="922 547 1915 592"><b>Older People</b></td> </tr> <tr> <td data-bbox="922 592 1496 679">Sheltered housing</td> <td data-bbox="1496 592 1915 679">1400</td> </tr> <tr> <td data-bbox="922 679 1496 735">Cat 1 housing</td> <td data-bbox="1496 679 1915 735">2000</td> </tr> <tr> <td data-bbox="922 735 1496 780">Extra care</td> <td data-bbox="1496 735 1915 780">80</td> </tr> <tr> <td colspan="2" data-bbox="922 780 1915 825"><b>LD services</b></td> </tr> <tr> <td data-bbox="922 825 1496 869">Calderstones</td> <td data-bbox="1496 825 1915 869">46</td> </tr> <tr> <td data-bbox="922 869 1496 914">IAS</td> <td data-bbox="1496 869 1915 914">11</td> </tr> <tr> <td data-bbox="922 914 1496 959">paragon</td> <td data-bbox="1496 914 1915 959">6</td> </tr> <tr> <td data-bbox="922 959 1496 1003">ubu</td> <td data-bbox="1496 959 1915 1003">15</td> </tr> <tr> <td data-bbox="922 1003 1496 1048">network (in house)</td> <td data-bbox="1496 1003 1915 1048">30</td> </tr> <tr> <td data-bbox="922 1048 1496 1093">Independent Options</td> <td data-bbox="1496 1048 1915 1093">2</td> </tr> <tr> <td data-bbox="922 1093 1496 1137">Independent living service (In house)</td> <td data-bbox="1496 1093 1915 1137">11</td> </tr> <tr> <td colspan="2" data-bbox="922 1137 1915 1182"><b>Phy Disabilities</b></td> </tr> <tr> <td data-bbox="922 1182 1496 1227">Independent living service (in house)</td> <td data-bbox="1496 1182 1915 1227">27</td> </tr> <tr> <td colspan="2" data-bbox="922 1227 1915 1272"><b>Mental Health</b></td> </tr> <tr> <td data-bbox="922 1272 1496 1343">Mental Health accommodation and floating support</td> <td data-bbox="1496 1272 1915 1343">42</td> </tr> <tr> <td data-bbox="922 1343 1496 1388">Kenwood Road project</td> <td data-bbox="1496 1343 1915 1388">3</td> </tr> <tr> <td data-bbox="922 1388 1496 1430">The Firs accommodation project</td> <td data-bbox="1496 1388 1915 1430">11</td> </tr> </tbody> </table>	Service User information	Number of Service Users	<b>Older People</b>		Sheltered housing	1400	Cat 1 housing	2000	Extra care	80	<b>LD services</b>		Calderstones	46	IAS	11	paragon	6	ubu	15	network (in house)	30	Independent Options	2	Independent living service (In house)	11	<b>Phy Disabilities</b>		Independent living service (in house)	27	<b>Mental Health</b>		Mental Health accommodation and floating support	42	Kenwood Road project	3	The Firs accommodation project	11
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<b>Social Inclusion</b>	
Womens refuge, floating support and advice and information	16
Offender housing project	32
GM Offender Project	0
Offender housing advocacy	50
Meadow lodge/Pomona Gardens including drug alcohol support	40
Homeless families temp accom support	40
<b>Young people</b>	
Teenage parent scheme and floating support	22
Greenbank Leighton rd	24
Trafford Aftercare Elstree Court	5
Trafford Aftercare Supported Lodgings	4

The table below identifies the BME breakdown of new service users entering services

#### **BME breakdown of new service users**

White	82%
Asian or Asian British	5.2%
Black or Black British	6.6%
Chinese	1.4%
Refused	1.4%
Mixed	3.3%

2 Please specify monitoring information you have available and attach relevant information\*

3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	A frame work for monitoring housing related services nationally is in development. The frame work will cover Client characteristics and demographics, including: Age, Gender, Race, Disability, Religion, Sexual orientation, Transgender, Economic status
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*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

<b>D. Consultation &amp; Involvement</b>		
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	<p>The Future of Adult Social Care in Trafford - An Over view</p> <p>Supporting People Consultation Plan</p> <p>Proposed Changes to Supporting People funded services</p> <p>Supporting People Market Review</p>
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	<p>Individual consultation meetings with providers</p> <p>Support to provider led service user consultation</p> <p>Service area provider consultation events</p> <p>Service area provider meetings</p> <p>Support from broker organisations</p> <p>Supporting People Commissioning Body</p>
3	<b>**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?</b>	Consultation organised in groups and then on 1:1 basis. Service providers will be supported to involve service users in the consultation.

*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	<b>Positive</b>	<b>Negative (please specify if High, Medium or Low)</b>	<b>Neutral</b>	<b>Reason</b>
<p><b>Gender – both men and women, and transgender;</b></p>		<p>Low overall but Medium in relation to Sheltered housing and Cat 1 accommodation</p>		<p>Gender groups cross a number of SP service areas and as such changes for one client group will impact on this group. Several services are particularly used by women. These include services for victims of domestic abuse, teenage parents, sheltered housing and cat 1 housing.</p> <p>Planned changes to these services will focus on ensuring the continuation of appropriate support linked to community based developments and the use of new ways of working.</p> <p>Consultation meetings to date have indicated that core services will continue to be provided to Sheltered and Cat 1 housing service users. Some providers have indicated that tenants</p>

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			<p>may be charged for services previously subsidised by Supporting people payments .</p> <p>Services to teenage parents will continue to be provided with support prioritised to meet greatest need again incorporating closer working with mainstream CYPS services allowing improvements in service provision to this group.</p> <p>The services supporting victims of domestic abuse will continue to be focussed on the refuge service. Community based support and advice and information will continue to be provided via a range of community based support such as the “Compass” service, Independent Domestic Violence Advocates, Victim Support services and MARAC. A council wide review of advice and information services is being carried out which will ensure improvement in the availability and quality of advice services in Trafford</p>
Pregnant women & women on maternity leave		Low	<p>SP funds specific services particularly aimed at teenage parents and victims of domestic abuse, this group may include pregnant women. Planned changes to these services will focus on safeguarding priority services.</p> <p>Services to teenage parents will continue to be provided with support prioritised to meet greatest need again incorporating closer</p>

				<p>working with mainstream CYPS services</p> <p>The services supporting victims of domestic abuse will continue to be focussed on the refuge service. Community based support and advice and information will continue to be provided via a range of community based support such as the “Compass” service, Independent Domestic Violence Advocates, Victim Support services and MARAC.</p> <p>A council wide review of advice and information services is being carried out which will ensure improvement in the availability and quality of advice services in Trafford</p>
Gender Reassignment			Neutral	<p>The needs of these groups cross SP client groups. SP does not fund specific services for this group and no specific changes are planned which would impact as a result of gender reassignment.</p>
Marriage & Civil Partnership			Neutral	<p>The needs of these groups cross SP client groups. SP does not fund specific services for this group and no specific changes are planned which would impact as a result of marriage or civil partnership.</p>
<b>Race-</b> include race, nationality & ethnicity (NB: the experiences may be different for different groups)		Low		<p>SP does not fund specific services for BME groups, the needs of this group cross SP client groups, and improvements or changes introduced for one client group will also provide support to other client groups. Identified unmet</p>



			<p>needs will be addressed by increases in community based support, the utilisation of new technology and new ways of working linked to personalisation, and locality based services.</p> <p>Access to SP services will be managed in a more focussed way to ensure that these services target those with the highest levels of need. BME communities are known to be over represented in Mental health and the criminal justice service. Consultation has indicated that proposals will have a low impact on these types of services and will allow for the focus of services to meet particular priorities such as Integrated offender management services. The development of the community based Compass support service will allow additional support to be provided. This will be prioritised based on a matrix of support needs and will allow a range of services to be developed to enhance the network of support available in local communities.</p>
<b>Disability</b> – physical, sensory & mental impairments		Low	<p>Disabled people are particularly represented in Sheltered and Cat 1 housing linked to age and disability. As identified below proposed changes will have low to medium impact related to some providers indicating that they may charge for services previously subsidised by Supporting people payments. (See below for further details)</p>

<p><b>Age Group</b> - specify eg; older, younger etc)</p>		<p>medium</p>	<p>The vast majority of the service users supported by SP funding are older people living in Sheltered or Cat 1 housing (accommodation with a community alarm) or eligible to access the home improvement advocacy service, SP also contributes to the provision of specific services for younger people . A comprehensive review of sheltered and Cat 1 services has been completed and a Market review of SP services carried out. The review identified a range of actions to reshape and improve services available to older people by providing for a more targeted service to support older people living within sheltered housing and at the same time establishing new support mechanisms in the wider community. These proposals will not lead to an end to these services. The proposed changes will protect the most valued elements of the scheme manager service and allow greater integration to wider telecare services based on need.</p> <p>The new focus on locality will result in a wider range of support services becoming available to greater numbers of older people.</p> <p>Some providers of sheltered housing and cat 1 housing have indicated that tenants may be charged for services previously subsidised by</p>



	<p>service users to SP services we do not anticipate that changes will have any specific negative impact on this percentage. In order to minimise any impact the Commissioning Body will continue to work with providers and other stakeholders to closely monitor services and understand any unforeseen negative impact and act to mitigate these.</p>
<p>Gender, including pregnancy &amp; maternity, gender reassignment, marriage &amp; civil partnership</p>	<ul style="list-style-type: none"> <li>• We anticipate overall a low /medium negative impact on these groups resulting from the remodelling of SP services. SP funds services that are used by a greater proportion of women, linked to child care responsibilities, domestic abuse and the fact that they tend to live longer. In order to minimise further impact the Commissioning Body will continue to work with providers and other stakeholders to closely monitor services and understand any unforeseen negative impact and act to mitigate these.</li> </ul>
<p>Disability:</p>	<ul style="list-style-type: none"> <li>• We anticipate a low negative impact on these groups resulting from the remodelling of SP services. SP funds make a small contribution to services jointly commissioned with adult social care that are specific to the needs of these groups. In order to minimise any impact the Commissioning Body will continue to work with providers and other stakeholders to closely monitor services and understand any unforeseen negative impact and act to mitigate these. In addition, where we have identified a risk of increased demand on adult social care</li> </ul>

		budgets as a result of the proposals, we have factored this in to ensure people are not at risk of reduced service.
Age:		We anticipate a low /medium negative impact on these groups resulting from the remodelling of SP services. SP funds services that specifically meet the needs of these groups. In order to minimise any impact the Commissioning Body will continue to work with providers and other stakeholders to closely monitor services and understand any unforeseen negative impact and act to mitigate these
Sexual Orientation:		<ul style="list-style-type: none"> <li>We anticipate a neutral impact on these groups</li> </ul>
Religious/Faith groups:		<ul style="list-style-type: none"> <li>We anticipate a neutral impact on these groups</li> </ul>
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	<p>We will minimise any negative impact on some groups by embracing the vision for a reformed care and support system laid out in the white paper “Caring for our future: reforming care and support”. The new system will:</p> <ul style="list-style-type: none"> <li>focus on people’s wellbeing and support them to stay independent for as long as possible</li> <li>introduce greater consistency in access to care and support</li> <li>provide better information to help people make choices about their care and give people more control over their</li> </ul>

		<p>care</p> <ul style="list-style-type: none"> <li>• improve support for carers</li> <li>• improve the quality of care and support</li> <li>• improve integration of different services</li> </ul> <p>Available funding will be used to focus support to those people in the highest need often related to age and disability.</p>
2	Could the policy have an adverse impact on relations between different groups?	No
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	

### G. EIA Action Plan

Recommendation	Key activity	When	Officer Responsible	Links to other Plans eg; Sustainable Community Strategy, Corporate Plan, Business Plan,	Progress milestones	Progress
Supporting People Commissioning Body to continue to	To oversee transformation of services and	Quarterly	Ian Peet		Quarterly minutes and papers	

meet	monitor impact					
Service providers to meet regularly	Provider forums held feedback from providers obtained	Quarterly	Ian Peet		Quarterly minutes and papers	
Planned remodelling of services to focus on meeting the needs of the most vulnerable and to provide community and locality based solutions.	Commissioning activity and specification development.		Ian Peet		New services commissioned	
As appropriate Supporting People funding to be transferred to other budgets headings as required to remove commissioning duplication	Funding transferred to appropriate budgets		Ian Peet Jeremy Kay		Budget monitoring	

