

Cabinet

18 December 2013

Review of Care Connect

Key Decision R&ED/23/13



Report of Corporate Management Team

Report of Ian Thompson, Corporate Director of Regeneration and Economic Development

Rachael Shimmin, Corporate Director of Children and Adults Services

Councillor Eddie Tomlinson, Portfolio Holder for Housing and Rural Issues

Councillor Morris Nicholls, Portfolio Holder for Adult Services

Purpose of the Report

1. To update Cabinet on the review of the Care Connect services and options available to meet the CAS MTFP savings proposal to reduce their expenditure on the Care Connect service from £3.3m to £2.3m from 2014.

Background

2. Care Connect is the council's community alarm and telecare/telehealth provider. It provides a range of additional preventative services to a variety of client groups who can be mainly described as elderly or vulnerable. These services are complementary and additional to other assessed and eligible care services provided by DCC.
3. Supporting People grant was a ring fenced grant paid to local authorities to commission 'housing related support services' from 2003. Community alarm services were funded from the public purse as part of that grant. In 2003 the grant was initially £15.0m. The grant amount was reduced on several occasions after 2003 and the ring fence was removed in 2010. Thereafter the funding was absorbed in general funding for local authorities and has been subject to the full range of reductions in the government's successive settlements for local government.
4. In order to address the reduction in funding support the Council's MTFP includes a proposal to reduce expenditure on Care Connect services by £1m from April 2014.

5. A joint service review has examined the wider functions of the care connect service and investigated alternative procurement options for these services. The review identified the complexity and diversity of the Care Connect service and recognised both its economies of scale and the added value to the wider council and other agencies in the provision of additional services to vulnerable people, CCTV and 'out of hours' services. (See appendix 2 for background and summary of current activity).
6. The review concluded that there was no immediate appetite in the private sector for the services currently offered and recommended that a joint operational review be carried out to identify options to accommodate the planned £1m reduction in funding.
7. In addition the RED service has been reviewing its own budget position for the MTFP going forward with all services being required to review their cost envelope and develop proposals for additional savings.

Joint Operational Review

8. A task and finish group was established to develop options to meet the CAS savings target together with any further cost reductions required by RED and to explore the implications of these reductions on the services offered.
9. The group has looked at a range of options, large and small that will deliver a reduced service cost as well as options to improve the service, increase efficiency and increase revenue. In addition, the group are exploring further options around outsourcing or partnering for some or all of the services.
10. A number of minor improvement and efficiency measures have been identified that could deliver a combined saving of up to £100k. These include vehicle sharing and use of technology such as tracking and limiters on vehicles, reviewing telephony costs and increased marketing.
11. A further measure would be to consider moving from installed units (£99 per unit - replaced every 5 years) to the use of mobile phones to access the service. This would reduce the capital costs of running the service, but is only considered appropriate for those customers with a very low level of support needs.
12. The above measures would have minimal impact on service users. However, to deliver the required level of savings it will be necessary to make more fundamental changes in relation to the way in which the service is delivered, the level of service provided and to consider the introduction of charges for service users.
13. The group also identified that the provision of Telecare as part of an assessed care package is one of the key elements in the transformation of adult social care. The number of Telecare users has already significantly

increased within the last 6 months and this trend is likely to continue. The review of options has therefore considered assessed Telecare as a priority area for development and for allocation of CAS funding both now and in the future.

Key Areas Under Consideration

14. The work to date has identified the following two savings options as being the most appropriate to be developed. Appendix 3 provides details of the options discounted.

