

## EQUALITY IMPACT ASSESSMENT TEMPLATE - TRAFFORD COUNCIL

<b>A. Summary Details</b>		
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>B. Policy or Function</b>		
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*

<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*

**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**

<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:	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?	

#### 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
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 TMMHAS 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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