Signed  
Lead Officer  
Date

Signed  
Service Head  
Date



## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Relocation of Broome House services to community venues
2	Person responsible for the assessment:	Ian Peet
3	Contact details:	912 5849, ian.peet@trafford.gov.uk
4	Section & Directorate:	C & WB, Adult Social Care, Commissioning and Service Development
5	Name and roles of other officers involved in the EIA, if applicable:	Mark Grimes, Programme Manager, Commissioning and Safeguarding
B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="radio"/> Function <input checked="" type="radio"/>
2	Is this EIA for a new or existing policy or function?	New <input type="radio"/> Existing <input checked="" type="radio"/> Change to an existing policy or function <input type="radio"/>
3	What is the main purpose of the policy/function?	Broome House offers a range of support services to residents of Trafford with Mental Health needs
4	Is the policy/function associated with any other policies of the Authority?	The function is associated with policies regarding adult social care and health services.
5	Do any written procedures exist to enable delivery of this policy/function?	The services delivered from Broome House are commissioned by Adult social care and health commissioners specifications and working

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		protocols are in place.
6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	No
7	Who are the main stakeholders of the policy? How are they expected to benefit?	The main stakeholders are people with mental health needs, service providers and other health and social care services.
8	How will the policy/function (or change/improvement), be implemented?	The proposal is to support the current service provider BlueSCI to relocate services from Broome House and to introduce a range of community based services adopting the hub and spoke principal developed in Partington.
9	What factors could contribute or detract from achieving these outcomes for service users?	If any high/medium negative impacts associated with the proposal cannot be mitigated.
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	Health Partners

### C. Data Collection

1	What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	Adult social care's IT system and reporting process provides extensive monitoring data
2	Please specify monitoring information you have available and attach relevant information*	NA
3	If monitoring has NOT been undertaken,	NA

	will it be done in the future or do you have access to relevant monitoring data?	
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*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

<b>D. Consultation &amp; Involvement</b>		
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	<p>A robust consultation process has been undertaken incorporating easy read documentation and support from partner organisations</p> <p>Individual meetings have been held with the service providers and other stakeholders</p>
3	<b>**</b> What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	Appropriate communication methods will be used.

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*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	<b>Positive</b>	<b>Negative (please specify if High, Medium or Low)</b>	<b>Neutral</b>	<b>Reason</b>
<b>Gender – both men and women, and transgender;</b>	<b>x</b>			<b>The proposal to relocate services from one fixed building to a range of community venues will offer greater accessibility to services, this will be a positive impact on all gender groups allowing access to more localised services and support networks. The move out of an old building with high running costs will allow more funding to be focussed on service delivery rather than upkeep and running costs.</b>
Pregnant women & women on maternity leave			<b>x</b>	
Gender Reassignment			<b>x</b>	

Marriage & Civil Partnership			x	
<b>Race-</b> include race, nationality & ethnicity (NB: the experiences may be different for different groups)	x			<b>The proposal to relocate services from one fixed building to a range of community venues will offer greater accessibility to services, this will provide the opportunity to develop more culturally sensitive services and remove barriers that may arise from a fixed location in one area of the Borough. This will be a positive development potentially impacting on all race groups allowing access to more localised services and support networks</b>
<b>Disability</b> – physical, sensory & mental impairments	x			<b>The proposal to relocate services from one fixed building to a range of community venues will offer greater accessibility to services, this will provide the opportunity to remove barriers that may arise from a fixed location in one area of the Borough. This will be a</b>

				<b>positive development potentially impacting on all disability groups allowing access to more localised services and support networks</b>
<b>Age Group</b> - specify eg; older, younger etc)	<b>x</b>			
<b>Sexual Orientation</b> – Heterosexual, Lesbian, Gay Men, Bisexual people			<b>x</b>	
<b>Religious/Faith groups</b> (specify)			<b>x</b>	

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**As a result of completing the above what is the potential negative impact of your policy?**

**High**

**Medium**

**Low**

<b>F. Could you minimise or remove any negative potential impact? If yes, explain how.</b>	
Race:	
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership	
Disability:	BlueSCI, the provider based at Broome House, is working in partnership with commissioners to identify available locations. BlueSCI has an excellent track record in pursuing and acquiring match funding in order to grow and develop.
Age:	

Sexual Orientation:		
Religious/Faith groups:		
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	N/A
2	Could the policy have an adverse impact on relations between different groups?	N/A
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	N/A

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**G. EIA Action Plan**

<b>Recommendation</b>	<b>Key activity</b>	<b>When</b>	<b>Officer Responsible</b>	<b>Links to other Plans</b> eg; Sustainable Community Strategy, Corporate Plan, Business Plan,	<b>Progress milestones</b>	<b>Progress</b>

<p>If the proposal is accepted an Action plan should be developed by the service provider regarding the relocation of services, the action plan should ensure that the positive impacts associated with the move are realised.</p>	<p>Action Plan developed</p>	<p>March 13</p>	<p>Mark Grimes</p>		<p>Action Plan in place</p>	
<p>Page 118</p>						

Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed  
Lead Officer  
Date

Signed  
Service Head  
Date



## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Care and Repair – Housing Brokerage Service
2	Person responsible for the assessment:	Ian Peet/Merry Leslee
3	Contact details:	5849
4	Section & Directorate:	C & WB, Adult Social Care, Commissioning and Service Development
5	Name and roles of other officers involved in the EIA, if applicable:	Andrea Glaspell, Programme Manager Personalisation Adult Social Care

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B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="radio"/> Function <input checked="" type="radio"/>
2	Is this EIA for a new or existing policy or function?	New <input type="radio"/> Existing <input checked="" type="radio"/> Change to an existing policy or function <input type="radio"/>
3	What is the main purpose of the policy/function?	The provision of an information and advice housing brokerage service
4	Is the policy/function associated with any other policies of the Authority?	The function is associated with policies regarding adult social care.
5	Do any written procedures exist to enable	A detailed service specification is in place

	delivery of this policy/function?	
6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	No
7	Who are the main stakeholders of the policy? How are they expected to benefit?	The main stakeholders are older people and disabled residents living in Trafford the service is focussed on people who are home owners or living in the private rented sector
8	How will the policy/function (or change/improvement), be implemented?	The current service is delivered under contract to Trafford Council, the contract expires in March 13 and it is proposed to not continue the contract after that date.
9	What factors could contribute or detract from achieving these outcomes for service users?	If any high/medium negative impacts associated with ending the contract cannot be mitigated.
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	Trafford Council Housing Renewal Team

### C. Data Collection

1	What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	The service is delivered to older and disabled people.
2	Please specify monitoring information you have available and attach relevant information*	See attached
3	If monitoring has NOT been undertaken,	

	will it be done in the future or do you have access to relevant monitoring data?	
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*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

<b>D. Consultation &amp; Involvement</b>		
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	<p>The Future of Adult Social Care in Trafford - An Over view</p> <p>Supporting People Consultation Plan</p> <p>Individual meetings have been held with the service provider</p>
3	<b>**</b> What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	

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*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	<b>Positive</b>	<b>Negative (please specify if High, Medium or Low)</b>	<b>Neutral</b>	<b>Reason</b>
<b>Gender – both men and women, and transgender;</b>		<b>Low</b>		<b>The proposal may impact more on Women as they make up more of the older population and may require more information and advice regarding home disrepair. The Impact is assessed as low given the availability of similar services that are currently available or could be developed via the Housing Renewal Team and organisations such as Age Concern, Trading Standards and the national Trust Mark service.</b>
Pregnant women & women on maternity leave			<b>x</b>	
Gender Reassignment			<b>x</b>	
Marriage & Civil Partnership			<b>x</b>	

<b>Race-</b> include race, nationality & ethnicity (NB: the experiences may be different for different groups)			<b>x</b>	
<b>Disability</b> – physical, sensory & mental impairments		<b>Low</b>		<b>The proposal will impact on disabled people as they are one of the target groups for the service and may require more information and advice regarding home disrepair. The Impact is assessed as low given the availability of similar services that are currently available or could be developed via the Housing Renewal Team and organisations such as Age Concern, Trading Standards and the national Trust Mark service.</b>
<b>Age Group</b> - specify eg; older, younger etc)		<b>Low</b>		<b>The proposal will impact on Older people as they are one of the target groups for the service and may require more information and advice regarding home disrepair. The Impact is assessed as low given the availability of similar</b>



		organisations such as Age Concern, Trading Standards and the national Trust Mark
Age:		The low negative impact could be minimised by ensuring that alternative sources of obtaining information and advice are made available via the Housing Renewal Team and organisations such as Age Concern, Trading Standards and the national Trust Mark
Sexual Orientation:		
Religious/Faith groups:		
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	N/A
2	Could the policy have an adverse impact on relations between different groups?	N/A
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	N/A

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## G. EIA Action Plan

Recommendation	Key activity	When	Officer Responsible	Links to other Plans eg; Sustainable Community Strategy, Corporate Plan, Business Plan,	Progress milestones	Progress
<p>If the proposal goes ahead an exit strategy is developed with the provider and other stakeholders to ensure a planned transition to alternative sources of advice and information.</p>	Exit strategy developed	March 13	Merry Leslee		Exit Strategy in place	

Please ensure that all actions identified are included in the attached action plan and in your service plan.



Signed  
Lead Officer  
Date

Signed  
Service Head  
Date

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## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Carer services to be provided via personal budgets
2	Person responsible for the assessment:	Ian Peet
3	Contact details:	912 5849, ian.peet@trafford.gov.uk
4	Section & Directorate:	C & WB, Adult Social Care, Commissioning and Service Development
5	Name and roles of other officers involved in the EIA, if applicable:	Mark Grimes, Programme Manager, Commissioning and Safeguarding
B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="radio"/> Function <input checked="" type="radio"/>
2	Is this EIA for a new or existing policy or function?	New <input type="radio"/> Existing <input checked="" type="radio"/> Change to an existing policy or function <input type="radio"/>
3	What is the main purpose of the policy/function?	The current contract in place supports an infrastructure and retainer in order for immediate access to care and support. Previously this service was monitored and supported via Trafford's Control Room. This function has now been passed to Trafford Carers Centre. It is proposed to re-invest a large proportion of the current contract price of £220k via the Personal Budget model. The transfer of the current contract to that of a Personal Budget model will release savings from

		the infrastructure costs currently in place associated with back office and management functions of the current contract.
4	Is the policy/function associated with any other policies of the Authority?	The function is associated with policies regarding adult social care and health services.
5	Do any written procedures exist to enable delivery of this policy/function?	The service will be delivered from the carers centre with written policy and procedure developed with the commissioning team
6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	No
7	Who are the main stakeholders of the policy? How are they expected to benefit?	The main stakeholders are carers for people with social care needs.
8	How will the policy/function (or change/improvement), be implemented?	<p>By promoting the use of Personal Budgets to carers currently in receipt of services delivered by Crossroads. A similar model has been introduced in other local authorities and savings achieved through the assessment and signposting of carers to mainstream provision. It is intended that all current carers of services delivered by Crossroads will be re-assessed and allocated a Personal Budget which can be used to purchase support from the existing homecare framework as well as obtaining support from Crossroads.</p> <p>Current contractual arrangements exist to support back office and infrastructure costs which will not be required within the move to a Personal Budget model. This area will deliver the majority of the savings. The current contract with Crossroads has come to an end and a waiver is in place to support the transition to a Personal Budget model.</p>

9	What factors could contribute or detract from achieving these outcomes for service users?	If any high/medium negative impacts associated with the proposal cannot be mitigated.
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	Trafford Carers Center

### C. Data Collection

1	What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	Adult social care's IT system and reporting process provides extensive monitoring data
2	Please specify monitoring information you have available and attach relevant information*	NA
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	NA

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*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

### D. Consultation & Involvement

1	Are you using information from any previous consultations and/or local/national consultations, research or	
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	practical guidance that will assist you in completing this EIA?	
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	A robust consultation process has been undertaken incorporating easy read documentation and support from partner organisations  Individual meetings have been held with the service providers and other stakeholders
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	Appropriate communication methods will be used.

