

# **Merton Council**

## **Healthier Communities and Older People Overview and Scrutiny Panel**

**11 February 2015**

**Tabled report**

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# Equality Analysis



Please refer to the guidance for carrying out Equality Impact Assessments is available on the intranet  
Text in blue is intended to provide guidance – you can delete this from your final version.

What are the proposals being assessed?

The replacement savings for 2015-16 are as follows:

**First Contact Service: CH11-** Reduce in-house provision of a first contact service and have this provided within the voluntary sector within existing resources.

**Review of Service Users Care Packages: CH12 -** Intensify programme of reviews of existing support packages in line with the principles of promoting independence –

**Day Services for Service Users: CH13:** - Change the day services offer for learning and physically disabled service users who currently use in house day services, mainly High Path and All Saints.

The additional savings within the Adult Social Care Service Plan for 2016-17 being proposed with potential equalities issues are as follows:

**Staffing: CH20, 21, 22, 23, 37 -** Staff savings across adult social care.

**Reviews: CH24, 25, 26 - Learning Disabilities (High Cost; Medium Cost; Direct Payment Care Packages - respectively)** review of care packages using the progression model >£1,500 per week (currently 17); £400 - £1,500 per week and not health funded and Direct Payments (currently 98) respectively.

**CH27 - Mental Health Care Packages** review of support packages within all areas of Mental Health services using the recovery model.

**CH28, 29, 30 - Older People (Home Care; Direct Payments - respectively)** review of home care within support packages (currently 596) representing an average reduction of circa 9% where safe to do so; review of DP support packages using the enablement model (currently 225) representing an average reduction of circa 15% where safe to do so, respectively.

**CH31, 32, 33 - Physical Disabilities (Direct Payments; Home Care; High Cost Packages - respectively)** review of all DP for clients with physical disabilities using the progression model (currently 150) representing an average reduction of circa 10% where safe to do so; review of home care provision within support packages (currently 89) representing an average reduction of circa 8% where safe to do so; review of PD residential and 1-1 packages, respectively.

**Other: CH29 - Managing Crisis (Older People)** aim to reduce admissions to residential care placements

**CH34 - Substance Misuse Placements** a reduction in the placements used

**CH35 - CSF Supporting People Contracts** reduction of funding for contracts within the Supporting People area which support vulnerable young people.

**CH36 - Single Homeless Contracts (YMCA, Spear, and Grenfell)** reduction of funding for contracts for single homeless young people within Supporting People

**CH38 - Assessment and Commissioning (Placements budget reductions)** an overall reduction in the placements budget of circa 2%.

**CH39 - Extra Care Sheltered Housing** a reduction in support

\*CH19 is income and there are no related equalities issues.

Which Department/ Division have the responsibility for this?	Adult Social Care Division (Assessment and Commissioning and Direct Provision) within the Community & Housing Department
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<b>Stage 1: Overview</b>	
Name and job title of lead officer	Douglas Russell, ASC Programme Manager
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>2015/16- £400,000 replacement savings  2015/16 - £220,000 new savings  2016/17 - £2,710,000  2017/18 - £1,576,000  2018/19 - £1,133,000</p> <p>The broad aim and desired outcome of the proposals above is to achieve the required savings in a way that the service continues to meet its statutory duties and minimises adverse impact on service users and carers. It is intended to do this using an approach which promotes independence and reduces reliance on council funded services, utilising an approach around use of resources which has been in place since 2010.</p>
2. How does this contribute to the council's corporate priorities?	The Adult Social Care Service plan contributes to the Council's Merton 2015 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 principles adopted in July 2011 by councillors, which seek to protect statutory services and minimise adverse impact on vulnerable people.
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?

Provide details of the information you have reviewed to determine the impact your proposal would have on the protected characteristics (equality groups).

In our approach around the implementation of these savings we have consulted with the key stakeholders, including service users, carers, groups representing various care groups and faith groups. We did this through a structured consultation comprising of surveys, public meetings and other existing meetings such as those within the voluntary sector (we have an established process for dialogue with the voluntary sector through INVOLVE and other fora such as the task group).