Changes to support planning function (estimated saving £839k pa)

15. The current Service Level Agreement requires that all Supporting People (SP) customers have a full support plan which is reviewed every 13 weeks. The same practice is also carried out for private paying customers.
16. The national SP programme ended in March 2011 and while much of the good practice remains there is no obligation or benefit to the customer from the continuation of the current increased level of support planning which can be conducted in a different manner through both annual visits and other communication.
17. Replacing the current support planning assessment with an annual data collection exercise as well as a review following any significant incidents, would result in a reduction of approximately 26 FTE wardens and their associated management and support costs. The service currently employs 169.5 FTE staff. Appendix 5 provides a breakdown of the estimated savings.
18. The impact on customers would be a reduction in the regularity of assessment by Care Connect staff. However, the response side of the service would be unaffected and would continue to provide 24/7 telephone monitoring and mobile response together with post incident visits.
19. There would be an impact on staff, including redundancies at all levels. Implementation could be achieved by May 2014 after appropriate informing of service users and consultation with staff and unions.

Income Generation (estimated income from £177k to £354k pa)

20. There are currently around 12,000 households receiving a subsidised, and in most cases free, monitoring and response service through historical funding arrangements. Initially through SP and latterly through CAS. In addition there are around 1,400 households in receipt of Telecare equipment and monitoring, which is also free at the point of use in the majority of cases and the costs included in the care package.

21. In addition to those receiving a free service, there are approximately 4,700 private customers who commission the service as 'self-payers' at a current charge of £4.10 per week.
22. Many authorities already charge for some or all of the similar services provided by Care Connect (see appendix 4). However, the introduction of a charge for those who currently receive a free service would need careful planning. The following options would require further consideration:
 - All customers to pay a contribution towards the cost of the service
 - Customers to be assessed against a range of criteria and charged for all or some of the services they receive
 - Over 85s irrespective of tenure and benefits receive a subsidised service and all others charged.
 - Charge for elements of service.
 - Provide the service free to those customers currently in receipt of an adult care package.
 - Provide a service protected from new charges for current service users up to March 2016. (this could only be achieved by implementing all 3 options recommended in para 43)
23. Should the option of a protected service be preferred all new customers of the care connect service would have to be a contributing customer (£4.50 per week 2014 proposed rate) unless they had an assessed need for Telecare as identified as part of a CAS assessed care package.
24. The introduction of charges would be likely to put some people off using the service. For example, Sunderland City Council has recently introduced charges of £2.88 per week where the service was previously free which has resulted in a reduction of almost 50% of their customers. In this respect, it is difficult to estimate the income levels without carrying out extensive customer research.
25. The criteria to assess customers would need to be developed. A detailed data matching exercise is being undertaken. There are just under 4000 people receiving packages of care at home at the moment. A working assumption is that the additional 'preventative' criteria would mean that 4,000 - 6,000 customers continue to receive the service free. Based on the experience from Sunderland it would suggest that introducing a contribution of between £1 & £2 per week for the remaining 6,800 currently free customers would raise income of between £177k and £354k pa. These working assumptions would need to be revised once the 'preventative criteria' have been developed and will need to be adjusted to include current fee payers depending on what options were being consulted upon (Appendix 6 provides indicative income levels and the reduction of income should a % of customers decide to leave the service). The lower income level from a reduced customer base would be offset to some extent by a reduction in the level of staffing and resources required in delivering the service.

26. The introduction of charging would have an impact upon customers both financially in their ability to pay, and on their view of quality and value for money of the service provided.
27. There would also be a significant impact on other services if customers decide not to stay connected to Care Connect. The Police and Ambulance Service would be called to assist with falls and other low level emergencies; Fire and Rescue and Housing Organisations would have to monitor smoke alarms, carbon monoxide detectors and intruder alarms. This could also reduce Care Connect income from the Housing organisations.
28. The impact on staffing levels would need to be reviewed should the customer base and income reduce. Ultimately, this could affect the viability and future sustainability of the 24/7 service.
29. The existing self-payer charge of £4.10 per week could be increased by 9.75% to £4.50 per week through the annual review of charges process. This would raise an estimated £83,200 if there were to be no further drop in customer numbers. Previous small rises in this contribution have resulted in negligible reductions in service users.