Page 132 *\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	<b>Positive</b>	<b>Negative (please specify if High, Medium or Low)</b>	<b>Neutral</b>	<b>Reason</b>
<b>Gender – both men and women, and transgender;</b>	<b>x</b>			<b>The provision of services via a personal budget model will give greater to choice and</b>

				<p><b>control to carers. Trafford Carers Centre and carers' representatives have been engaged throughout the consultation.</b></p> <p><b>Crossroads Care in Greater Manchester has demonstrated support and willingness to participate and co-produce the new model.</b></p> <p><b>Carers have the right to purchase from Crossroads Care in Greater Manchester as well as a wide range of alternative services.</b></p>
Pregnant women & women on maternity leave			<b>x</b>	
Gender Reassignment			<b>x</b>	
Marriage & Civil Partnership			<b>x</b>	
<b>Race-</b> include race, nationality & ethnicity (NB: the experiences may be different for different groups)	<b>x</b>			<b>The increased choice and control available to carers will allow more culturally sensitive services to be provided and will assist in the market development of these services</b>
<b>Disability</b> – physical, sensory & mental	<b>x</b>			<b>The provision of services via a personal budget model will</b>

impairments				<b>give greater to choice and control to carers.</b>
<b>Age Group</b> - specify eg; older, younger etc)	<b>x</b>			
<b>Sexual Orientation</b> – Heterosexual, Lesbian, Gay Men, Bisexual people			<b>x</b>	
<b>Religious/Faith groups</b> (specify)			<b>x</b>	

**As a result of completing the above what is the potential negative impact of your policy?**

**High**

**Medium**

**Low**

**F. Could you minimise or remove any negative potential impact? If yes, explain how.**

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Race:	
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership	
Disability:	Trafford Carers Centre and carers' representatives have been engaged throughout the consultation. Crossroads Care in Greater Manchester has demonstrated support and willingness to participate and co-produce the new model. Carers have the right to purchase from Crossroads Care in Greater Manchester as well as a wide range of alternative services.
Age:	



Sexual Orientation:		
Religious/Faith groups:		
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	N/A
2	Could the policy have an adverse impact on relations between different groups?	N/A
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	N/A

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### G. EIA Action Plan

Recommendation	Key activity	When	Officer Responsible	Links to other Plans eg; Sustainable Community Strategy, Corporate Plan, Business Plan,	Progress milestones	Progress
If the proposal is accepted an Action plan will be	Action Plan developed	March 13	Mark Grimes		Action Plan in Place	

<p>developed in partnership with the carers centre, carers and service providers to ensure that the transition to a personal budget model goes smoothly and that the positive impacts associated with the move are realised.</p>						
<p>Page 136</p>						

Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed  
 Lead Officer  
 Date

Signed  
 Service Head  
 Date

## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Older People External Day Support
2	Person responsible for the assessment:	Andrea Glasspell
3	Contact details:	912 4611
4	Section & Directorate:	C & WB, Adult Social Care, Commissioning and Service Development
5	Name and roles of other officers involved in the EIA, if applicable:	Shabina Butt – Communities and Wellbeing Officer, Commissioning, Adult Social Care
B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="radio"/> Function <input checked="" type="radio"/>
2	Is this EIA for a new or existing policy or Function?	New <input type="radio"/> Existing <input checked="" type="radio"/> Change to an existing policy or function <input type="radio"/>
3	What is the main purpose of the policy/function?	To provide meaningful day support opportunities for older people in Trafford, through a personal budget via direct payment, virtual budget or individual service fund
4	Is the policy/function associated with any other policies of the Authority?	The function is associated with policies regarding adult social care.
5	Do any written procedures exist to enable	A detailed service specification is in place.

	delivery of this policy/function?	Personal budget agreements/procedures Think Local Act Personal Tools/guidance
6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	No
7	Who are the main stakeholders of the policy? How are they expected to benefit?	The main stakeholders are older people from BME communities living in Trafford. Accessing the service through a personal budget, will enable people to have more choice and direct control over their support and services, and increase the portability of their service to an alternative if they choose.
8	How will the policy/function (or change/improvement), be implemented?	Decommission externally commissioned day support, reinvesting in personal budget allocation to ensure no overall reduction in places.
9	What factors could contribute or detract from achieving these outcomes for service users?	Resistance to shift to personal budgets, primarily older people services, nationally uptake and interest in PB's from older people low. Providers unwilling to engage and remodel services in line with Personalisation agenda.
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	Finance charging policy Personal Budget Service

### C. Data Collection

1	What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	ACCG – 12 = FACS eligible, non FACS eligible = ? ISCC - 5 FACS eligible, non FACS eligible = ?
2	Please specify monitoring information	

	you have available and attach relevant information*	
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	Incomplete data available, current level of activity of care managed and non care managed places being confirmed between providers and commissioners.

*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

<b>D. Consultation &amp; Involvement</b>		
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	Personalisation Programme from Putting People First and Think Local Act Personal
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	The Future of Adult Social Care in Trafford - An Over view  Budget Proposal Consultation Plan  Individual meetings have been held with the service providers
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	Language barriers have been considered and will be managed through the brokerage functions where appropriate and interpretation support from provider and council staff.

*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	<b>Positive</b>	<b>Negative (please specify if High, Medium or Low)</b>	<b>Neutral</b>	<b>Reason</b>
<b>Gender</b> – both men and women, and transgender;				
Pregnant women & women on maternity leave				
Gender Reassignment				
Marriage & Civil Partnership				
<b>Race</b> - include race, nationality & ethnicity (NB: the experiences may be different for different groups)	<b>x</b>	<b>Low</b>		<b>Service users supported to have greater choice control flexibility in meeting support needs</b> <b>Low Negative - Service users do not want to control/manage own support through a personal budget.</b>
<b>Disability</b> – physical, sensory & mental				

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impairments				
<b>Age Group</b> - specify eg; older, younger etc)	x	<b>Low</b>		<b>Service users supported to have greater choice control flexibility in meeting support needs</b> <b>Low Negative - Service users do not want to control/manage own support through a personal budget.</b>
<b>Sexual Orientation</b> – Heterosexual, Lesbian, Gay Men, Bisexual people				
<b>Religious/Faith groups</b> (specify)	x	<b>Low</b>		<b>Service users supported to have greater choice control flexibility in meeting support needs</b> <b>Low Negative - Service users do not want to control/manage own support through a personal budget.</b>

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**As a result of completing the above what is the potential negative impact of your policy?**

**High**

**Medium**

**Low x**

**F. Could you minimise or remove any negative potential impact? If yes, explain how.**

Race:

In remodelling process, support providers enabled to respond with a virtual budget/ISF model, to enable users to who do not want to manage their PB to also have more choice and control.

Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership	
Disability:	<p>Work is ongoing with service providers to offer virtual personal budgets where older people would not be required to hold a cash budget. Services are not being withdrawn and there is a commitment to continue to fund people with eligible needs via a Personal Budget. There will be no change to their service if people chose to spend their Personal Budget with their current provider.</p> <p>Engagement and co-production with providers has continued over a number of years, developing an understanding of Personalisation through the BME Service Improvement Partnership. We are committed to facilitating access to brokerage support to respond to the needs of BME communities.</p> <p>Support is being provided to share good practice and experiences of other providers who have transformed their services.</p>
Age:	In remodelling process, support providers enabled to respond with a virtual budget/ISF model, to enable users to who do not want to manage their PB to also have more choice and control.
Sexual Orientation:	
Religious/Faith groups:	In remodelling process, support providers enabled to respond with a virtual budget/ISF model, to enable users to who do not want to manage their PB to also have more choice and control.
Also consider the following:	
1	<p>If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity</p> <p>N/A</p>



	for a particular equality group or for another legitimate reason?	
2	Could the policy have an adverse impact on relations between different groups?	N/A
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	N/A

**G. EIA Action Plan**

Page 143	<b>Recommendation</b>	<b>Key activity</b>	<b>When</b>	<b>Officer Responsible</b>	<b>Links to other Plans eg; Sustainable Community Strategy, Corporate Plan, Business Plan,</b>	<b>Progress milestones</b>	<b>Progress</b>
	Develop virtual budget or Individual service fund agreement with service provider.	Develop ISF process and agreement	April 13	Andrea Glasspell/Shabina Butt		Process and agreements in place	


Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed  
Lead Officer  
Date

Signed  
Service Head  
Date

## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Learning Disability
2	Person responsible for the assessment:	Ian Peet
3	Contact details:	912 5849, ian.peet@trafford.gov.uk
4	Section & Directorate:	C & WB, Adult Social Care, Commissioning and Service Development
5	Name and roles of other officers involved in the EIA, if applicable:	Jenny Holt, Service Manager, commissioning and Service Development
B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="radio"/> Function <input checked="" type="radio"/>
2	Is this EIA for a new or existing policy or function?	New <input type="radio"/> Existing <input checked="" type="radio"/> Change to an existing policy or function <input type="radio"/>
3	What is the main purpose of the policy/function?	The provision of care and support services to people with a Learning Disability
4	Is the policy/function associated with any other policies of the Authority?	The function is associated with policies regarding adult social care.
5	Do any written procedures exist to enable delivery of this policy/function?	A detailed service specifications are in place

6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	No
7	Who are the main stakeholders of the policy? How are they expected to benefit?	The main stakeholders are people with a learning disability living in Trafford their families and carers and service providers.
8	How will the policy/function (or change/improvement), be implemented?	The current services are delivered under contract to Trafford Council, services will be redesigned and contracts will be retendered when they expire.
9	What factors could contribute or detract from achieving these outcomes for service users?	If any high/medium negative impacts associated with the proposal cannot be mitigated.
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	

### C. Data Collection

1	What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	Adult social care's IT system and reporting process provides extensive monitoring data
2	Please specify monitoring information you have available and attach relevant information*	NA
3	If monitoring has NOT been undertaken, will it be done in the future or do you	NA

	have access to relevant monitoring data?	
--	--	--

*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

<b>D. Consultation &amp; Involvement</b>		
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	A robust consultation process has been undertaken incorporating easy read documentation and support from partner organisations  Individual meetings have been held with the service providers and other stakeholders
3	<b>**</b> What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	Appropriate communication methods will be used.

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*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Gender – both men and women, and transgender;			x	
Pregnant women & women on maternity leave			x	
Gender Reassignment			x	
Marriage & Civil Partnership			x	
Race- include race, nationality & ethnicity (NB: the experiences may be different for different groups)			x	
Disability – physical, sensory & mental impairments		Low		The proposal will impact on disabled people as they are the target group for the service. The proposal will have a low negative impact related to the tender process and service continuity, This low impact will be mitigated by careful consultation with service users, families and

				<b>other stakeholders and through the involvement of these groups in the tender process</b>
<b>Age Group</b> - specify eg; older, younger etc)			<b>x</b>	
<b>Sexual Orientation</b> – Heterosexual, Lesbian, Gay Men, Bisexual people			<b>x</b>	
<b>Religious/Faith groups</b> (specify)			<b>x</b>	

**As a result of completing the above what is the potential negative impact of your policy?**

**High**

**Medium**

**Low x**

**F. Could you minimise or remove any negative potential impact? If yes, explain how.**

Race:	
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership	
Disability:	The low negative impact will be minimised by ensuring that careful consultation takes place with service users, families and other stakeholders and through the involvement of these groups in the tender process. A requirement to safe guard service continuity will be built in to the tender specification. A process chart has been produced which addresses the approach commissioners and social care professionals will take

to escalate instances of providers refusing to negotiate, if the proposal is agreed.

Discussions are ongoing with the procurement manager concerning capacity required.

The project is being regularly monitored through the Business Delivery Programme Board.

Social care professionals have collated information about individuals' needs and the cost of care packages to identify individuals who are within the project scope. Service users who are due to have their support packages reviewed have been prioritised. Support from the Learning Disability Reablement Service is available.

The process chart will inform the approach commissioners and social care professionals will take to address concerns by service users and family members.

The proposal is a continuation of the transformation programme of work in relation to the re-shaping of services to support adults with a learning disability.