As part of our ongoing approach to delivering savings and redesigning our services we have used the following information to support our decisions and these are still relevant:

- Surveys with service users and carers and in particular our annual service users survey within Adult Social Care and the annual residents survey. The most recent of these shows broadly average satisfaction levels compared with the rest of England.
- Joint Strategic Needs Analysis (JSNA) to identify future needs of adults and carers with potential social care needs.
- Contract Monitoring - and where savings can be made without impact on service users.
- Consultation with Healthwatch
- Consultation with Service Users and Carers Groups
- Consultation with Service Providers, Provider forums and 1:1 consultation with third party providers. This information, as per the past, will be used to identify how and at what cost the provider market can meet the needs of the council, service users and carers. We will analyse the information to establish which service will be more effective and provide value for money.
- Best practice research and reports with ADASS and other national and government groups. Specifically, there have been two major reports in 2014 on best practice in finding efficiency savings: the Local Government Association report on their work with 50 local authorities, and the report from the Association of Directors of Adult Social Services on use of resources.
- Using performance data for our commissioned and in-house services, including benchmarking across England and London.
- Demographic data.

Additional intelligence around the challenges faced by local authorities in delivering Adult Social Care has been detailed in:

- 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)
- Local Government Association 'Adult Social Care Efficiency Programme'

Taking the data together cumulatively, it indicates that:

- Service users to date have had above average levels of satisfaction with services compared with the rest of the country, based on surveys up to 2013/14.
- In the most recent Annual Residents Survey (autumn 2014) there was a drop in satisfaction levels from the small sample of service users in this survey, and a small decrease among residents more broadly.
- Compared with the rest of London and the rest of England, the council spends less than the average on its social care services per head of population. The services are broadly more targeted than average in that we support fewer than average people. Unit costs from commissioned and directly provided services are lower than average. Costs of staffing for care management are above average.
- National evidence is that there is decreasing ability for councils to save money by lowering or containing provider fees and having high eligibility thresholds, but variable scope across England for reducing service volumes through a promoting independence approach. Independent reports voice concern about the ability of adult social care to make the savings in the future that councils will need.
- We therefore expect that these further savings from 2016/17 onwards are likely to be harder to deliver than savings to date. This is why the savings are explicit about the reduction in service volumes we will need to achieve for each care group. There is a clear impact in that across the board our service users will experience a reduced level of service, whether commissioned by us or through what they get in personal budgets as a direct payment. However evidence suggests that there is scope for doing this in a non-adverse or even positive way by following promoting independence principles, reducing the need for on going funded services through the right intervention early on. There is also scope for some savings in care management staffing if we benchmark.
- We will be working to the national eligibility criteria (substantial and critical - the same as our current criteria), so there will be no change in statutory entitlement to support. These proposals, however, include reduction or cessation to services so there may be some impact on some of the equality groups by way of an increase in waiting times in some instances or; a reduced offer with regard to the menu of support options available

A consultation exercise on these proposals took place between 10 December 2014 and 2 February 2015. A savings questionnaire was also made available to facilitate feedback on the proposals from a range of stakeholders. The outcome of both will inform the way we progress these proposals.

**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  Below are the details of the savings proposals and a clear indication of the positive/negative impact. Where there is a negative impact all associated <b>mitigating actions are detailed in Section 7 below.</b>
	Positive impact		Potential negative impact		
	Yes	No	Yes	No	
Age	Yes	No	Yes	No	<p><b>First Contact Service: CH11</b> Risk of slower response to some initial referrals and requests for support, but opportunity to respond using promoting independence principles.</p> <p><b>Day Services for Service Users: CH13</b> Day services - There will be an overall fall in the level of support provided, which is likely to lead to less choice and less individualised support for some service users.</p> <p><b>Staffing:</b>  <b>CH20; CH21; CH22; CH23; CH37</b> - These proposals include a number of staff savings. If accepted there is a potential negative impact on service users because of the risk of waiting times for assessments or of reduced time spent in face to face discussion.</p> <p><b>Reviews of Service User Support Plans:</b>  <b>CH12; CH24; CH25; CH26; CH27; CH28; CH30; CH31; CH32; CH33</b> - Support packages will be reviewed across all service user groups (Learning Disability - LD; Physical Disability - PD; Older People - OP and Mental Health - MH) and at all levels (high and medium costs as well as Direct Payments). The objective of the review process will be to ensure we are promoting independence and that the provision of support is not overstated, but in the line with the best practice independence building models (LD and PD-Progression Model; OP - Enablement Model; MH - Recovery Model). This fits with our aspiration of 'promoting independence'.</p> <p><b>Other:</b>  <b>CH29</b> - Managing crisis (including hospital discharge) admissions into residential care. This will include specifically designed activities to help achieve the objective. The aim is to find new ways in supporting people at home for longer. This fits with our aspiration of 'promoting independence'.</p> <p><b>CH34</b> - Actively manage throughput to residential rehab placements with a view to reducing the number of placements used at any one time. This fits with our aspiration of 'promoting independence'.</p>
		No	Yes		
		No	Yes		
	Yes		Yes		
	Yes		Yes		