Consultation and Wider Impacts

30. Any proposal to reduce the level of service or introduce new charges would require discussion with service users, staff and unions. In addition, discussion will be necessary with housing organisations and response agencies (Police, Fire, Ambulance) as some of the changes could have significant impacts for these services.
31. The current Care Connect service also supports a number of different activities from its core hub of operations. Each of these services has a degree of interdependence upon the other activities and therefore removing or reducing any activities will lead to an increase in costs or a reduction in the ability to deliver activity such as the out of hours telephony cover and CCTV monitoring.
32. All options would require an Equality and Health Impact Assessments as the changes would impact upon different people disproportionately.
33. If the full MTFP savings are not delivered by April 2014 there will be a subsequent impact on cash limits.

Preferred Options

34. It is recommended that the following three options are developed in order to meet the required savings target.

Delivered Improvements and Efficiencies £78K

35. That the Care Connect service management implement the range of minor improvements and efficiencies.

Changes to Support Planning Function £839K

36. The 13 week support plan review is replaced with an annual review which is in line with other social care assessments. An exercise will be undertaken with all service users to clearly explain the change in delivery model as well as reassuring all users that the response service can still be accessed 24/7. The exercise will be undertaken sensitively and will be key to retaining service users.
37. As this option will see a reduction of 26 FTE Wardens and associated staff. Requests for ERVR will be sought. However, re-engineering of the service structure will still need to be undertaken.

Income Generation £83K

38. The current contribution for 'self-payers' is increased from £4.10 to £4.50 per week.
39. Some users may choose to leave the service rather than pay the additional contribution, which would have an impact on the savings. Any shortfall in the anticipated income/savings target would be met from cash limits until exact numbers, costs and savings levels have been established.
40. No other charge is introduced for the next two financial years effectively protecting current users from charges.

Recommendations and Reasons

41. Cabinet are asked to agree the MTFP proposal to deliver £1m savings from the Care Connect service through the following actions:
 - Replace the current quarterly support planning visits with an annual review.
 - Increase the charges to self-payers from £4.10 to £4.50 per week.
 - Undertake efficiency and improvement activity within the service.

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Appendix 1: Implications

Finance –

Each of the recommended options will either reduce the running costs or increase the income to the service in order to deliver the required reduction in budget of £1m.

Staffing –

The options will result in a reduction of 26 FTE wardens and their associated management and support costs. A service restructure is planned, it is anticipated that the required reduction can be met through a combination of ER/VR and service vacancies

Risk –

As this is a front line service utilised by many of County Durham's most vulnerable residents the reputational risk to the council in changing this service is high. A communication plan is being developed to ensure sensitivity in informing service users and their support networks of the proposed changes.

Equality and Diversity / Public Sector Equality Duty –

An initial Equality and Health Impact Assessment has been carried out on the proposed changes (see appendix 7).

Accommodation –

None

Crime and Disorder –

None

Human Rights –

None

Consultation –

Service users will be informed of proposed changes to service delivery. Staff and trades unions will be consulted on the proposed service restructure.

Procurement –

None

Disability Issues –

Disability issues to be addressed thorough Equality Impact Assessment.

Legal Implications –

None

Care Connect - Summary of current service activity

1. The current Care Connect service is one of the most diverse direct and support service providers across DCC. From the central control room in Chilton services directly concerned with support to elderly and vulnerable people are co housed with much of the councils out of hours call handling and response service. The control room also operates as the main CCTV monitoring hub, and offers a wide range of income generating services to partners in the health, housing and local government sectors.
2. The service has faced significant changes as a partially contracted service and was fully reviewed and restructured in 2011/12. Staffing levels are based on current connections 16, 712 (households) and call traffic of 15,155 calls per week.
3. Prior to April 2011 - four levels of service (everyone received 3 monthly support plan assesment, plus:
 - Level 4 – 2 weekly reassurance calls (5 mins), 1 weekly visit (20-30 mins), a level of 1-2-1 dedicated support, other visits outside of core hours, additional telecare sensors
 - Level 3 – (High) - personal visits undertaken, at least monthly to provide advice and assistance
 - Level 2 (Medium) – personal visits undertaken, at least quarterly to provide advice and assistance
 - Level 1 (Core/Standard) – Outcome monitoring at least annually
4. From April 2011 – two levels (All levels now receive a 3 monthly assessment
 - **High** (small number of people) – will also receive more regular visits or telephone contact
 - **Core/Standard** (majority of people)
5. Investment has been made to rationalise, re-engineer and reorganise the delivery of the service on a continual drive for cashable savings.
6. Monitoring has now been rationalised with all calls being handled through a single control room at Chilton and the call handling system has been upgraded to the latest version of Tunstall PNC6 call handling system.
7. Four area based response teams based in Seaham, Chilton, Meadowfield and Annfield Plain have been created and response times to almost all calls for assistance are now within 45 minutes and 60 minutes for the more remote Durham Dales. However monitoring indicates that response times of 30 minutes and less are achieved consistently.