Age:

Sexual Orientation:



Religious/Faith groups:		
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	N/A
2	Could the policy have an adverse impact on relations between different groups?	N/A
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	N/A

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**G. EIA Action Plan**

<b>Recommendation</b>	<b>Key activity</b>	<b>When</b>	<b>Officer Responsible</b>	<b>Links to other Plans eg; Sustainable Community Strategy, Corporate Plan, Business Plan,</b>	<b>Progress milestones</b>	<b>Progress</b>
If the proposal goes ahead a commissioning programme will be	Commissioning programme developed	March 13	Jenny Holt		Commissioning Programme in place	

developed with providers, service users and other stakeholders to ensure a planned re tender of services						
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Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed  
Lead Officer  
Date

Signed  
Service Head  
Date

## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Learning Disability Development fund
2	Person responsible for the assessment:	Ian Peet
3	Contact details:	912 5849, ian.peet@trafford.gov.uk
4	Section & Directorate:	C & WB, Adult Social Care, Commissioning and Service Development
5	Name and roles of other officers involved in the EIA, if applicable:	Jenny Holt, Service Manager, commissioning and Service Development
B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="radio"/> Function <input checked="" type="radio"/>
2	Is this EIA for a new or existing policy or function?	New <input type="radio"/> Existing <input checked="" type="radio"/> Change to an existing policy or function <input type="radio"/>
3	What is the main purpose of the policy/function?	The provision of care and support services to people with a Learning Disability
4	Is the policy/function associated with any other policies of the Authority?	The function is associated with policies regarding adult social care.
5	Do any written procedures exist to enable delivery of this policy/function?	A detailed service specifications are in place

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6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	No
7	Who are the main stakeholders of the policy? How are they expected to benefit?	The main stakeholders are people with a learning disability living in Trafford their families and carers and service providers.
8	How will the policy/function (or change/improvement), be implemented?	The Learning Disability Development Fund is used to promote and pilot services for people with a Learning Disability. The proposal is to refocus some of the fund on maintaining existing core LD services.
9	What factors could contribute or detract from achieving these outcomes for service users?	If any high/medium negative impacts associated with the proposal cannot be mitigated.
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	

### C. Data Collection

1	What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	Adult social care's IT system and reporting process provides extensive monitoring data
2	Please specify monitoring information you have available and attach relevant information*	NA
3	If monitoring has NOT been undertaken, will it be done in the future or do you	NA

have access to relevant monitoring data?
--

*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

<b>D. Consultation &amp; Involvement</b>		
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	A robust consultation process has been undertaken incorporating easy read documentation and support from partner organisations  Individual meetings have been held with the service providers and other stakeholders
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	Appropriate communication methods will be used.

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*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	<b>Positive</b>	<b>Negative (please specify if High, Medium or Low)</b>	<b>Neutral</b>	<b>Reason</b>
<b>Gender</b> – both men and women, and transgender;			<b>x</b>	
Pregnant women & women on maternity leave			<b>x</b>	
Gender Reassignment			<b>x</b>	
Marriage & Civil Partnership			<b>x</b>	
<b>Race</b> - include race, nationality & ethnicity (NB: the experiences may be different for different groups)			<b>x</b>	
<b>Disability</b> – physical, sensory & mental impairments			<b>x</b>	<b>The proposal will impact on learning disabled people as they are the target group for the service. The proposal will have a neutral impact given that the refocus of funds will ensure core services are maintained that otherwise may be reduced. The remaining fund will be used to promote</b>

				<b>new innovative services.</b>
<b>Age Group</b> - specify eg; older, younger etc)			<b>x</b>	
<b>Sexual Orientation</b> – Heterosexual, Lesbian, Gay Men, Bisexual people			<b>x</b>	
<b>Religious/Faith groups</b> (specify)			<b>x</b>	

**As a result of completing the above what is the potential negative impact of your policy?**

**High**

**Medium**

**Low x**

**F. Could you minimise or remove any negative potential impact? If yes, explain how.**

<p>Page 15</p> <p>Race:</p>	
<p>Gender, including pregnancy &amp; maternity, gender reassignment, marriage &amp; civil partnership</p>	
<p>Disability:</p>	<p><b>There will be a good consultation and communication process with service users and families based on our embedded approach to co-production.</b></p> <p><b>We will share positive case studies and new opportunities.</b></p> <p><b>Advocacy and Brokerage support will be provided to people with learning disabilities and their families.</b></p> <p><b>The proposal is aligned to our well established Personalisation Programme.</b></p>
<p>Age:</p>	

Sexual Orientation:		
Religious/Faith groups:		
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	N/A
2	Could the policy have an adverse impact on relations between different groups?	N/A
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	N/A

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### G. EIA Action Plan

Recommendation	Key activity	When	Officer Responsible	Links to other Plans eg; Sustainable Community Strategy, Corporate Plan, Business Plan,	Progress milestones	Progress
If the proposal goes ahead a commissioning	Commissioning programme developed	March 13	Jenny Holt		Commissioning Programme	



programme for the LDDF should be developed with providers, service users and other stakeholders to ensure the best value for money from the fund					in place	
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Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed  
Lead Officer  
Date

Signed  
Service Head  
Date

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## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Provision of Meals Service
2	Person responsible for the assessment:	Ian Peet
3	Contact details:	912 5849, <a href="mailto:ian.peet@trafford.gov.uk">ian.peet@trafford.gov.uk</a>
4	Section & Directorate:	C & WB, Adult Social Care, Commissioning and Service Development
5	Name and roles of other officers involved in the EIA, if applicable:	Mark Grimes, Programme Manager, Commissioning and Safeguarding
B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="radio"/> Function <input checked="" type="radio"/>
2	Is this EIA for a new or existing policy or function?	New <input type="radio"/> Existing <input checked="" type="radio"/> Change to an existing policy or function <input type="radio"/>
3	What is the main purpose of the policy/function?	The provision of a meals service to people in their own homes who lack the capacity to prepare meals for themselves or are nutritionally at risk.
4	Is the policy/function associated with any other policies of the Authority?	The function is associated with policies regarding adult social care.
5	Do any written procedures exist to enable delivery of this policy/function?	The need for a meal service is built into the reablement process and robust assessment tools are in place.

6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	No
7	Who are the main stakeholders of the policy? How are they expected to benefit?	The main stakeholders are people with social care needs who require help with meal preparation. They will benefit from increased choice in terms of the meals they choose to receive.
8	How will the policy/function (or change/improvement), be implemented?	The proposal is not to re-commission the existing meals contract. The current contract is due for renewal and the potential to pursue alternative options is high. The provision of meals via a single supplier has been the traditional method of service provision however as the choice agenda and the range of meals and providers has developed this method of service delivery is no longer best practice. The assessment, reablement and review process will identify people incapable of meal preparation or at nutritional risk, these people will be offered information and support to access a range of meals provided by a host of providers rather than direct provision of a meal service from a single commissioned provider.
9	What factors could contribute or detract from achieving these outcomes for service users?	If any high/medium negative impacts associated with the proposal cannot be mitigated.
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	

### C. Data Collection

1	What monitoring data do you have on the	Adult social care's IT system and reporting process provides extensive
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	number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	monitoring data
2	Please specify monitoring information you have available and attach relevant information*	NA
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	NA

*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

#### D. Consultation & Involvement

1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	A robust consultation process has been undertaken incorporating easy read documentation and support from partner organisations  Individual meetings have been held with the service providers and other stakeholders
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	Appropriate communication methods will be used.

*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

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	<b>Positive</b>	<b>Negative (please specify if High, Medium or Low)</b>	<b>Neutral</b>	<b>Reason</b>
<b>Gender – both men and women, and transgender;</b>	<b>x</b>			<b>The proposal to improve choice and control in meals provision for service users will have a positive impact and will offer greater accessibility to services, this will be a positive impact on all gender groups.</b>
Pregnant women & women on maternity leave			<b>x</b>	
Gender Reassignment			<b>x</b>	
Marriage & Civil Partnership			<b>x</b>	

<p><b>Race-</b> include race, nationality &amp; ethnicity (NB: the experiences may be different for different groups)</p>	<p><b>x</b></p>			<p><b>The proposal to improve choice and control in meals provision for service users will have a positive impact and will offer greater accessibility to services. This will be a positive impact on all race groups.</b></p> <p><b>The new service model will provide the opportunity for service users to receive a more culturally sensitive service. This will be a positive development potentially impacting on all race groups allowing access to more localised services and support networks</b></p>
<p><b>Disability</b> – physical, sensory &amp; mental impairments</p>	<p><b>x</b></p>			<p><b>The proposal to improve choice and control in meals provision for service users will have a positive impact and will offer greater accessibility to services. This will be a positive impact on all disability groups.</b></p>

<b>Age Group</b> - specify eg; older, younger etc)	<b>x</b>			<b>The proposal to improve choice and control in meals provision for service users will have a positive impact and will offer greater accessibility to services. This will be a positive impact on all age groups, particularly the elderly who are more represented in the service user group.</b>
<b>Sexual Orientation –</b> Heterosexual, Lesbian, Gay Men, Bisexual people			<b>x</b>	
<b>Religious/Faith groups</b> (specify)			<b>x</b>	

Age 106

**As a result of completing the above what is the potential negative impact of your policy?**

**High                      Medium                      Low**

<b>F. Could you minimise or remove any negative potential impact? If yes, explain how.</b>	
Race:	
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership	
Disability:	
Age:	The new method of provision will be carefully introduced with



	<p>support and brokerage available to service users so they can choose who to receive meals from, the option for service users to continue to receive meals from the current provider via their individual choice and control will be possible.</p> <p>A comprehensive consultation process began in October 2012, including individual communication with those potentially affected.</p> <p>The current provider is fully engaged in the proposal.</p> <p>There are a wide range of alternative choices for people to access.</p> <p>The most vulnerable will continue to receive a meal where it is part of a bigger package of support.</p> <p>Re-ablement is widely available to new customers to develop people's skills and signpost to alternative provision as required</p>
Sexual Orientation:	
Religious/Faith groups:	
Also consider the following:	
1	<p>If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?</p> <p>N/A</p>
2	<p>Could the policy have an adverse impact on relations between different groups?</p> <p>N/A</p>
3	<p>If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?</p> <p>N/A</p>

**G. EIA Action Plan**

<b>Recommendation</b>	<b>Key activity</b>	<b>When</b>	<b>Officer Responsible</b>	<b>Links to other Plans</b> eg; Sustainable Community Strategy, Corporate Plan, Business Plan,	<b>Progress milestones</b>	<b>Progress</b>
<p>If the proposal is accepted an Action Plan should be developed, the action plan should ensure that the positive impacts associated with the proposal are realised and ensure support is available to new and existing service users to enable them to choose their meals provider</p>	<p>Action Plan developed</p>	<p>March 13</p>	<p>Mark Grimes</p>		<p>Action Plan in Place</p>	


Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed  
Lead Officer  
Date

Signed  
Service Head  
Date

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## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Public Health
2	Person responsible for the assessment:	Ian Peet
3	Contact details:	912 5849, ian.peet@trafford.gov.uk
4	Section & Directorate:	C & WB, Adult Social Care, Commissioning and Service Development
5	Name and roles of other officers involved in the EIA, if applicable:	Jenny Holt, Service Manager, Commissioning and Service Development
B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="radio"/> Function <input checked="" type="radio"/>
2	Is this EIA for a new or existing policy or function?	New <input type="radio"/> Existing <input checked="" type="radio"/> Change to an existing policy or function <input type="radio"/>
3	What is the main purpose of the policy/function?	Trafford Council will become the responsible body for the health of the local population on the 1 <sup>st</sup> April 2013. The specialist Public Health Function in Trafford will transfer to the Council and in conjunction with the shadow Clinical Commissioning Group will develop a collaborative approach to the commissioning of public health services for the citizens of Trafford.

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4	Is the policy/function associated with any other policies of the Authority?	The function is associated with policies regarding adult social care and Health.
5	Do any written procedures exist to enable delivery of this policy/function?	Detailed service specifications and procedural policies are in place for public health services.
6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	No
7	Who are the main stakeholders of the policy? How are they expected to benefit?	The main stakeholders are the people of Trafford.
8	How will the policy/function (or change/improvement), be implemented?	<p>In April 2013 the Public Health function will transfer to the Council, the planning for which is well underway. The transition work has identified the opportunity to create efficiencies across the current Public Health programme which will enable Council budgets to realise a saving linked to commissioning Health and Wellbeing activity and spend.</p> <p>As part of this transition the Council will become responsible for commissioning Sexual Health services which offers an opportunity to integrate sexual health services and to link services to the wider services including drugs and alcohol for particular target groups such as the wider services such as young people, vulnerable adults and other groups at risk of sexual ill health.</p> <p>The current Programme Management approach supporting the transition has identified a number of opportunities linked to planned</p>

tenders of services prior to the transition. In addition the workforce profiling pre the transition has also identified potential opportunities to streamline functions and move towards generic posts, which in turn will release savings and deliver more streamlined service for customers.

