



EQUALITY IMPACT ASSESSMENTS

Published: Thursday, 02 February 2017

| | | |
|------------|--|--------------------------|
| 1. | Introduction | (Page 1) |
| | Children's Services | |
| 2. | Torbay Youth Services | (Pages 2 - 7) |
| 3. | Information, Advice and Guidance for Young People | (Pages 8 - 14) |
| 4. | Integrated Youth Support | (Pages 15 - 20) |
| 5. | Young Persons Substance Misuse | (Pages 21 - 31) |
| 6. | Home to School Transport | (Pages 32 - 36) |
| | Adult Services | |
| 7. | Healthwatch | (Pages 37 - 46) |
| 8. | Community Engagement | (Pages 47 - 54) |
| 9. | Citizens Advice Bureau | (Pages 55 - 65) |
| 10. | Young Parents | (Pages 66 - 79) |
| 11. | seAp Advocacy | (Pages 80 - 88) |
| 12. | Project Search | (Pages 89 - 108) |
| 13. | Simple Aids for Daily Living | (Pages 109 - 114) |
| | Public Health | |
| 14. | Community Development Trust | (Pages 115 - 123) |
| 15. | Lifestyle Services | (Pages 124 - 135) |
| 16. | Health Checks | (Pages 136 - 143) |
| 17. | Sexual Health Services | (Pages 144 - 156) |
| 18. | Adult Substance Misuse Services | (Pages 157 - 169) |
| 19. | Public Health Nursing | (Pages 170 - 185) |

Community Services

- 20. Food Safety** (Pages 186 - 191)
- 21. Road Safety** (Pages 192 - 196)
- 22. Street Wardens** (Pages 197 - 201)

Introduction

This document sets out the Equality Impact Assessments which have been prepared for those proposals which have been assessed as having a material impact on service users. It should be read alongside the proposals for service change, income generation and efficiencies which are included in the draft Revenue Budget Digest.

An Equality Impact Assessment is a mechanism which helps the council to determine the impact of its proposals. It is particularly useful for determining how proposals will affect groups or communities who experience inequality, discrimination, social exclusion or disadvantage.

Although the Equality Act 2010 does not impose a specific requirement to undertake paper based Equality Impact Assessments, the Council believes this is important to demonstrate that equality consequences of proposals have been considered and ensure that where possible, impacts are eliminated, minimised or counter balanced by other measures.

Supporting Information and Impact Assessment

| | |
|--------------------------------|-----------------------|
| Proposal: | Torbay Youth Services |
| Executive Lead: | Julien Parrott |
| Director / Assistant Director: | Andy Dempsey |

| | | | | | |
|----------|-----|-------|---------------|---------|-------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Gail Rogers |
|----------|-----|-------|---------------|---------|-------------|

Section 1: Background Information

| | |
|-----------|--|
| 1. | <p>What is the proposal / issue?</p> <p>The proposal is to continue to develop Torbay Youth Trust while making the savings identified of £175,000 in 2017/18.</p> <p>Work is well progressed with the Trustees based on the revised budget of £300k which will deliver the 17/18 saving identified. A significant consideration will be the premises costs of around £70,000 to £100,000 associated with the Parkfield site which will come off the budget as the premises transfer to the school. Any change in this area would require the Trust Business Plan to be revisited. At this stage it is not possible to determine the capacity for further savings beyond 2017/18.</p> <p>In addition to this it is proposed there will be a £76,000 reduction in service delivery across The Youth Services and the Young Carer's Service as well a reduction in the funding available through the Neighbourhood Grant Fund from £90,000 to £30,000.</p> |
| 2. | <p>What is the current situation?</p> <p>Currently, Youth Services comprises The Youth Service and Torbay's Young Carer's Service. The Youth Service predominantly provides a universal for young people for informal education and the Young Carer's Services provides a targeted service for those young people aged between 6 and 18 caring for a family member. Services are run from Parkfield.</p> <p>Currently different youth groups across Torbay can apply for funding from the Neighbourhood Grant Fund to deliver services in areas of deprivation.</p> <p>The Youth Trust will be an alternative model of service delivery, provided outside of the Council. The trust will be capable of accessing different funding streams and generating its own income meaning there may be other sources of funding for neighbourhood and community groups.</p> |
| 3. | <p>What options have been considered?</p> <p>The Council is committed to continuing youth services and intends to do so</p> |