8. Care Connect are working in partnership with CAS to provide meaningful Telecare and Telehealth services to clients with long term conditions which will assist in enabling them to manage their condition.
9. Care Connect responded to 6604 calls for assistance following a fall between April 2012 and March 2013. In the majority of cases there was no need for further assistance from emergency services.
10. Care Connect monitor and respond to 8,343 smoke alarms county wide on behalf of housing providers and those customers who have been referred for a smoke detector. The smoke alarms protect the individual and the property. Care Connect also monitor fire panels in community buildings and sheltered housing. From June 2011 to May 2012 the control centre received 9,110 activations related to cooking, smoking or steam. The fire brigade (999 calls) were only called out for 157 of these activations as the control room filtered all calls. Activations increased by 1176 for June 2012 to May 2013. This activity provides a current income of £218K pa to the service.
11. The Care Connect service also monitors and recharges housing providers for monitoring a range of services and in particular out of hours services. Clients include Durham Aged Miners Homes Association (DAMHA) Living, Durham City Homes, Jonnie Johnson Housing, Isos Housing, Derwentside Homes, East Durham Homes, Cestria Community Housing, Railway Housing, Three Rivers Housing, Abbeyfields in Barnard Castle, Teesdale Housing Association Dale and Valley Homes, Tees Valley Housing Association, Accent Group and the Home Group.
12. The review of the CCTV service will consolidate monitoring into a single control room at Chilton, monitoring cameras in Durham City, Stanley, Consett Crook, Bishop Auckland and Chester-le-Street. The Town and Parish councils of Ferryhill, Great Aycliffe, Shildon, Spennymoor and West Cornforth now have service level agreements in place for the non-strategic cameras they wished to retain and there is a charge for maintenance & monitoring.
13. Additional charged monitoring is undertaken for Newton Aycliffe Town Centre, Walkergate in Durham City and Ferryhill Community Hub
14. Individual Monitoring of alarms is also provided to the former PCT, Bishop Auckland College, Kindstream Care Ltd, and the Oaks Centre and the Learning Difficulties Centre at Spennymoor Leisure Centre.
15. Internal to DCC Care Connect all "out of hours" and lone worker call handling for the Housing Solutions team, Support and Recovery Team (mental Health). Environmental Health (Consumer protection). Customer Services, One Point and the Highways Action Line.

Options considered and discounted

Realignment of response staff across care services (estimated saving £350k pa)

1. Consideration was given to creating a single response service to customers, combining activity from Care Connect, Domiciliary Care and the Reablement service. Bringing together these services with similar customer bases and similar operating activity could potentially create economies of scale and lead to a better resourced 24/7 responding service.
2. This option would have major implications for staffing but would potentially have little impact on customers. The mapping of functions, redesign of the service and consultation with staff and unions would suggest an implementation programme of around 12 months from initiation to completion.
3. This option was discounted as it would not deliver the £1m saving in the required timescales, but could be something to explore in the future.