Public Health in Trafford, as a result of its integration with the Council, will serve as a powerful vehicle to reduce duplication by integrating its functions with local government and in collaboration with other parts of the system. There are opportunities to align this resource with the Public Health Function to avoid duplication and maximise impact, these will include:

- Research and intelligence
- Health policy
- Environmental health
- Trading standards
- Workplace health
- Emergency planning and response

The Council will become responsible for commissioning comprehensive open-access accessible and confidential contraception and sexually transmitted infection testing and treatment services, for the benefit of people of all ages living in the borough.

The transfer of these services offers great opportunities to integrate sexual health services and to link services to the wider services including drugs and alcohol for particular target groups such as young people, vulnerable adults and other groups at risk of sexual ill health.

9	What factors could contribute or detract from achieving these outcomes for service users?	If any high/medium negative impacts associated with the proposal cannot be mitigated.
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	A collaborative approach to the commissioning of public health services will be developed in conjunction with the shadow Clinical Commissioning Group.

### C. Data Collection

1	What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	Adult social care's IT system and reporting process provides extensive monitoring data
2	Please specify monitoring information you have available and attach relevant information*	NA
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	NA

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*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

### D. Consultation & Involvement

1	Are you using information from any previous consultations and/or local/national consultations, research or	
---	--	--



	practical guidance that will assist you in completing this EIA?	
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	A robust consultation process has been undertaken incorporating easy read documentation and support from partner organisations  Individual meetings have been held with the service providers and other stakeholders
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	Appropriate communication methods have been be used.

*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

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**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	<b>Positive</b>	<b>Negative (please specify if High, Medium or Low)</b>	<b>Neutral</b>	<b>Reason</b>
<b>Gender – both men and women, and transgender;</b>	<b>x</b>			The Public Health proposal will have a positive impact on all gender groups in

				Trafford as a result of its integration with the Council. Women may particularly benefit from improvements in the comprehensive accessible and confidential contraception and sexually transmitted infection testing and treatment services
Pregnant women & women on maternity leave	x			Pregnant women or those on maternity leave may particularly benefit from improvements in the comprehensive accessible and confidential contraception and sexually transmitted infection testing and treatment services
Gender Reassignment	x			
Marriage & Civil Partnership	x			
<b>Race-</b> include race, nationality & ethnicity (NB: the experiences may be different for different groups)	x			
<b>Disability</b> – physical, sensory & mental impairments	x			
<b>Age Group</b> - specify eg; older, younger etc)	x			Younger people may particularly benefit from the improvements in the

				sexual health and contraception services that will result from greater integration with Council services
<b>Sexual Orientation –</b> Heterosexual, Lesbian, Gay Men, Bisexual people	<b>x</b>			
<b>Religious/Faith groups</b> (specify)	<b>x</b>			

**As a result of completing the above what is the potential negative impact of your policy?**

**High**

**Medium**

**Low**

**F. Could you minimise or remove any negative potential impact? If yes, explain how.**

Page 17

Race:	
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership	An internal project group has been established to manage risks in relation to the market and the proposed review. There is strong commissioning expertise, knowledge and experience in the Council.
Disability:	.
Age:	
Sexual Orientation:	
Religious/Faith groups:	
Also consider the following:	

1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	N/A
2	Could the policy have an adverse impact on relations between different groups?	N/A
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	N/A

**G. EIA Action Plan**

<b>Recommendation</b>	<b>Key activity</b>	<b>When</b>	<b>Officer Responsible</b>	<b>Links to other Plans eg; Sustainable Community Strategy, Corporate Plan, Business Plan,</b>	<b>Progress milestones</b>	<b>Progress</b>
If the proposal goes ahead a comprehensive commissioning programme should be developed with Trafford Citizens and other	Commissioning programme developed	March 14	Jenny Holt		Commissioning Programme in place	

stakeholders to ensure the positive benefits resulting from integration are fully realised						

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Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed  
Lead Officer  
Date

Signed  
Service Head  
Date

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## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Katherine Lowe
2	Person responsible for the assessment:	Christine Warner
3	Contact details:	0161976-4320
4	Section & Directorate:	Communities & Wellbeing
5	Name and roles of other officers involved in the EIA, if applicable:	Helen Sattée, & commissioning Directorate
B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="radio"/> Function <input checked="" type="radio"/>
2	Is this EIA for a new or existing policy or function?	New <input type="radio"/> Existing <input type="radio"/> Change to an existing policy or function <input checked="" type="radio"/>
3	What is the main purpose of the policy/function?	To provide 24hr care to the older population of Trafford
4	Is the policy/function associated with any other policies of the Authority?	No
5	Do any written procedures exist to enable delivery of this policy/function?	Yes

6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	
7	Who are the main stakeholders of the policy? How are they expected to benefit?	Residents, families & Carers
8	How will the policy/function (or change/improvement), be implemented?	Through consultation process (see business Case for full details)
9	What factors could contribute or detract from achieving these outcomes for service users?	The final consultation decision
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	No

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### C. Data Collection

1	What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	Katherine Lowe is a 45 bedded home which currently has 18 residents a combination of male and female who are all 65 years+
2	Please specify monitoring information you have available and attach relevant information*	
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	Further monitoring work to be completed depending on outcome of consultation. Further monitoring will include the availability & type of residential placements available within borough. The monitoring will



		also consider race, religion, disability. Out of borough would also be considered dependent on family requests
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*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

<b>D. Consultation &amp; Involvement</b>		
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	The decision to consult on the closure of Katherine Lowe was based on the review of residential care in 2007/08 which confirmed that Katherine Lowe House was not a residential facility that was fit for purpose for the future.
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	To consult with all current Residents, families & carers The consultation process will include initial individual meetings with the above to discuss the council's proposal to close Katherine Lowe House as a 24hr residential facility. All Residents & families will be given the opportunity to comment both verbally and in writing on the proposals. The same process will apply to all staff employed by Katherine Lowe House. (For further information please see business case)
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	Families unable to attend individual meetings.  To ensure that families have written information and telephone contact /support where needed

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*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	<b>Positive</b>	<b>Negative (please specify if High, Medium or Low)</b>	<b>Neutral</b>	<b>Reason</b>
<b>Gender</b> – both men and women, and transgender;	The closure of Katherine Lowe may provide some staff with the opportunity to transfer their skills to other areas of work within the authority	The majority of staff employed by Katherine Lowe are female many of which may be made redundant MEDIUM		
Pregnant women & women on maternity leave				
Gender Reassignment				
Marriage & Civil Partnership				
<b>Race</b> - include race,				

nationality & ethnicity (NB: the experiences may be different for different groups)				
<b>Disability</b> – physical, sensory & mental impairments	The closure of Katherine Lowe could open up opportunities for people to be placed in alternative placements that specialise in dementia related settings offering more accessible facilities	The closure of Katherine Lowe will mean a change of environment for all residents many of them have varying levels of disability, mental impairments (dementia related), visual impairments who rely on familiar surroundings. The impact of the move could cause high levels of disorientation or increased confusion. <b>MEDIUM</b>		
<b>Age Group</b> - specify eg; older, younger etc)	The closure of Katherine Lowe could provide individuals with the opportunity to secure a placement in a home that is fit for purpose and more specific to individual need	Katherine Lowe has a number of residents who are 90+ who see Katherine Lowe as a home for life. The move could cause great distress to this very vulnerable group of people <b>MEDIUM</b>		
<b>Sexual Orientation</b> – Heterosexual, Lesbian, Gay Men, Bisexual people				
<b>Religious/Faith groups</b>				

(specify)

**As a result of completing the above what is the potential negative impact of your policy?**

**High**

**Medium X**

**Low**

**F. Could you minimise or remove any negative potential impact? If yes, explain how.**

Race:

Gender, including pregnancy & maternity,  
gender reassignment, marriage & civil partnership

Disability:

Age:

To offer VR or VER to other similar staffing groups to reduce the impact on Katherine Lowe House staff team

Staff from Katherine Lowe to provide on-going support to residents in new placements for the first couple of weeks in order to provide reassurance and to establish orientation

Social work / social care assessor and Katherine Lowe staff support to be provided to ensure appropriate placements are found (please see attached copy of full support to be offered)  
Timescales can be achieved and are built into the project plan. A project lead has been assigned to ensure the timescale is met, if the proposed is agreed.  
Full and intensive support will be offered to individuals and their families to identify a suitable alternative placement.  
Staff from Katherine Lowe will provide on-going support to residents in new placements for the first couple of weeks in order to provide reassurance and to establish orientation.  
The Age UK Trafford broker will be engaged in the proposed re-location to ensure residents have all the relevant information to enable them to make an informed choice.  
A wide range of alternative placements are available within the external residential care market

Sexual Orientation:		
Religious/Faith groups:		
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	
2	Could the policy have an adverse impact on relations between different groups?	
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	N/A

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### G. EIA Action Plan

Recommendation	Key activity	When	Officer Responsible	Links to other Plans eg; Sustainable Community Strategy, Corporate Plan, Business Plan,	Progress milestones	Progress
Awaiting results of consultation						


Please ensure that all actions identified are included in the attached action plan and in your service plan.

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Signed *C. Warner*  
Lead Officer: Christine Warner  
Date: December 2012

Signed  
Service Head  
Date

## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Pathways & Princess Centre
2	Person responsible for the assessment:	Christine Warner
3	Contact details:	0161976-4320
4	Section & Directorate:	Communities & Wellbeing
5	Name and roles of other officers involved in the EIA, if applicable:	Helen Sattée, & Andrea Glasspell
B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="radio"/> Function <input checked="" type="radio"/>
2	Is this EIA for a new or existing policy or function?	New <input type="radio"/> Existing <input type="radio"/> Change to an existing policy or function <input checked="" type="radio"/>
3	What is the main purpose of the policy/function?	To close the Princess centre and to provide both day care services from the Pathways facility creating a co-located service hub
4	Is the policy/function associated with any other policies of the Authority?	No
5	Do any written procedures exist to enable delivery of this policy/function?	Yes

6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	
7	Who are the main stakeholders of the policy? How are they expected to benefit?	Residents, families & Carers
8	How will the policy/function (or change/improvement), be implemented?	Through consultation process (see business Case for full details)
9	What factors could contribute or detract from achieving these outcomes for service users?	The final consultation decision
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	No

### C. Data Collection

1	What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	N/A
2	Please specify monitoring information you have available and attach relevant information*	N/A
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	N/A



*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

<b>D. Consultation &amp; Involvement</b>		
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	The decision to consult on the co- location of the princess centre & Pathways follows the re-structure of Pathways in 2010 and the commitment of the council to the personalisation agenda
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	To consult with all current service users, families & carers The consultation process will include initial individual meetings with the above to discuss the council's proposal to co-locate the Princess Centre with Pathways at the Meadowside location. All Service users & families will be given the opportunity to comment both verbally and in writing on the proposals. The same process will apply to all staff employed by both the Princess Centre & Pathways
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	Families unable to attend individual meetings.  To ensure that families have written information and telephone contact /support where needed

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*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	<b>Positive</b>	<b>Negative (please specify if High, Medium or Low)</b>	<b>Neutral</b>	<b>Reason</b>
<b>Gender</b> – both men and women, and transgender;				
Pregnant women & women on maternity leave				
Gender Reassignment				
Marriage & Civil Partnership				
<b>Race-</b> include race, nationality & ethnicity (NB: the experiences may be different for different groups)				
<b>Disability</b> – physical, sensory & mental impairments	<b>Service Users</b> The co-location of the two services in one building will			

	<p>bring benefits to service users with a learning disability by improving social inclusion</p> <p><b>Staff</b> The co-location will allow staff to learn new skills and share experience and knowledge and create greater understanding of each other's roles</p>			
<p><b>Age Group</b> - specify eg; (older, younger etc)</p>	<p><b>Service Users</b> The co-location of the two services in one building will bring benefits to older service users by improving social inclusion</p> <p><b>Staff</b> The co-location will allow staff to learn new skills and share experience and knowledge and create greater</p>			

	understanding of each other's roles.			
<b>Sexual Orientation –</b> Heterosexual, Lesbian, Gay Men, Bisexual people				
<b>Religious/Faith groups</b> (specify)				

**As a result of completing the above what is the potential negative impact of your policy?**

**High**

**Medium**

**Low**

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**F. Could you minimise or remove any negative potential impact? If yes, explain how.**

Race:	
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership	
Disability:	<p>Timescales can be achieved and are built into the project plan, based on a robust programme management approach.</p> <p>A business case to support the proposal has been developed. This includes a proposed site plan and development of an additional entrance at Meadowside to ensure appropriate and adequate use of space.</p> <p>The proposal is aligned to the strategic direction of day support services following the original review of the internal and external day support market completed in 2005.</p>
Age:	

Sexual Orientation:		
Religious/Faith groups:		
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	
2	Could the policy have an adverse impact on relations between different groups?	
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	N/A

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### G. EIA Action Plan

Recommendation	Key activity	When	Officer Responsible	Links to other Plans eg; Sustainable Community Strategy, Corporate Plan, Business Plan,	Progress milestones	Progress
Awaiting results of consultation						


Please ensure that all actions identified are included in the attached action plan and in your service plan.

