

Equality Analysis – previous agreed ASC savings for 2016/17



Appendix to EAs for proposed and replacement ASC savings for 2016/17

<p>What are the proposals being assessed?</p>	<p>Previously proposed budget savings for 2016/17 that were agreed by Full Council</p> <p>Agreed by Full Council March 2013</p> <p>CH02 – promoting independence £100,000</p> <p>CH04 – reduce management costs and reduction in staffing costs Access and Assessments £100,000</p> <p>CH05 – realise benefits of new prevention programme in terms of reduced demand for statutory services £500,000</p> <p>Agreed by Full Council March 2015</p> <p>December 2014</p> <p>CH20 – staffing reductions in Assessments and Commissioning teams £511,000</p> <p>CH21 – direct provision employee staff savings £274,000</p> <p>CH22 – commissioning employees staff savings £156,000</p> <p>CH23 – directorate staff savings £21,000</p> <p>CH24 – learning disabilities review £100,000</p> <p>CH25 – learning disabilities review £400,000</p> <p>CH26 – learning disabilities review £50,000</p> <p>CH27 – mental health review £76,000</p> <p>CH28 – older people review £387,000</p> <p>CH29 – older people – managing crisis £125,000</p> <p>CH30 – older people review £345,000</p> <p>CH31 – physical disabilities review £134,000</p> <p>CH32 – physical disabilities review £48,000</p> <p>CH33 – physical disabilities review £60,000</p> <p>CH34 – substance misuse placements £6,000</p>
<p>Which Department/ Division has the responsibility for this?</p>	<p>Community and Housing, Adult Social Care</p>

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Name and job title of lead officer	Andy Ottaway-Searle, Head of Direct Provision
1. What are the aims, objectives and desired outcomes of your proposal? (Also explain proposals e.g. reduction/removal of service, deletion of posts, changing criteria etc)	<p>Required budget saving for 2016/17 of £3,393,000</p> <p>To deliver required savings and to mitigate the impact through changed processes and structures.</p> <p>The aim and desired outcome of the proposal is to achieve the proposed budget savings in a way that the service continues to meet its statutory duties and minimises adverse impact on service users, taking in to account previous budget savings and the cumulative effect on service delivery. The Adult Social Care Target Operating Model (TOM) is committed to service transformation, through efficient processes, through promoting the independence of individuals and reducing reliance on council funded services, and through utilising the approach around the Use of Resources Framework of Prevention; Recovery; Long term support; Process; Partnership; and Contributions.</p> <p>However, there could be reduced / delayed services and it may lead to increased waiting times for service users, reduced capacity to monitor quality within provider services, and reduced capacity to undertake assessments and reviews which would have a direct implication on the ability to effectively promote independence. The Adult Social Care TOM commitment to flexible and mobile working and to improve assessment and care management processes should enable any risks to be partly mitigated.</p>
2. How does this contribute to the council's corporate priorities?	The Adult Social Care Service plan and TOM contribute to the council's overall priorities and will ensure that the savings targets are achieved in line with the corporate Business Plan and the Medium Term Financial Strategy. It is also in line with the July principles, adopted in 2011 by councillors, which sets out guiding strategic priorities and principles, where the order of priority services should be to continue to provide everything which is statutory and maintain services, within limits, to the vulnerable and elderly, with the council being an enabler, working with partners to provide services.
3. Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	Those primarily affected by the proposals are service users and their carers. There will also be an impact on staff, as well as organisations such as faith groups, service user representative groups (e.g. Your Shout, Merton People First, Speak Out Group, Merton centre for Independent Living (MCIL),), Voluntary Sector organisations (e.g. MVSC, and other organisations making up Involve), and health partners (e.g. Merton Clinical Commissioning Group).
4. Is the responsibility shared with another department, authority or organisation? If so, who are the partners and who has overall responsibility?	Adult Social Care will take overall responsibility for its savings, although we will rely on partners in the voluntary sector and NHS to help us deliver some of them.

Stage 2: Collecting evidence/ data

5. What evidence have you considered as part of this assessment?

Staffing structure – 338.97 full time equivalent staff budgeted for 2016/17 – this includes all adult social care staff, including residential homes and day centres.