| | |
|------------------|--|
| | <p>through the development of the Youth Trust.</p> <p>The outcome of the discussions with the Trustees was that they wished the Youth Trust to continue as a co-ordinating mechanism for the development of the Youth Offer across Torbay, with the support of the local authority and other stakeholders.</p> |
| <p>4.</p> | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>Ambitions: Prosperous and Healthy Torbay</p> <p>Principles:</p> <ul style="list-style-type: none"> • Use reducing resources to best effect • Integrated and joined up approach <p>Targeted actions:</p> <ul style="list-style-type: none"> • Protecting all children and giving them the best start in life • Promoting healthy lifestyles across Torbay |
| <p>5.</p> | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>The proposal to continue to develop Torbay Youth Trust will impact upon Trustees, Stakeholders and Young People.</p> <p>Youth service comprises The Youth Services and Torbay Young Carer's Service.</p> <ul style="list-style-type: none"> • Approx 300 young people supported directly from delivery by youth services at Parkfield, and a further 500 (approx) through the support of neighbourhood delivery. • Approx 600 young carers and their families are supported by the young carer's service. <p>Groups currently accessing funding through the Neighbourhood Grant Fund may also be affected by this proposal. Groups apply for funding on an annual basis.</p> |
| <p>6.</p> | <p>How will you propose to consult?</p> <p>Consultation with young people will take place through the Parkfield Radio Project.</p> |

| | |
|---|--|
| | <p>Consultation will be take place with young carer's and their families, providing information about the proposals and inviting families to comment / feedback.</p> <p>We invite feedback from youth groups through a newsletter sent out with information about the proposals.</p> |
| Section 2: Expected Implications and Impact Assessment | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>Work is ongoing around finalising the financial, legal and human resources implications as these relate to the Youth Services staff and the move away from the Parkfield facility.</p> |
| 8. | <p>What are the <u>expected</u> risks?</p> <p>The risks are associated with the Youth Trust being able to achieve its financial plan and generate income to ensure it can become sustainable.</p> <p>There is an additional risk following the recent decision of the Development Management Committee not to progress the application to develop the Parkfield site for Torbay school. Savings of approximately £100,000 are attributed to the transfer of the running costs to Catch 22 as the Academy sponsor, savings from the Youth Services budget depend on this transfer and may be put at risk if this does not go ahead.</p> |
| 9. | <p>Public Services Value (Social Value) Act 2012</p> <p>I do not consider that the Public Services Value Act applies to this decision. The council is proceeding under the Public Contracts Regulations 2015 which, under Regulation 77, allows it to reserve the contract for employee Mutuals without going out to tender. However, the contract with the Council and the Youth Trust will require a substantial amount of development work with the community and voluntary sector to contribute to the growth of the youth and families sector. This will help to build capacity and therefore improve the economic, social and environmental wellbeing of the Bay.</p> |
| 10. | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>There has been considerable research, initially funded by the Cabinet Office to build a business case for the youth services to step out of the Local Authority. Trustees have also conducted research and worked with staff and the CDT locally to build a firm business case for the future. The preparation work before proposing that the Parkfield site should be used for a dual purpose, with the school then accounting for costs has also been extensive, consulting with the DfE and with residents and Members in Torbay.</p> |