Remove out of hours response services and operate a daytime (8.30am-5pm Monday to Friday) response service only (estimated saving £1.9m pa)

4. Moving to a daytime only response service would remove the need for approximately 70 front line staff and their associated vehicle, management and support costs.
5. This proposal would have a high impact on customers as they would have less contact with Care Connect staff and would have to rely upon Ambulance services for responding 'out of hours'.
6. There would be staff redundancies at all levels and potentially higher costs to other services using control room services as a result of a loss of economies of scale.
7. This proposal would also require additional consultation with other response services such as North East Ambulance Service (NEAS) Fire and Police.
8. This option was discounted as the Commissioners view 'out of hours' response as the unique selling point of Care Connect and do not wish to see this diminished.

Provide a monitoring only service (estimated saving £2.5m pa)

9. Removal of quarterly support planning visits and all response services leaving only a monitoring function at the control room, which would pass on responses to other services such as NEAS, Police and Fire Service.
10. This would have high impact on users and a significant impact on other agencies, who customers would be dependent on for responses.
11. This proposal would involve redundancies for over 90 front line staff and at least 10 support and managing staff.
12. This option was discounted as it did not provide the desired level of service required by the Commissioners.

Outsourcing or Partnership with Suppliers

13. Preliminary discussions have taken place between Tunstall (as the current supplier of much of the hardware and software systems) and Care Connect management to explore options around a partnership approach to future service delivery. This would include vehicle tracking, reduced control room costs, lone worker platform and innovative working practices to reduce staff travel.
14. This option was discounted at this stage as introducing a new delivery model would not be delivered within the required timescales; however it will continue to be explored.