Current service users - at the end of 2014/15 there were 4,095 service users receiving long term support with other service users receiving temporary support. Service users include older people, people with physical disabilities, learning disabilities and mental health issues. We consider trends from data about our service users. For example trend data shows that we have continued to meet our statutory responsibilities whilst slightly reducing both overall numbers of service users and the overall level of support packages being received, through following a promoting independence approach.

Feedback from the consultation exercise – between 23 October until 7 December 2015 a consultation exercise was undertaken to get the views of those of those people affected by all of the adult social care savings proposals for 2016/17. A detailed report with the feedback from the consultation has been produced and submitted for consideration, in conjunction with this EA, at Healthier Communities and Older People scrutiny on 12 January 2016 and Cabinet on 15 February 2016. Two staff consultation events were held with 83 staff attending. Feedback was also received from service users in response to the consultation, with 129 responses to the questionnaire.

National context – benchmarking data, National Audit Office ‘Adult Social Care in England: Overview’, Barker Commission ‘The Future of Health and Social Care in England’ (initiated by the Kings Fund) and Local Government Association ‘Adult Social Care Efficiency Programme’. Best practice research and reports with ADASS and other national and government groups. Benchmarking data shows that overall Merton spends less per head on adult social care than the average for its comparator groups, and has a more targeted service on fewer people than average. Further information is available in Appendix 1 of the consultation report referred to above.

Operational level – The ASC TOM takes account of the potential increase in service demand, with an emphasis on strengthening preventative services including initial contact / triaging of service users, signposting and referring service users to other agencies. Performance data for our commissioned and in-house services including contract monitoring reports and demographic data. The Joint Strategic Needs Assessment (www.merton.gov.uk/health-social-care/publichealth/jsna) and the Local Account (www.merton.gov.uk/health-social-care/adult-social-care/asc-plans-performance/asc-performance). Whilst EAs were done at the time of these savings being agreed, which were valid and which led to a rating of “3”, we have reviewed whether anything has changed concerning analysis or mitigation.

Stage 3: Assessing impact and analysis

6. From the evidence you have considered, what areas of concern have you identified regarding the potential negative and positive impact on one or more protected characteristics (equality groups)?

Protected characteristic (equality group)	Tick which applies		Tick which applies		Reason Briefly explain what positive or negative impact has been identified
	Positive impact		Potential negative impact		
	Yes	No	Yes	No	
Age		✓	✓		The consultation has identified that staff and service users have concerns and anxieties about the proposal – see the consultation report for full details. There is a potential impact on staff some of whom are from designated equality groups. There is potentially a negative impact on the health and wellbeing of service users and carers if the alternatives put in place do not fully meet assessed eligible needs.
Disability		✓	✓		As above.
Gender Reassignment		✓		✓	N/A
Marriage and Civil Partnership		✓		✓	N/A
Pregnancy and Maternity		✓		✓	N/A
Race		✓	✓		As for the Age category. Continued monitoring of data shows a proportionate uptake of services from BME groups, but this will continue to be monitored.
Religion/ belief		✓		✓	As above.
Sex (Gender)		✓	✓		More women will be affected by the proposed savings
Sexual orientation		✓		✓	N/A
Socio-economic status		✓	✓		As per the Age category.

7. Equality Analysis Improvement Action Plan template – Making adjustments for negative impact

Negative impact / gap in information identified in the Equality Analysis	Officers initially identified that there could be a chance that some service users may feel the alternative service does not meet their needs, and that some service users will experience a reduced level of service The consultation has identified other areas where service users feel there will be a negative impact (see consultation report for full details).
Action required to mitigate	The outcome of the EA has identified some potential for negative impact and it may not be possible to mitigate this fully. However, the following actions will be put in place. Staff savings (CH04,20,21,22,23) Clear communication will be undertaken with staff. The proposed staffing structure is currently out to consultation with staff. The Framework for Managing Organisational Change will be followed. This will ensure

the fair treatment of staff. Compulsory redundancies will be mitigated via inviting staff to apply for voluntary severance and examining non-staffing cost reductions and the use of non-core staff e.g. agency staff, where appropriate. The service has not been filling posts on a substantive basis for many months in order to minimise redundancies for existing staff. Every effort will be made to redeploy displaced staff to suitable alternative positions in the council. Staff will receive individual HR support for this. Where required competitive interviews will be held as the method for implementing redundancy selection. Support for staff engaged in competitive interviews will be offered via job application and interview skills training via staff development. **By June 2016.** It is intended that the new proposed structure, combined with changed processes, will lead to greater efficiencies.