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Signed *C. Warner*  
Lead Officer: Christine Warner  
Date: December 2012

Signed  
Service Head  
Date

## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Introducing Pre-Paid Cards for Personal Budget Recipients
2	Person responsible for the assessment:	Christopher Sharp
3	Contact details:	0161 912 4741 chris.sharp@trafford.gov.uk
4	Section & Directorate:	Financial Services, CWB
5	Name and roles of other officers involved in the EIA, if applicable:	Gaynor Burton, Equality & Diversity Manager

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B. Policy or Function		
1	Is this EIA for a policy or function?	Policy                      Function
2	Is this EIA for a new or existing policy or function?	New <input type="radio"/> Existing Change to an existing policy or function
3	What is the main purpose of the policy/function?	Reduce expenditure on accountancy fees for users with managed accounts, reduce red tape and audit processes, remove barriers preventing wider use of Personal Budgets
4	Is the policy/function associated with any other policies of the Authority?	No other LA policies associated with the proposal
5	Do any written procedures exist to enable delivery of this policy/function?	Business Delivery Board have approved a decision to introduce eligibility criteria for the payment of accountancy fees. Implementation and Action plan for delivering function has been completed.

6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	No
7	Who are the main stakeholders of the policy? How are they expected to benefit?	Service users are the main stakeholders - it will radically reduce the amount of time spent auditing the account with more time dedicated to planning and organising services.
8	How will the policy/function (or change/improvement), be implemented?	Phased implementation starting with users who already self-manage their Personal Budget through to people who have managed accounts with an account.
9	What factors could contribute or detract from achieving these outcomes for service users?	Pre-Paid Cards are still optional which could mean that if people elect to have a bank account that paper audits will still be needed which are labour intensive and paper heavy.
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	Financial Services and Direct Payments/Personal Budget Team

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<b>C. Data Collection</b>		
1	What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	The use of a pre-paid card should break down some of the barriers which may prevent a user opting for a personal budget via a Direct Payment due to reduction in audit and paperwork. Cards are available to anyone however some users may be change reluctant.
2	Please specify monitoring information you have available and attach relevant information*	
3	If monitoring has NOT been undertaken, will it be done in the future or do you	Monitoring will be completed after the pilot scheme. There is no expectation at the moment that any equality groups will be impacted by



	have access to relevant monitoring data?	this proposal in a negative way because the Pre-Paid Card is an option for a Budget Holder. The user can still opt to have PB paid into a bank account. No stats have been gathered regarding visually impaired service users but where needed "suitable people" do represent.
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*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

<b>D. Consultation &amp; Involvement</b>		
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	Benchmarking from other LA's who already use Pre-Paid Cards, partnership working with Citizens Reference Board & Carers Centre.
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	Workshops with Service Users Planned, Instruction Guides, Frequently Asked Questions and Information Leaflets will all be used to target groups of service users. At the moment Pre-paid Cards are optional but coincide with the decision to implement eligibility criteria for the payment of accountancy fees therefore users will need to indicate a preference for using their own funds to continue a managed account or have a prepaid card.
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	Service Users may not understand the proposal hence the implementation of a customer helpline and liaison with major service providers and partners.

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*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	<b>Positive</b>	<b>Negative (please specify if High, Medium or Low)</b>	<b>Neutral</b>	<b>Reason</b>
<b>Gender</b> – both men and women, and transgender;				
Pregnant women & women on maternity leave				
Gender Reassignment				
Marriage & Civil Partnership				
<b>Race</b> - include race, nationality & ethnicity (NB: the experiences may be different for different groups)				
<b>Disability</b> – physical, sensory & mental impairments	<b>X</b>			Breaks down barriers in managing Personal Budgets. Less paperwork for clients
<b>Age Group</b> - specify eg; older, younger etc)		<b>X</b>		Older generation may be reluctant to use card to pay for care services, they may not have the technical ability to use the internet to make payments or may not even have a computer.

<b>Sexual Orientation –</b> Heterosexual, Lesbian, Gay Men, Bisexual people				
<b>Religious/Faith groups</b> (specify)				

**As a result of completing the above what is the potential negative impact of your policy?**

**High**

**Medium**

**Low**

**F. Could you minimise or remove any negative potential impact? If yes, explain how.**

Race:	
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership	
Disability:	
Age:	<p>Telephone banking/Customer Service option available if people do not have access to the internet. Visit service users to explain how to use the cards. The pre-paid card is still optional for service users.</p> <p>The Pre-Paid Card has already been piloted and proven popular with Direct Payment users as it simplifies the audit process.</p> <p>Eligibility criteria has been developed which ensure that the most vulnerable customers can continue to receive accountancy support.</p>
Sexual Orientation:	

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Religious/Faith groups:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	
2	Could the policy have an adverse impact on relations between different groups?	
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	

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### G. EIA Action Plan

Recommendation	Key activity	When	Officer Responsible	Links to other Plans eg; Sustainable Community Strategy, Corporate Plan, Business Plan,	Progress milestones	Progress
Phased Implementation of Cards	Phase One – Self Managed Accounts Phase Two – Managed	October 12  December 12	C Sharp/ D Baker	Business Plan	P1 complete  P2 complete	

	Accounts Phase Three – Managed Accounts – Personal Assistants	May 13				
Arrange Rolling Contract	Arrange with current pilot provider for rolling contract at end of contract to mitigate the risk of leaving users without funds					
Analyse Savings and Efficiency Improvement	Spend & Time and Motion Analysis	April 13	C Sharp			
Evaluate user experience	Attend Citizen’s reference board, questionnaire to users	Feb 13	C Sharp			

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Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed  
Lead Officer  
Date

Signed  
Service Head  
Date

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6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	Fairer Charging Policy is applied to all LA funded Community Care Service Users and is clearly defined
7	Who are the main stakeholders of the policy? How are they expected to benefit?	Service users are the main stakeholders however they are not expected to benefit because some will pay more for their services.
8	How will the policy/function (or change/improvement), be implemented?	12 week consultation between September and December with all Service Users outlining the proposal with the Executive Committee making the final decision on any changes in January. Any change would be implemented in April 2013 at the start of the benefit year with all users being notified of any change in January 2013.
9	What factors could contribute or detract from achieving these outcomes for service users?	Service Users may cancel their services as a result of having to pay more per hour for home care, day care however the LA full cost rate is less than private rates of care.
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	None

### C. Data Collection

1	What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	<p>2283 users have service.</p> <p>590 of these are full cost leaving 1693 service users who could have subsidy removed.</p> <p>However, many of these clients are already being invoiced their maximum assessed contribution. The proposal would financially impact on 157 clients. Of 157 clients 81 of these are female and over 65 years of age, 56 are male aged over 65, 10 are female under 65 and 10 male under 65.</p>
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		The average increase to a weekly charge would be £14.00 per week. The largest increase would be about £60.00 per week.
2	Please specify monitoring information you have available and attach relevant information*	Raw data for figures above are attached
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	

*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

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#### **D. Consultation & Involvement**

1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	<p>Experience from two previous consultations has highlighted that service users have been unhappy at the short implementation time for changes after they have been agreed. Short timescales for implementation do not allow users to make decision about their services and rearrange finances. As much notice as possible needs to be given if proposals are agreed.</p> <p>Legal advice is that a 12 week consultation is required for changes to the Charging Policy and it must involve all service users.</p> <p>As with similar consultations a customer helpline will be implemented to explain proposals and log the responses.</p>
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2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	Consultation period September 2012 to December 2012. All service users will be contacted in writing outlining the changes. A helpline service will be made available during the consultation. In some cases the department may visit to discuss proposals with the service users. Trafford will also advise Trafford Carers Centre, AgeUk, home care providers and other key partners about the proposals
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	Service Users may not understand the proposal hence the implementation of a customer helpline and liaison with major service providers and partners. The initial advisory letter will feature worked examples showing how people may be affected.

*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	<b>Positive</b>	<b>Negative (please specify if High, Medium or Low)</b>	<b>Neutral</b>	<b>Reason</b>
<b>Gender</b> – both men and women, and transgender;		Medium		Although 157 people will pay an increased amount per month they will not be invoiced above their assessed maximum in line with the Fairer Charging Policy The statistics of people affected by the proposal indicates more women will be affected than men however this is reflected by the overall funding sway towards women which is 60%.
Pregnant women & women on maternity leave				
Gender Reassignment				
Marriage & Civil Partnership				
<b>Race-</b> include race, nationality & ethnicity (NB: the experiences may be different for different groups)				
<b>Disability</b> – physical,			<b>Low</b>	There will be no impact on users

sensory & mental impairments				with the proposal and with future changes to Housing Benefit and Council Tax. If people have to start to pay rent or housing allowances this can be offset in financial assessments.
<b>Age Group</b> - specify eg; older, younger etc)		<b>Medium</b>		Proposal would affect 137 people over age of 65 and 20 under age of 65 but that % is in line with the overall amount of people funded. Older people tend to have higher income, due to having Retirement Pensions and or Occupational Pensions therefore it is expected that they would pay more up to the level of their assessed charge
<b>Sexual Orientation</b> – Heterosexual, Lesbian, Gay Men, Bisexual people				
<b>Religious/Faith groups</b> (specify)				

**As a result of completing the above what is the potential negative impact of your policy?**

**High**

**Medium**

**Low**

**F. Could you minimise or remove any negative potential impact? If yes, explain how.**

Race:

Offer a financial assessment if a service user feels that the assessed charge is too high. This Charging Policy is solely

		based on a means test which is not associated with race. Any user may appeal against their charge by contacting the CCS Team Leader but must provide written evidence of expenditure. Ensure service user's income is maximised by claiming any missing benefits to they are entitled which could help to pay towards care fees.
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership		N/A
Disability:		Invite service users who may be affected by Local Housing Allowance changes for reassessment because we can allow for any rent or council tax payments
Age:		Offer a financial assessment if a service user feels that the assessed charge is too high. This Charging Policy is solely based on a means test which is not associated with race. Any user may appeal against their charge by contacting the CCS Team Leader but must provide written evidence of expenditure. Ensure service user's income is maximised by claiming any missing benefits to they are entitled which could help to pay towards care fees.
Sexual Orientation:		N/A
Religious/Faith groups:		N/A
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	
2	Could the policy have an adverse impact on	The charging policy currently differentiates between users who

	relations between different groups?	have capital above £23250 by charging different unit costs for different services. The proposal aligns unit cost to one rate for everyone.
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	

### G. EIA Action Plan

Recommendation	Key activity	When	Officer Responsible	Links to other Plans eg; Sustainable Community Strategy, Corporate Plan, Business Plan,	Progress milestones	Progress
Invite service users who may be affected by Local Housing Allowance changes for reassessment	Write to all users offering a financial assessment if they have been affected by changes	April 2013	R Lumb			