Appendix 4 Yorkshire and N East Benchmarking August 2013

Local Authority	Type of authority	Alarm/Pendant linked to phone	Lifeline monitoring charge	Charge includes Mobile Response?	Charge inclusive of ;	Installation costs	Monitoring in-house/ external?	Response In-house/ external?	Comments
Durham	Unitary	Y	£4.10pw	Y	Maintenance, monitoring and response	£20	In-house	In-house	Charge £4.10 per week. Certain benefits free to client - funded if they have identified support needs. Subsidised Service via Supporting People Block Gross Contract Telecare £1.50 per device to max of £4.50. Floating support across tenure core/standard (90% of customers) for same service as a self-payer: Monitoring, physical support and response service 24/7, 365 days a year via an alarm unit connected to a telephone line or mobile ; Equipment including alarm unit and pendant; Equipment check every three months; Support Plan review every three months or when there has been a change to customer health/medical condition; High level service (10% of customers): regular contact with customers, assesses need for additional support, eg mobility or long term condition. Including all aspects of the core (standard) service plus: Weekly telephone call or visit determined by customer choice and support needs, Increased contact and reassurance on hospital discharge and during rehabilitation (short term). In addition to the above, Care Connect offer a menu of additional support services at a small charge e.g. holiday cover welfare visits charged at; Re-assurance call - £0.50 per call; Weekly visit - £1.25 per visit; Additional pendant - £0.50 per week; Monitored Smoke Detector - £1.00 per week.
Broadacres	HA	Y	4.22pw	N	Equip, Monitoring, no mobile response	No	External - tender process ongoing	In-house	Basic Service Annual Visit - Response only if no Next of Kin or family member not available
Broadacres	HA	Y	6.26pw	Y	As above with mobile response	No	External - tender ongoing	In-house	Level 1 Monthly support visit will flex to Level 2 for short periods Sp Contract
Broadacres	HA	Y	12.42pw	Y	As above with weekly visit daily tel call(7days)	No	External - tender process ongoing	In-house	Level 2 Weekly visit - daily(7) tel call . Offered across tenure Eligible SP
Middlesbrough	Erimus	Y	£16.70pw or SP funded	Y		Hard wired	External	Both (see comments)	All sheltered accom. & individuals have to agree to comm. Alarm charges for tenancy. Erimus use Boro' Council for monitoring & only provide response Mon - fri, 9am - 5pm. All OOHs by Boro' Council.
Barnsley	Metropolitan	Y	£3.24pw, £3.79pw or £4.29pw	Y	monitoring charge and maintenance	Free	In-house	In-house	Four general packages: Standard lifeline, Safe and secure, Falls, Cognitive decline. Charge one of 3 price areas: £3.24 per week for lifelines this is only the monitoring cost i.e. no equipment cost. £3.79 per week all non timed telecare only charged for the monitoring i.e. no equipment cost unless specialised equipment not part of package £4.29 per week all telecare only charged for monitoring i.e. no equipment cost unless specialised equipment not part of package. Most anyone pays for standard package is £4.29 per week. Have replaced a lot of the qrtly visits with telephone calls.
Darlington	Unitary	Y	£5.06 - £3.31pw	Y	Monitoring charge and maintenance	Free	In-house	In-house	Lifeline £5.06 weekly - £3.31 of which is eligible for Supporting People relief as it is deemed to be care & support. £1.75 must always be paid for the equipment element of the charge. Lifeline includes pendant. Any additional Telecare devices are charged at £1.50 per device in addition to the standard Lifeline Charge. These additional devices do not qualify for SP relief but are taken into account with Adult Services financial assessments
Doncaster	Metropolitan	Y	£3.20pw	Y	Monitoring charge and maintenance	Free	In-house	In-house	If aged over 65 and in receipt of low income benefits (Council Tax and Housing Benefit) the service is free. The monitoring charge is not classed as a disability related expenditure and is not financially assessed. The charge is for an 'assessed' package of telecare, at present there are no additional charges for the number of sensors provided.
East Riding of Yorkshire	Unitary	Y	£14- £22/month	Yes, but only where contacts are not available	Installation, maintenance, monitoring and response	Free	In-house	In-house	Gold - £22/month rental + 24/7 monitoring, with rapid response by emergency services/ family/friends. service responds 24/7 if contact is not available. Silverday/night £18/mth Rental 24/7 monitoring, with rapid response by emergency services/ family/friends. Response service would only respond between (8am to 5pm for the day service) or (5pm to 8am for the night service) if no contacts were available or. Bronze £14/mth rental + 24/7 monitoring, with rapid response by emergency services/ family/friends. The monitoring centre requires a minimum of two emergency contacts that live within a 45 minute radius that would be willing to respond.
Middlesbrough	Unitary	Y	£3.99pw	Y	Including 24 hr response service	Free	In-house	In-house	Charge £3.99 per week for basic service (pendant and unit) including 24 hr response service, new customers are encouraged to have next of kin/family to be 1st response (do not publicise this though) - free service to people in receipt of Pension Credit - Guaranteed Credit. Anyone assessed as needing Telecare is financially assessed and charged on ability to pay, but individuals will not have to pay anymore than the std charge of £3.99.
North Yorkshire	Two tier	Y	£6.20- £12.30pw	Y	Installation, maintenance, monitoring and response	Free	External	External	level 1 £6.20, level 2 £12.30. Lifelines supplied in conjunction with district council housing partners for which there is a service level agreement. No charge for telecare at present. Full review of community alarm + telecare services in progress. Monitoring & Response are provided by a mixture of housing providers & district councils (as with previous Durham County).
Sunderland	Metropolitan	Y	£2.88pw	Y	Installation, maintenance, monitoring and response	Free	In-house	In-house	Introduced a charge of £150per year (£2.88per week) for telecare services (includes community alarm unit & any telecare peripherals) from April 2013 (previously 'nil'). No restriction on how many times customer requests response services. Have had around 40% reduction in customers since implementing charges.
Gateshead	Metropolitan	Y	4.07pw	Y	Installation, maintenance, monitoring and response	Free	In-house	In-house	HRA currently subsidises council tenants on the service if they are in receipt of HB. No additional charge for telecare as based on assessed need.