The implementation of Mosaic, the replacement social care IT system, is designed to make data inputting easier and reduce inputting time, to enable continued efficiency savings. Improving service delivery by reducing administration tasks, allowing staff to focus on service delivery. **By April 2016.**

The flexible working programme will enable staff to work smarter and exploit technology to improve service delivery. **Ongoing.**

Merton Council has an established working relationship with the voluntary sector in providing a range of services on behalf of the council. Therefore, it is expected that through the Ageing Well grant, the voluntary sector will be able to provide suitable alternatives in many cases. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact has been removed. **Ongoing.**

Service reviews (CH02,24,25,26,27,28,29,30,31,32,33,34)

Clear communication will be undertaken with service users about changes to service provision. **Ongoing.**

Reviews will be undertaken by officers following an established methodology, where the individual's needs are assessed on a personal basis and where the support plan will be reviewed to see whether the same level or type of support is needed. Whilst every review is done on this individual basis, and support plans can increase as well as decrease as a result of them, experience to date shows that overall there has been a decrease across the whole service user cohorts being reviewed. The established methodology leads to consistency of approach.

Merton Council has an established working relationship with the voluntary sector in providing a range of services on behalf of the council. Therefore, it is expected that through the Ageing Well grant, the voluntary sector will be able to provide suitable alternatives in many cases. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact has been removed. **Ongoing.**

Training for staff on outcome based support planning. **Ongoing.**

Prevention programme (CH05)

Merton Council has an established working relationship with the voluntary sector in providing a range of services

	<p>on behalf of the council. The specification for the next round of Ageing Well investment 2016-2019 was developed in collaboration with the voluntary sector. Bids have now been received against this specification and evaluation is taking place. The aim is to ensure that with the reduced level of funding voluntary sector support focusses on priority needs. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact is being mitigated as far as possible. On-going.</p> <p>Training for staff on outcome based support planning. Ongoing.</p> <p>Overall All contracts will be monitored for levels of activity and quality. On-going.</p> <p>Customer satisfaction will continue to be monitored annually to ensure the current satisfaction levels for 2013/14 and 2014/15 of 63.3% are maintained and where possible improved.</p>
<p>How will you know this is achieved? e.g. performance measure / target</p>	<p>Staff savings – revised staffing structure and service delivery model. National performance indicators (ASCOF) and local performance monitoring.</p> <p>Service reviews – There is already in place a monitoring system to look at the outcome of reviews collectively and on a month by month basis. This tracks impact in terms of activity levels and costs of support packages. Reviews also look at quality of support offered. If there are concerns about quality or the impact on customers, these can be responded to at any time.</p> <p>Prevention programme – Voluntary organisations who are successful in receiving council funding will continue to work with the council to monitor activity levels and outcomes.</p>
<p>By when</p>	<p>June 2016</p>
<p>Existing or additional resources?</p>	<p>Existing</p>
<p>Lead Officer</p>	<p>Andy Ottaway-Searle</p>
<p>Action added to divisional / team plan?</p>	<p>Included in the Adult Social care re-design programme</p>

Note that the full impact of the decision may only be known after the proposals have been implemented; therefore it is important the effective monitoring is in place to assess the impact.

Stage 4: Conclusion of the Equality Analysis

8. Which of the following statements best describe the outcome of the EA (Tick one box only)

OUTCOME 1

The EA has not identified any potential for discrimination or negative impact and all opportunities to promote equality are being addressed. No changes are required.

OUTCOME 2

The EA has identified adjustments to remove negative impact or to better promote equality. Actions you propose to take to do this should be included in the Action Plan.

OUTCOME 3

The EA has identified some potential for negative impact or some missed opportunities to promote equality and it may not be possible to mitigate this fully.

OUTCOME 4

The EA shows actual or potential unlawful discrimination. Stop and rethink your proposals.

Stage 5: Sign off by Director/ Head of Service

Assessment completed by	Andy Ottaway-Searle, Head of Direct Provision	Signature: Andy Ottaway-Searle	Date: 22.12.15
Improvement action plan signed off by Director/ Head of Service	Simon Williams, Director of Community and Housing	Signature: Simon Williams	Date: 29.12.15

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