	Yes		Yes	<p><b>CH35</b> - Reduction in Supporting People contracts which include services for young people. Young people may be disproportionately impacted. This fits with our aspiration of 'promoting independence'.</p> <p><b>CH36</b> - Reduction in Single Homeless contracts within Supporting People (YMCA, Spear, and Grenfell). This fits with our aspiration of 'promoting independence'.</p> <p><b>CH38</b> - Assessment &amp; Commissioning - placement budget reduction. This fits with our aspiration of 'promoting independence'.</p> <p><b>CH39</b> - Extra Care Sheltered Housing - a review of and reduction in the extra care sheltered housing provision. This fits with our aspiration of 'promoting independence'.</p>
	Yes		Yes	
	Yes		Yes	
	Yes		Yes	
<b>Disability</b>	Yes	No	Yes	<p><b>First Contact Service: CH11</b> Risk of slower response to some initial referrals and requests for support, but opportunity to respond using promoting independence principles.</p> <p><b>Day Services for Service Users: CH13</b> Day services - There will be an overall fall in the level of support provided, which is likely to lead to less choice and less individualised support for some service users.</p> <p><b>Staffing:</b></p> <p><b>CH20; CH21; CH22; CH23; CH37</b> - These proposals include a number of staff savings. If accepted there is a potential negative impact on service users because of the risk of waiting times for assessments or of reduced time spent in face to face discussion.</p> <p><b>Reviews of Service User Support Plans:</b></p> <p><b>CH12; CH24; CH25; CH26; CH27; CH28; CH30; CH31; CH32; CH33</b> - Support packages will be reviewed across all service user groups (Learning Disability - LD; Physical Disability - PD; Older People - OP and Mental Health - MH) and at all levels (high and medium costs as well as Direct Payments). The objective of the review process will be to ensure we are promoting independence and that the provision of support is not overstated, but in the line with the best practice independence building models (LD and PD-Progression Model; OP - Enablement Model; MH - Recovery Model). This fits with our aspiration of 'promoting independence'.</p> <p><b>Other:</b></p> <p><b>CH29</b> - Managing crisis (including hospital discharge) admissions into residential care. This will include specifically designed activities to help achieve the objective. The aim is to find new ways in supporting people at home for longer. This fits with our aspiration of 'promoting independence'.</p> <p><b>CH34</b> - Actively manage throughput to residential rehab placements with a view to reducing the number of placements used at any one time. This fits with our aspiration of 'promoting independence'.</p>
	Yes	No	Yes	
	Yes	No	Yes	
	Yes		Yes	
	Yes		Yes	
	Yes		Yes	

	Yes		Yes		<b>CH35</b> - Reduction in Supporting People contracts which include services for young people. Young people may be disproportionately impacted. This fits with our aspiration of 'promoting independence'.
	Yes		Yes		<b>CH36</b> - Reduction in Single Homeless contracts within Supporting People (YMCA, Spear, and Grenfell). This fits with our aspiration of 'promoting independence'.
	Yes		Yes		<b>CH38</b> - Assessment & Commissioning - placement budget reduction. This fits with our aspiration of 'promoting independence'.
	Yes		Yes		<b>CH39</b> - Extra Care Sheltered Housing - a review of and reduction in the extra care sheltered housing provision. This fits with our aspiration of 'promoting independence'.
<b>Gender Reassignment</b>					N/A
<b>Marriage and Civil Partnership</b>					N/A
<b>Pregnancy and Maternity</b>					N/A
<b>Race</b>					N/A
<b>Religion/ belief</b>					N/A
<b>Sex (Gender)</b>					N/A
<b>Sexual orientation</b>					N/A
<b>Socio-economic status</b>	Yes	No	Yes	Yes	<p>There is a potential disproportionate impact on this group because they are more likely to need the council to arrange and fund their support. The impacts for each care group for each of the proposals are detailed below but more people from this group may be affected.</p> <p><b>First Contact Service:</b> CH11 Risk of slower response to some initial referrals and requests for support, but opportunity to respond using promoting independence principles.</p> <p><b>Day Services for Service Users:</b> CH13 Day services - There will be an overall fall in the level of support provided, which is likely to lead to less choice and less individualised support for some service users.</p> <p><b>Staffing:</b>  <b>CH20; CH21; CH22; CH23; CH37</b> - These proposals include a number of staff savings. If accepted there is a potential negative impact on service users because of the risk of waiting times for assessments or of reduced time spent in face to face discussion.</p> <p><b>Reviews of Service User Support Plans:</b>  <b>CH12; CH24; CH25; CH26; CH27; CH28; CH30; CH31; CH32; CH33</b> - Support packages will be reviewed across all service user groups (Learning Disability - LD; Physical Disability - PD; Older People - OP and Mental Health - MH) and at all levels (high and medium costs as well as Direct Payments). The objective of the review process will be to ensure we are promoting independence and that the provision of support is not</p>