Appendix 5

Support Planning Cost Breakdown

		Units	Estimated cost per unit £	Saving	Sub Total £
Employees					
Savings					
	Care Connect Manager	-1		48,010	
	Mobile wardens	-25.5		530,169	
	Mobile wardens variable	-5		102,856	
	Locality Coordinators /Telecare	-1		24,960	
	Responder Team Leader	-1		28,003	
	Admin Coordinator	-1		22,686	
	Control Operators	-2		49,094	
		-36.5			805,778
extra costs					
	Admin Assistant	0		- 3,105	
	Shift Responders	5		- 115,904	
		5			- 119,009
	Employees	- 31.5			686,769
Training					
	First Aid	26	110	953	
	Manual Handling	26	130	3,380	4,333
	Uniforms	26	194		5,044
Total Employee costs					696,146
Transport					
	Vans	26	5,500		143,000
Total Transport costs					143,000
					-
Total Estimated savings					839,146

Appendix 6

Income Options

Introductory income for non contributing customers							
Rate £	% increase	Non Contributing Customers	No of weeks	Income	Income @80%	Income @60%	Income @40%
1.00	100%	6,800	52	£ 353,600	£ 282,880	£ 212,160	£ 141,440
1.50	150%	6,800	52	£ 530,400	£ 424,320	£ 318,240	£ 212,160
2.00	200%	6,800	52	£ 707,200	£ 565,760	£ 424,320	£ 282,880
Increased costs for self payers							
Rate £	% increase	Contributing Customers	No of weeks	Income	Income @80%	Income @60%	Income @40%
4.10	0.00%	4,000	52	£ 852,800	N/A	N/A	N/A
4.50	9.76%	4,000	52	£ 936,000	£ 748,800	£ 561,600	£ 374,400
5.00	21.95%	4,000	52	£ 1,040,000	£ 832,000	£ 624,000	£ 416,000

Durham County Council – Altogether Better equality impact assessment form

NB: Equality impact assessment is a legal requirement for all strategies plans, functions, policies, procedures and services. We are also legally required to publish our assessments. You can find help and prompts on completing the assessment in the guidance from page 7 onwards.

Section one: Description and initial screening

Section overview: this section provides an audit trail.	
Service/team or section: Transport and Contract Services, Supported Housing	
Lead Officer: Linda Ogilvie	Start date: October 2013
<p>Subject of the Impact Assessment: (please also include a brief description of the aims, outcomes, operational issues as appropriate)</p> <p>As part of the Medium Term Financial Plan savings, Children and Adult Services (CAS) have identified potential savings in their expenditure on the Care Connect Service. Various options have been considered, including:</p> <ul style="list-style-type: none"> Remove the 'out of hours' response service and operate a daytime (Mon-Fri 8.30-5.00) response service only - This option would have a high impact on customers as they would have less contact with Care Connect and would have to rely upon Ambulance services for responding 'out of hours'. There would be staff redundancies at all levels, as moving to a daytime only response service would remove the need for approximately 70 front line staff and their associated vehicle, management and support costs. This option is not recommended as the 'out of hours' response is viewed as the unique selling point of Care Connect and the Commissioners (CAS) did not wish to see this diminished. 	

- Provide a monitoring only service – This option would have a high impact on users and a significant impact on other agencies such as North East Ambulance Service, Police and Fire Service who customers would be dependent on for responses. There would be staff redundancies for over 90 front line staff and their associated vehicle, management and support costs. This option is not recommended as it would not provide the desired level of service required by the Commissioners (CAS).
- Outsourcing of Partnership with Suppliers – This option is not recommended at this stage as introducing a new delivery model would not be delivered within the required timescales.
- Realignment of response staff across care services – This option would have major implications for staffing but would potentially have little impact on customers. This option is not recommended as it would not deliver the savings in the required timescales.

The proposed changes to the service are as follows:

- Removal of the support planning function - Currently all customers have a full support plan which is reviewed every 13 weeks, it is proposed to replace this with an annual data collection exercise as well as a review following any significant incidents. Removal of this function will result in a reduction of approximately 26 FTE wardens and their associated management and support costs. Although the impact on customers would be the regularity of assessments, the response side of the service will still provide 24/7 telephone monitoring and mobile response.
- Increase the self-payers contribution – weekly charges for those customers who currently pay for the

service themselves would be increased by a small percentage.