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<p>Offer Financial Reassessment for all service users who have an assessed charge. There may be users who now have more income and failed to declare this.</p>	<p>Write to service users in March 2013 with notification of new assessed charge. Improved Data Sharing with DWP may also improve this</p>	<p>April 2013</p>	<p>R Lumb</p>			
<p>Write to service users with proposal details explaining how they may be affected.</p>	<p>Offer financial assessment</p>	<p>October 2012</p>	<p>C Sharp</p>			

Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed  
Lead Officer  
Date

Signed  
Service Head  
Date

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## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Council and Partner wide review of Information and Advice services – review stage
2	Person responsible for the assessment:	Alison Harney
3	Contact details:	0161-912-4078, Alison.harney@trafford.gov.uk
4	Section & Directorate:	Transformation Team, Transformation & Resources
5	Name and roles of other officers involved in the EIA, if applicable:	Linda Harper – Senior Responsible Officer Andrea Glasspell & Gillian Renshaw
B. Policy or Function		
1	Is this EIA for a policy or function?	Function
2	Is this EIA for a new or existing policy or function?	Existing – potential change to an existing function
3	What is the main purpose of the policy/function?	The Information and Advice function is aimed at providing citizens of Trafford with the Information and Advice services they need.
4	Is the policy/function associated with any other policies of the Authority?	The Information and Advice Review Programme Board has identified the forthcoming Welfare Reforms as a Policy that we need to consider when forming proposals for Information and Advice in the future.
5	Do any written procedures exist to enable delivery of this policy/function?	Yes. All Information and Advice service providers have operational polices by which they operate to deliver quality Information and Advice

		services to citizens of Trafford. There may be changes needed to policies as part of future proposals although these will not be known until the findings and recommendations from the reviews are agreed in April 2013.
6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	This is not known at this stage although any areas will be identified during the reviews. The reviews aim to identify areas of good practice that can be shared across providers as well as any areas of duplication.
7	Who are the main stakeholders of the policy? How are they expected to benefit?	Stakeholders of the Information and Advice Service Provider policies include all Trafford citizens, Members, Trafford Staff, Service Providers (internal to Trafford and commissioned services/partner agencies).  Benefits include provision of improvements to the quality and accuracy of Information and Advice to Trafford citizens. These will be by way of a suite of recommendations for implementation which will enable improvement to the customer experience/journey.
8	How will the policy/function (or change/improvement), be implemented?	The function improvement will be delivered over a period of time from April 2013 through to March 2015. Currently reviews are taking place with all internal Information and Advice service providers as well as external service providers who provide Information and Advice on behalf of the Council.  A council and partner wide Programme Board is overseeing the review and will be agreeing an implementation plan during April 2013 to be taken forward from April 2013 onwards.  The Implementation plan will contain all necessary consultation activities depending on the recommendations coming from the review which will not be informed until March 2013.

9	What factors could contribute or detract from achieving these outcomes for service users?	<p>One of the key building blocks needed to realise our vision ‘<b>To provide clear, accurate and accessible information and advice to Trafford residents when they need it, whilst providing a value for money service.</b>’</p> <p>The need is for all Trafford internal service providers and external service providers to work together. To facilitate this programme, governance has been established which ensures that all parties are represented on the Programme Board and have agreed to abide by the following principles:-</p> <ul style="list-style-type: none"> <li>∇ Work collaboratively or combine services beyond traditional boundaries of the Council to achieve a more streamlined and efficient offer to citizens</li> <li>∇ Aim to deliver an equivalent or better service</li> <li>∇ Design solutions from a customer perspective</li> <li>∇ Engage with people at the design stage</li> <li>∇ Co-produce proposals to meet service needs</li> <li>∇ Re-design services geared to meet specialist service needs</li> <li>∇ Ensure all services have service standards</li> <li>∇ Maximise productivity of staff through effective support services and enabling technology</li> <li>∇ Be transparent and honest from the outset</li> </ul> <p>Programme Board members meet monthly and have regular dialogue between meetings on important issues.</p>
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	<p>Responsibility for the Information and Advice service lies with Trafford Council and partners across the Borough. These include:-</p> <p>Bluesci Age UK Trafford Citizen’s Advice Trafford African Caribbean Care Group</p>

	<p>Stroke Association  Trafford Law Centre  Trafford Housing Trust  HOST  Health Commissioners  PULSE  Trafford Centre for Independent Living  LINKs  Trafford Carer's Centre  VCAT</p> <p>Each of the above organisations are represented on the Programme Board and are working in collaboration with the Council to carry out the Information and Advice services reviews.</p>
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### C. Data Collection

1	<p>What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?</p>	<p>As part of the 24 service provider reviews taking place to inform the overall Information and Advice review the Council and Partner wide review team are gathering service user information in terms of the age profiles and equality groups of all Trafford citizens who use the service. Having an agreed shared vision for the Programme <b>“To provide clear, accurate and accessible information and advice to Trafford residents when they need it, whilst providing a value for money service.”</b> means that whatever proposals are put forward by the Council and Partner wide collaborative Programme Board these will ensure that Information and Advice services are accessible to all.</p>
2	<p>Please specify monitoring information</p>	<p>As Information and Advice is provided to all Trafford citizens across the</p>

	you have available and attach relevant information*	Borough the overall population data for Trafford is relevant.
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	Further monitoring information will be considered as proposals for implementation are identified post April 2013.

*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

#### **D. Consultation & Involvement**

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1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	<p>There have been consultations undertaken previously with regard to Information and Advice service reviews although the scope of the review was restricted to Information and Advice services commissioned through the Communities and Wellbeing directorate.</p> <p>Information with regard to the EIA from the previous review is being considered to support completion of this EIA.</p>
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	<p>A Programme of Customer Engagement is taking place in February 2013 aimed at both validating findings from the reviews with Service Providers as well as capturing the current customer journey through information and advice services to identify areas for improvement in service delivery.</p> <p>The engagement plan will include focus groups with existing service users to capture their experience of Information and Advice services within Trafford as well as their aspirations for future service delivery.</p> <p>There will also be wider engagement activity with Trafford citizens out in</p>

		<p>the community being asked about their experience of Information and Advice services within Trafford and would they know where to go to in order to access Information and Advice services within Trafford.</p> <p>Once the high level review activity concludes in March 2013 there will be a set of recommendations put forward to the collaborative Programme Board who will agree any recommendations to be included within an implementation plan to be taken forward from April 2013.</p> <p>As the recommendations are not yet known it is envisaged that any proposals for changes to Information and Advice services that are to be taken forward will be consulted upon with all necessary groups. Particular focus will be applied to groups of citizens who are likely to have more reliance on Information and Advice services following implementation of the Welfare Reforms which are currently being investigated. The Information and Advice review received particular attention from Scrutiny Committee in light of the Welfare Reforms and the Programme Board have included Welfare Reforms as an interdependency and are taking appropriate action to ensure that the future delivery model for Information and Advice is robust and capable of flexing to peaks and troughs in demand.</p> <p>Strong links made with the Welfare Reforms Steering Group will ensure that any common objectives are discussed and progressed collaboratively.</p>
3	<p>**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?</p>	<p>There are no perceived barriers to consultation with any groups as the collaborative Programme Board who represent the citizens receiving Information and Advice are fully supportive and engaged in the review.</p>

All Programme Board members are able to attend meetings at a convenient time and in an accessible location and Programme Board meetings have been very well attended to date by internal Council representatives and also external service provider representatives.

In terms of the review going forward and further consultation activity that will be required as proposals are identified, consideration will be given to removing barriers that may exist. For example, in terms of providing alternative language translation of consultation documents as well as considering the needs of parents in terms of childcare arrangements to allow them to attend consultation events. For example, considering holding sessions for parents in children's centres and making the consultation brief so that childcare isn't needed. These will be considered during the consultation planning once proposals are identified.

*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	<b>Positive</b>	<b>Negative (please</b>	<b>Neutral</b>	<b>Reason</b>
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		specify if High, Medium or Low)		
<b>Gender</b> – both men and women, and transgender;			X	<b>As one of the key underlying principles of the review is to deliver an equivalent or better service there is no perceived negative impact to this group currently. The service reviews will aim to identify if there are any areas of inequality of Information and Advice provision on the grounds of gender.</b>
Pregnant women & women on maternity leave			X	<b>As one of the key underlying principles of the review is to deliver an equivalent or better service there is no perceived negative impact to this group currently. The service reviews will aim to identify if there are any areas of inequality of Information and Advice provision to pregnant women and women on maternity leave.</b>
Gender Reassignment			X	<b>There is no perceived negative impact to this group currently.</b>
Marriage & Civil Partnership			X	<b>There is no perceived impact to this group currently.</b>



<p><b>Race-</b> include race, nationality &amp; ethnicity (NB: the experiences may be different for different groups)</p>			<p>X</p>	<p><b>As one of the key underlying principles of the review is to deliver an equivalent or better service there is no perceived negative impact to this group. The service reviews will aim to identify if there are any areas of inequality or gaps in Information and Advice provision on the grounds of race. For example, provision of Information and Advice in different languages will be considered as part of the reviews.</b></p>
<p><b>Disability</b> – physical, sensory &amp; mental impairments</p>			<p>X</p>	<p><b>As one of the key underlying principles of the review is to deliver an equivalent or better service there is no perceived negative impact to this group. The service reviews will aim to identify if there are any areas of inequality or gaps in Information and Advice provision on the grounds of disability. For example, accessibility of Information and Advice has been recognised as a key consideration for a future</b></p>

				<b>Information and Advice delivery model.</b>
<b>Age Group</b> - specify eg; older, younger etc)			X	<b>As one of the key underlying principles of the review is to deliver an equivalent or better service there is no perceived negative impact to this group. The Programme Board have requested that as part of the Customer Engagement Plan views of people of all ages are considered and factored in to the future delivery model for Information and Advice.</b>
<b>Sexual Orientation</b> – Heterosexual, Lesbian, Gay Men, Bisexual people			X	<b>There is no perceived impact to this group currently.</b>
<b>Religious/Faith groups</b> (specify)			X	<b>There is no perceived impact to this group currently.</b>

**As a result of completing the above what is the potential negative impact of your policy?**

**Low**

<b>F. Could you minimise or remove any negative potential impact? If yes, explain how.</b>	
Race:	<p>Ensuring all Information and Advice services continue to provide accessible information and advice to all which is in line with the vision for the Programme.</p> <p>For example, as part of the review implementation we will need</p>

	to consider the provision of Information and Advice in alternative languages by any given media.
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership	<p>Ensuring all Information and Advice services continue to provide accessible information and advice to all which is in line with the vision for the Programme.</p> <p>For example, as part of the review implementation we will need to ensure that the Benefits Information and Advice needed by people is readily available and accessible to all.</p>
Disability:	<p>Ensuring all Information and Advice services continue to provide accessible information and advice to all which is in line with the vision for the Programme.</p> <p>For example, as part of the review implementation we will need to consider physical adaptations needed to buildings/offices where people expect to receive face to face Information and Advice and channels for delivering information and advice.</p>
Age:	<p>Ensuring all Information and Advice services continue to provide accessible information and advice to all which is in line with the vision for the Programme.</p> <p>For example, we will need to ensure that Information and Advice provided in the future caters for the needs of all ages.</p>
Sexual Orientation:	<p>Ensuring all Information and Advice services continue to provide accessible information and advice to all which is in line with the vision for the Programme.</p> <p>For example, as part of the review implementation we will need to consider if there are any specialist information and advice</p>

		services that should be provided where there is no current service provision.	
Religious/Faith groups:		<p>Ensuring all Information and Advice services continue to provide accessible information and advice to all which is in line with the vision for the Programme.</p> <p>For example, there may be an opportunity to provide Information and Advice via local faith based food banks as many vulnerable residents presenting at the food banks may have wider needs and could be signposted via the foodbanks.</p>	
Also consider the following:			
Page 226	1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	No impact identified currently.
	2	Could the policy have an adverse impact on relations between different groups?	No impact identified currently.
	3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	The review is aimed at promoting equal opportunity in equal access to the service and by providing information and advice to those who require it.