	Yes		Yes	<p>overstated, but in the line with the best practice independence building models (LD and PD-Progression Model; OP - Enablement Model; MH - Recovery Model). This fits with our aspiration of 'promoting independence'.</p> <p><b>Other:</b></p> <p><b>CH29</b> - Managing crisis (including hospital discharge) admissions into residential care. This will include specifically designed activities to help achieve the objective. The aim is to find new ways in supporting people at home for longer. This fits with our aspiration of 'promoting independence'.</p> <p><b>CH34</b> - Actively manage throughput to residential rehab placements with a view to reducing the number of placements used at any one time. This fits with our aspiration of 'promoting independence'.</p> <p><b>CH35</b> - Reduction in Supporting People contracts which include services for young people. Young people may be disproportionately impacted. This fits with our aspiration of 'promoting independence'.</p> <p><b>CH36</b> - Reduction in Single Homeless contracts within Supporting People (YMCA, Spear, and Grenfell). This fits with our aspiration of 'promoting independence'.</p> <p><b>CH38</b> - Assessment &amp; Commissioning - placement budget reduction. This fits with our aspiration of 'promoting independence'.</p> <p><b>CH39</b> - Extra Care Sheltered Housing - a review of and reduction in the extra care sheltered housing provision. This fits with our aspiration of 'promoting independence'.</p>
	Yes		Yes	
	Yes		Yes	
	Yes		Yes	
	Yes		Yes	
	Yes		Yes	

## 7. If you have identified a negative impact, how do you plan to mitigate it?

### Potential impact of change - Mitigation Plan

**Service Redesign (CH11;12;13;20;21;22;23;24;25;26;27;28;29;30;31;32;33;34;35;36;37;38;39)** - it is recognised that there is an unprecedented level of change needed to deliver change, arising from three main drivers: the need to make the required savings, the new duties of the Care Act and the requirements and plans to achieve greater integration with NHS services. The department has therefore established a redesign programme and amended its senior management structure to have a time limited role for a Head of Redesign who took up post at the beginning of January 2015. The objective of the redesign programme is to ensure that these changes are designed and implemented in a thoughtful and properly planned way, that all the inter-dependencies of actions are recognised and addressed, that we use transformative and innovative ways to redesign to maximise positive impact and minimise negative impact, that we have robust processes in place to ensure delivery and that we continue to listen to stakeholders and follow principles of co-production where we can.

In addition with particular reference to the staffing element of these proposals, a detailed HR EA would be undertaken at the time of any restructure.

**Communication and engagement (CH11;12;13;20;21;22;23;24;25;26;27;28;29;30;31;32;33;34;35;36;37;38;39)** - a consultation exercise took place between December 2014 and January 2015 to engage with service users and other stakeholders about the potential changes and to understand their reaction to the proposals. The council is committed to maintaining our statutory duties and design our social care services around promoting independence for our service users.

However, it is clear from the consultation that any change in the way that our service provision is structured will mean that we are introducing uncertainty to our service users and their carers. This could lead to anxiety and therefore any service redesign will be done carefully.

As such, we recognise that the implementation of these changes will need to be handled sensitively and changes made in continued and on-going consultation with all relevant stakeholders.

A clear communication and engagement plan will be developed to ensure service users and other stakeholders understand the shift in council policy around promoting greater independence and the potential of a reduced service offer. As well as provide a clear understanding of the utilisation of partnership working with both the health and voluntary sector to ensure a much more holistic and joined up approach to developing support solutions. The service user will remain at the heart of the process and a much greater sense of independence enabled where this is possible.