- Deliver improvements and efficiencies – through vehicle, supplies and other efficiencies in working practices.

Who are the main stakeholders: General public / Employees / Elected Members / Partners/ Specific audiences/Other (please specify) –

Care Connect Customers, General Public, employees, Trade Unions, Elected Members, CAS – commissioners, RED - deliverers

Is a copy of the subject attached? Yes – Proposals outlined in Review of Care Connect Cabinet Report – 18/12/13

If not, where could it be viewed?

Initial screening

Prompts to help you:

Who is affected by it? Who is intended to benefit and how? Could there be a different impact or outcome for some groups? Is it likely to affect relations between different communities or groups, for example if it is thought to favour one particular group or deny opportunities for others? Is there any specific targeted action to promote equality?

Is there an actual/potential negative or positive impact on specific groups within these headings?

Indicate :Y = Yes, N = No, ?=Unsure

Gender	Y	Disability	Y	Age	Y	Race/ethnicity	?	Religion or belief	?	Sexual orientation	?
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How will this support our commitment to promote equality and meet our legal responsibilities?

Reminder of our legal duties:

- Eliminating unlawful discrimination & harassment
- Promoting equality of opportunity
- Promoting good relations between people from different groups
- Promoting positive attitudes towards disabled people and taking account of someone's disability, even where that involves treating them more favourably than other people
- Involving people, particularly disabled people, in public life and decision making

The service is generally provided to older people and those who are vulnerable, for example as a result of a disability. There are more older women in the county's population so the likelihood is that more women will be affected by changes to this service than men. The gender profile of service users shows that just over 63% of current service users are female and 59% are aged over 75.

There is no direct evidence that changes to the service will have a specific impact in relation to transgender status, race, religion or sexual orientation.

The potential impacts relate to health and wellbeing as well as financial impacts for self-payers. The change from 13 week reviews may increase anxiety for some customers who are reassured by regular contact, there may also be social impacts for some who use the review to raise other issues with staff. Whilst there is still opportunity for contact this will require reasonable adjustments for those disabled customers who are unable to communicate by telephone.

The increase in weekly payments for those who choose to pay for the service may have a financial impact which could mean that some cancel, this could leave them at risk and would potentially increase reliance on other emergency response services such as ambulance or fire and rescue services.

Any reduction in the numbers of staff within the service would be undertaken through a restructure and a

combination of proposals including early retirement and voluntary redundancy. This would follow corporate procedures to ensure fair and equal treatment.

What evidence do you have to support your findings?

Service user and staff profile information.

<u>Breakdown of current service users</u>	Birth to 64	65 - 69	70 - 74	75 - 79	80 - 84	85 & over	Total Customers
* Age	4161	1912	2450	3543	4145	4587	20798
* Sex	Male	7627	Female	13171			20798

Decision: Proceed to full impact assessment with staff and customers **Yes - depending on Cabinet approval for consultation**
Date: 09/12/13

If you have answered 'No' you need to pass the completed form for approval & sign off.

Section two: Identifying impacts and evidence- Equality and Diversity

Section overview: this section identifies whether there are any impacts on equality/diversity/cohesion, what evidence is available to support the conclusion and what further action is needed.

	Identify the impact : does this increase differences or does it aim to reduce gaps for particular groups?	Explain your conclusion, including relevant evidence and consultation you have considered.	What further action is required? (Include in Sect. 3 action plan)
Gender			
Age			
Disability			
Race/Ethnicity			
Religion or belief			
Sexual orientation			

How will this promote positive relationships between different communities?

Section three: Review and Conclusion

Summary: please provide a brief overview, including impact, changes, improvements and any gaps in evidence.

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Action to be taken	Officer responsible	Target Date	In which plan will this action appear

When will this assessment be reviewed?	Date:
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Are there any additional assessments that need to be undertaken in relation to this assessment?	
Lead officer - sign off:	Date:
Service equality representative - sign off:	Date:

Please email your completed Impact Assessment to the Equality team - equalities@durham.gov.uk.