### G. EIA Action Plan

Recommendation	Key activity	When	Officer Responsible	Links to other Plans eg; Sustainable Community Strategy, Corporate Plan,	Progress milestones	Progress

				Business Plan,		
Page 227	Once the outcome of the high level review stage is known re-visit the EIA to re-assess what further actions need to be taken with regard to data collection and consultation.	April 2013	Alison Harney			
	Include consultation activities within the Implementation Plan	April 2013	Alison Harney			
	Review the outcome from the Welfare Reforms impact assessment to inform the future delivery model.	April 2013 onwards	Alison Harney			

	Take forward consultation events as and when defined within the Implementation Plan.	April 2013 onwards until review completion March 2015.	Linda Harper			
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Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed  
Lead Officer  
Date

Signed  
Service Head  
Date

**TRAFFORD COUNCIL**

**Report to:** Executive  
**Date:** 4 March 2013  
**Report for:** Information  
**Report of:** Executive Member for Transformation & Resources

**Report Title**

**TRANSFORMATION PROGRAMME & BENEFIT REALISATION 2012/13**

**Summary**

**This report provides**

- **An update on Transformation Team activity across 2012/13**
- **A financial summary of all initiatives being monitored by the Board**
- **Information about the Transformation Programme for 2013/14.**

**100% of all Transformation savings have now been achieved. Overall the forecast is that the savings will be £7.230m, which is £0.014m over budget.**

**Recommendation(s)**

**The report be noted.**

**Contact person for access to background papers and further information:**

Name: Sarah Maynard  
 Extension: x1222

Relationship to Policy Framework/Corporate Priorities	The successful delivery of the Transformation programme and savings will positively impact on the delivery of the corporate priorities.
Financial	This report presents the latest position on the Transformation savings and wider MTFP savings for 2012/13
Legal Implications:	Not applicable
Equality/Diversity Implications	Not applicable
Sustainability Implications	Not applicable
Staffing/E-Government/Asset Management Implications	This report outlines the current position of the Transformation Team's capacity
Risk Management Implications	This report outlines the transformation programme for 2013/14 and how the remaining capacity in Transformation Team will be utilised to deliver this.
Health and Safety Implications	Not applicable

## 1. Update on Transformation Team activity across 2012/13

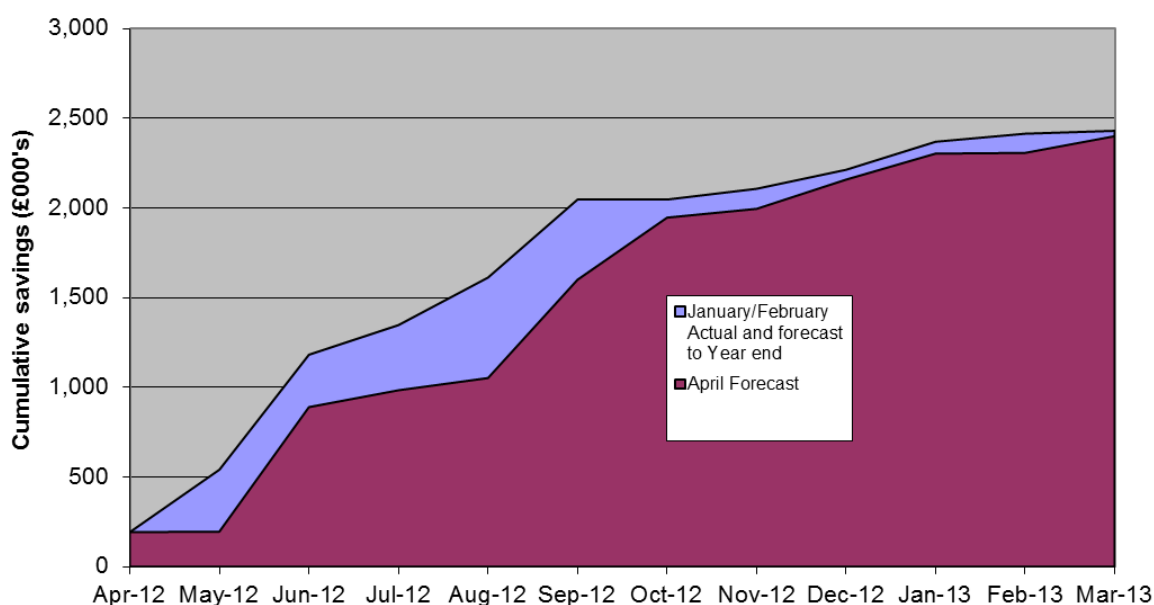
- i. The total Transformation savings realised up to the end of 2012/13 have been wide-ranging and amount to over £20m, many of which have been supported by Transformation Team:
  - SWITCh (£2m cost avoidance across the 3 councils),
  - CCTV installation at GMP (£67k)
  - Finance review (£500k, over 2010-13); training review (£160k); libraries (£231k)
  - Welfare Reforms: Council Tax, & Social Fund (£1.4m reduced budget pressure)
  - Long term accommodation (£5m)
  
- ii. In addition, the team has also been supporting the delivery of savings for 2013 – 2015, for example:
  - Council wide service reviews: Revenues and Benefits (£50k); Enforcement (£62k); Information & Advice (£250k); CYPs/CWB Integration (£240k)
  - Stockport (£15k), NHS Integration (£300k), Libraries (£173k)
  - LGG mutualisation (£112k)
  
- iii. The value added and outcomes of benefit to the council facilitated by the Transformation team include:
  - Increased, specialist capacity to deliver the programme, at a time of risk to service quality & delivery
  - Increased internal capabilities and capacity
  - Robust programme governance yielding benefits realisation ahead of schedule for 2011/12 & 2012/13
  - Objective challenge and support to push innovative thinking
  - Team costs delivered through project savings
  - Skills & culture transfer
  - Senior managers now see transformation activity as an integral part of their business as usual, enabling the Transformation Team skill set to be exploited to deliver the Councils Vision for 2015
  - Council project management methodology & lifecycle
  - Visibility and accountability of programme in its entirety to internal and external stakeholders; thereby reducing duplication, managed interdependencies and collaboration opportunities maximised.
  
- iv. As stated, the Transformation Team has supported the monitoring/delivery of over £20m in recurring savings since 2010, at a cost of c.£1.1m/year; expressed on a cumulative basis the total savings are £44m whilst the cost of the team has been £3.3m over the same period. Funding from the earmarked reserve, which was set up in 2009 for Transformation, has only been drawn on this year to help fund the team.



## 2. Financial summary of all initiatives being monitored by the Transformation Board

- v. The total 2012/13 savings target is £12.161m being split between Transformation, £7.216m, and 'other business changes' (OBC) £4.945m.
- vi. A significant proportion of the savings (£4.816m) were achieved by the start of the financial year and a further £2.414m has been realised from April 2012 to February 2013. There have been £7.230m Transformation savings realised cumulatively.
- vii. Savings to date are £0.066m ahead of forecast as action to achieve savings has been completed ahead of plan. The following chart shows actual savings to date compared to forecast and the revised profiling forecast.

**Movement in Savings Profile**



- viii. The total Transformation savings in the financial year will amount to £7.230m. This is £0.014m above budget. The 68 different OBC savings are not individually profiled and monitored on a monthly basis. However if any major OBC saving (over £50k) is not being achieved, an exception report is provided. OBC savings already achieved as at 1<sup>st</sup> April 2012 were £2.541m. Progress to date is shown in the table below:

### Transformation Breakdown by Directorate

	Jan 13		2012/13 Forecast			
	12/13 MTFP Budget Savings (£000's)	Savings to Date (£000's)	12/13 One-Off Savings (£000's)	12/13 Part Year Effect (£000's)	Total Savings (£000's)	12/13 Surplus/ (Shortfall) (£000's)
CYPS	1,660	1,660	0	1,660	1,660	0
C&WB	3,959	3,973	0	3,973	3,973	14
ETO	875	875	0	875	875	0
EGP	206	206	86	120	206	0
T&R	516	516	50	466	516	0
C-W	0	0	0	0	0	0
<b>Sub-Total</b>	<b>7,216</b>	<b>7,230</b>	<b>136</b>	<b>7,094</b>	<b>7,230</b>	<b>14</b>
Jan/Feb	7,216	7,216	136	7,094	7,230	14
Movement	0	14	0	0	0	0
<b>OBC</b>	<b>4,945</b>	<b>4,544</b>	<b>0</b>	<b>4,945</b>	<b>4,945</b>	<b>0</b>
<b>Total</b>	<b>12,161</b>	<b>11,774</b>	<b>136</b>	<b>12,039</b>	<b>12,175</b>	<b>14</b>

- ix. There are 3 projects which had savings at risk in the last quarter of 2012/13, but action has been taken to ensure the full transformation savings target is met:

Project	Savings at risk & reason	Mitigation
Additional income from locally determined application fees	£86k  the legislation change required for the original saving has been delayed indefinitely nationally	Alternative savings have been found in 2012/13 and a 15% national increase in fees from November 12 will ensure the savings are fully achieved in 2013/14.
Offer CCTV to other organisations	£50k  Only £10k additional income has been achieved in the year.	It is expected that additional income will be achieved in 2013/14. Other savings within T&R have offset the 2012/13 shortfall
Home To School Transport	£45k  CYPS anticipate that of the total saving of £250k, the outstanding funding of £45k will still be found from project activity, but could be realised later than expected.	The funding has been identified from an alternative source to cover any shortfall if required.

- x. The projects listed below have been fully realised and completion has been agreed during April 2012 to February 2013; savings total £2.414m.

<b>Projects fully realised and agreed complete</b>	<b>Project savings</b>
I205 Personalisation	150
T206 Home to School Transport	500
T207 Market Management	200
T218 CWB IBU Management & Back Office review	120
T217 New models of service in Learning Disabilities	314
T213 Physical Disabilities Direct Payments and Reablement	100
T214 Safer Stronger Community Hub - Staffing restructure	32
T214 Safer Stronger Communities Business Support Officer restructure	65
T221 Review of operational services for Education	70
T225 Review of Public Protection	195
T16 Adoption of a Corporate Landlord approach across the Organisation	100
T220 Reduction in Community Lettings team (Management)	20
T219 Additional income from locally determined application fees	86
T226 HR Phase 2 Structure saving	175
I201 Review of library strategy	177
T228 CCTV Commercialisation	60
T227 Trading Services HR	50
<b>TOTAL</b>	<b>2,414</b>

- xi. In conclusion the overall Transformation position is forecast to be £14k favourable to budget although there are three projects where all or part of the savings will be made from alternative methods than those in the MTFP.

### 3. Information about the Transformation Programme for 2013/14

- xii. As a result of budget proposals, the team capacity will reduce by 11 FTE from 1<sup>st</sup> April 2013, and further reductions are proposed for 2014/15:

	Forecast 2012/13 £000's	Budget 2013/14 £000's	Budget 2014/15 £000's
Employee costs	1,164	742	392
Other Running Costs	13	11	7
Gross Expenditure	1,177	753	399
Project Recharge income	(470)		
Transformation Reserve*	(650)	(753)	(399)
Net Budget	57	0	0
Staff FTE - % Staff Reduction	26.8	16.0 (40%)	8.0 (70%)

- xiii. Scrutiny reviewed the budget proposals for the Transformation Team reductions in Nov 2012 and raised concern that the Council is losing the capacity for change at a time when adapting to a new and potentially unknown future is so crucial.
- xiv. The Transformation Programme for 2013/14 will therefore focus on addressing the challenges post 2015 and the need to make significant organisational changes in preparation for this; the remaining capacity within the Transformation Team will support the tasks involved.
- xv. Project activity which the Transformation Team will support includes:
- New organisational delivery models (e.g. shared service, trading, mutualisation)
  - Locality Working
  - Customer Strategy
  - Corporate Landlord Strategy
  - Public Service Reform
  - Local Welfare Assistance Implementation
  - Partnership and council wide Information & Advice Review
  - Waste Management (contract re-tender)
- xvi. The team will deliver the Programme through a themed approach covering
- Engagement & Change leadership
  - Financial & Data Analysis
  - Assessment Criteria & Service Review
  - Realisation Support

### 4. Conclusion

- xvii. The Council has continued to deliver a dynamic Transformation Programme and deliver savings ahead of schedule and this year also exceeding the target. Cumulative savings have been £44m. The support from the Transformation Team continues to provide value for money and the resource remains essential, in order to assist where necessary in the delivery

of a further £6m in transformation savings in the coming financial year and to enable the Council to successfully manage the financial challenges beyond 2015.

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