This communication and engagement will include:

- Groups with carers
- Continued 1-2-1 engagement with service users and carers as part of our assessment and review process
- A robust feedback mechanism to enable service users and carers to feedback to the council about the process and outcomes

- The existing channels for involvement with the voluntary sector and with providers
- A forum where stakeholders can discuss the overall required outcome of savings with a view to finding any different solutions where possible which reduce any negative impact
- Regular meetings with service users and carers and their representatives for each of the main care groups

**Principle of promoting independence (CH11;12;13;20;21;22;23;24;25;26;27;28;29;30;31;32;33;34;35;36;37;38;39)** - the evidence nationally is that this offers some opportunity for reducing overall service volumes whilst retaining a service user focused approach.

We have set out what we mean by this principle in our consultation document. Broadly it means that we seek to use the strengths and assets of individuals, families and communities to help them be resilient in finding solutions for their lives, as well as support people to regain independence following any crisis or event in their lives and that we use the most practical and least expensive solutions which meet people's needs. We will apply these principles in all stages of our interaction: first contact, assessments, reviews, and in how we commission providers to work with our service users. We will continue to work with the voluntary sector in sharing these principles.

**Reviews of Service Users Support Plans - Practice (CH12;24;25;26;27;28;30;31;32;33)** - the person centred reviews will be genuine objective assessments of on-going needs and of the most cost effective way to meet those needs. The objective of the reviews is to check support is a) still needed and b) provided in the most cost effective way. It is not to take away support where it is still needed, though people could fear this.

The mitigating plan will include providing enhanced guidance and training for practitioners on how to conduct 'person centred' reviews, building on the learning from a 'Reviews' project implemented back in 2012-13. This will ensure that practitioners whilst working towards the 'promoting greater independence' agenda will ensure that all service user needs are adequately met, but enabling their independence to live as they desire where this is possible.

We will also ensure that any identified changes to support solutions are put in place swiftly. Regular service user contact will be used as a mechanism to ensure that any changes made to support solutions around promoting greater independence enhances the service user's quality of life and does not put them at risk.

To reiterate, 'person-centred' reviews are about promoting independence for the service user.

**Fair allocation of resources (CH11;12;13;20;21;22;23;24;25;26;27;28;29;30;31;32;33;34;35;36;37;38;39)** - with diminishing resources it will be all the more important that they are allocated fairly and to best effect. This is through the following mechanisms:

- The supervisory process where all front line staff receive oversight of their practice
- Resource panels for all packages over a certain threshold, to ensure that support plans and packages meet statutory needs, follow promoting independence principles, and look for the best value alternatives to meet needs
- Within day services reviewing the support packages that people get and looking overall at day care, respite care and community based support

- A performance framework which looks at how individuals and teams compare in their use of resources and in the support packages put in place.

**Contract reduction process (CH35;36;38;39)** - as we reduce spend on our contracts, such as the housing contracts we will be looking at how we can alternatively provide services for the current service users and the impact of the changes on them. We will set up a process to work closely with the service user group and our providers to ensure that the alternative provision we design is well-targeted.

All service users will be engaged with throughout the process and any change will have a long lead in time to facilitate the chance to prepare for the changes.

**Integration with health services (CH11;12;13;20;21;22;23;24;25;26;27;28;29;30;31;32;33;34;35;36;37;38;39)** - our belief is that integrated services offer a better opportunity for service users to make better use of resources when well designed. We have had in place for several years' integrated teams for mental health and learning disabilities. Since 2013 we have embarked on a project to create integrated teams for older people and those with long term conditions, based in three localities across Merton. With our health partners we are committed to the continuation of this process and will continue to solicit feedback around the impact on service users.

**Process efficiencies (CH11;20;21;22;23;37)** - in order to mitigate the impact from staffing savings we will continue to pursue process efficiencies, so that our staff time can be as productive as possible. A major part of this is changing to a new social care information system in 2015, where we expect to reduce the amount of time spent entering data. Another aspect is through flexible working where staff are enabled to spend more time "on the patch" and not having to return to the civic centre to do their recording and administration. We also expect efficiencies in this area from integration as less time will be spent in re-assessments.

**Monitoring (CH11;12;13;20;21;22;23;24;25;26;27;28;29;30;31;32;33;34;35;36;37;38;39)** - across all of the savings the council will design a carefully structured monitoring process to ensure that we have a clear sense of what the outcomes of the savings are. This includes, for example, looking at the outcomes of reviews across different groups of service users, reviewing the impact on service users of certain services being decommissioned and the impact of the Care Act reforms. This monitoring will be used to adjust service provision and ensure that our processes are as robust as they need to be. We will also use this process to ensure we continue to meet our statutory obligations. Monitoring will take place within the overall quality framework introduced during 2014.

## Stage 4: Conclusion of the Equality Analysis

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

Please refer to the guidance for carrying out Equality Impact Assessments is available on the intranet for further information about these outcomes and what they mean for your proposal

- 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. **If you propose to continue with proposals you must include the justification for this in Section 10 below, and include actions you propose to take to remove negative impact or to better promote equality in the Action Plan. You must ensure that your proposed action is in line with the PSED to have 'due regard' and you are advised to seek Legal Advice.**
- Outcome 4** – The EA shows actual or potential unlawful discrimination. **Stop and rethink your proposals.**

## Stage 5: Improvement Action Pan

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

This action plan should be completed after the analysis and should outline action(s) to be taken to mitigate the potential negative impact identified (expanding on information provided in Section 7 above).

See table below.



Negative impact/ gap in information identified in the Equality Analysis	Action required to mitigate	How will you know this is achieved? E.g. performance measure/ target)	By when	Existing or additional resources?	Lead Officer	Action added to divisional/ team plan?
Potential impact of change	<p><b>Service redesign</b> - the department has established a redesign programme and the objective is to ensure all changes are designed and implemented in a thoughtful and properly planned way</p>	Monitoring by ASC Redesign Programme Board & Merton Improvement Board	April 2015	Established & additional	Dan Short	Yes
	<p><b>Communication and engagement</b> - establishment of a clear plan to ensure continued engagement with all stakeholders facilitating a continued joint approach to the development of solutions</p>	Monitoring by ASC Redesign Programme Board & Merton Improvement Board	Plan April 2015 Then on-going	Established & additional	Dan Short	Yes
	<p><b>Principle of promoting independence</b> - we will apply this principle (use the strengths and assets of individuals, families and communities to help them be resilient in finding solutions for their lives, as well as support people to regain independence following any crisis or event in their lives and the we use the most practical and least expensive solutions which meet people's needs) in the development of support solutions across all service user groups</p>	Monitoring by Adult Social Care Senior Management Team (ASSM)	On-going	Established	ASC Service Heads	Yes
	<p><b>Reviews of Services Users Support Plans - Practice</b> - develop an enhanced protocol and training for an on-going programme of</p>	Monitoring by ASSM & Partners	On-going	Established & additional	ASC Service Heads & Partners	Yes

<p>person centred reviews promoting greater independence where possible</p> <p><b>Fair allocation of resources</b> - resource panels, guidance and training for frontline staff</p> <p><b>Contract reduction process</b> - explore alternative provision for areas where spend is reduced engaging with service users and providers</p> <p><b>Integration with health services</b> - progress agreed plans for integration project</p> <p><b>Process efficiencies</b> - pursue process efficiencies to facilitate greater staff contact time</p> <p><b>Monitoring</b> - design carefully structured monitoring process to provide a clear sense of outcome of the savings</p>	Monitoring by ASSM	On-going	Established	ASC Service Heads	Yes
	Monitoring by ASSM	On-going	Established	Rahat Ahmed-Man	Yes
	Monitoring by ASSM & Integration Project Board	On-going	Established & additional	ASC Service Heads	Yes
	Monitoring by ASSM	On-going	Established	ASC Service Heads	Yes
	Monitoring by ASSM	On-going	Established	ASC Service Heads	Yes

**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 6: Reporting outcomes

### 10. Summary of the equality analysis

This section can also be used in your decision making reports (CMT/Cabinet/etc.) but you must also attach the assessment to the report, or provide a hyperlink

This Equality Analysis has resulted in an Outcome **3** Assessment

The key findings of this initial assessment are:

- Merton's vulnerable residents are affected, in particular those with mental health issues, older people and people with disabilities (learning and physical) and potentially those identified as part of the 'Socio-economic' category.
- Despite any reduction or cessation of services the council will still continue to meet its statutory duties minimizing any adverse impact on service users and carers
- The council will promote the ethos of greater independence for service users (where possible), maintaining the 'person-centred' approach working together with partners from the health and voluntary sectors, as well as tapping into existing social capital.
- The potential negative impact of these proposals have been clearly identified and communicated with a clear mitigation plan developed as detailed in section 9 above.

**Stage 7: Sign off by Director/ Head of Service**

<b>Assessment completed by</b>	Douglas Russell ASC Programme Manager	<b>Signature:</b>	<b>Date:</b> 6 <sup>th</sup> February 2015
<b>Improvement action plan signed off by Director/ Head of Service</b>	Simon Williams Director of Community & Housing	<b>Signature:</b>	<b>Date:</b> 6 <sup>th</sup> February 2015