| | |
|-------------------|---|
| | <p>Young people have been asked what services they value and how and where these should be delivered from a new Youth Trust. Focus groups with young people took place from the end of November 2016 and the feedback was captured through pod-casts and also in report format. An organised event on 3rd December 2016 was attended by six local business people with an interest in youth services. Their feedback was later supplied via email.</p> <p>Young Carers and their families are engaged all year round and continuously in terms of their views of the service and their future needs. This user group is extremely passionate about their service and its value and wish for the service to continue to support families to the same level. A decision was taken not to ask them about the impact of budget reductions because of the high level of anxiety this would cause and because there is strong optimism that the service will be able to generate the shortfall in budget once it steps out of the Local Authority.</p> |
| <p>11.</p> | <p>What are key findings from the consultation you have carried out?</p> <p>The views of Young Carers are collected continuously but have not been collated with reference to budget reductions for reasons given above. In general, young people wanted to retain services that they tell us keep them safe and help them to have fun in a relaxed and welcoming environment with trained staff. Many questioned had little awareness of services being delivered other than at Parkfield, but said that youth workers and lighting were a requirement for services elsewhere. They also expressed real desire to get involved in organizing events or being part of a management committee including social media campaigns. They emphasised how age group organized slots would help communities of interest develop.</p> |
| <p>12.</p> | <p>Amendments to Proposal / Mitigating Actions</p> <p>The information gathered through the consultation will be used in the design of the new service and will inform its business plan. The governance of the Youth Trust will also be formed to ensure that young people wishing to operate as part of a management team or Board will have the opportunity to do so.</p> <p>The negative impact of potential closure of the Parkfield youth hub during any building works will be mitigated by working with the contractors to isolate the youth room and access to toilets and keeping this open, with access directly out onto the skate park, maintaining use by young people at all times.</p> |

Equality Impacts

| 13 | Identify the potential positive and negative impacts on specific groups | | | |
|----|--|------------------------|--|----------------|
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | | The negative impact of potential closure of the Parkfield youth hub during any building works will be mitigated by working with the contractors to isolate the youth room and access to toilets and keeping this open, with access directly out onto the skate park, maintaining use by young people at all times. | |
| | People with caring Responsibilities | No differential impact | | |
| | People with a disability | No differential impact | | |
| | Women or men | No differential impact | | |
| | People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | No differential impact | | |
| | Religion or belief (including lack of belief) | No differential impact | | |
| | People who are lesbian, gay or bisexual | No differential impact | | |
| | People who are transgendered | No differential impact | | |

| | | |
|----|---|------------------------|
| | People who are in a marriage or civil partnership | No differential impact |
| | Women who are pregnant / on maternity leave | No differential impact |
| | Socio-economic impacts (Including impact on child poverty issues and deprivation) | No differential impact |
| | Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | No differential impact |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | None identified |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | None identified |

Supporting Information and Impact Assessment

| | |
|--------------------------------|--|
| Proposal: | Information, Advice and Guidance (IAG) |
| Executive Lead: | Julien Parrott |
| Director / Assistant Director: | Andy Dempsey |

| | | | | | |
|----------|---|-------|---------------|---------|--------------|
| Version: | 3 | Date: | February 2017 | Author: | Andy Dempsey |
|----------|---|-------|---------------|---------|--------------|

| Section 1: Background Information | |
|--|--|
| 1. | <p>What is the proposal / issue?</p> <p>The original proposal was to reduce the budget for Information, advice and guidance services by £144,000 in 2017/18.</p> <p>Following consultation, the proposal has changed to limit the savings proposed to £25,000 in 2017/18 and £44,000 in 2018/19.</p> <p>The Council has a statutory obligation to provide information, advice and guidance (IAG) and transitional support to vulnerable learners who may be at risk of falling out of provision alongside having arrangements in place to track young people who may become 'Not in Education Employment or Training' (NEET). The financial pressures faced by the Council and Children's Services are such that funding will require to reduce from 2017/18 onwards.</p> <p>The IAG service is currently provided on behalf of Torbay Council by Careers South West as part of a Peninsula Contract.</p> |
| 2. | <p>What is the current situation?</p> <p>Careers South West provide this service across the South West peninsula.</p> <p>Consultation has commenced with Careers South West on reducing expenditure within the current contractual agreement which is due to run until 2018 and is a Peninsula Contract. No agreement on the precise pace and depth of savings has yet been agreed but the process will be completed in line with 2017/18 budget setting.</p> <p>A separate payment is made for the information system and this will be unaffected.</p> |
| 3. | <p>What options have been considered?</p> <p>There is an important residual statutory obligation for IAG and transitional support that limits the potential for a zero based approach. Moreover, the local authority jointly owns the company and is a party to the Peninsula agreement and therefore has a proportionate responsibility for any liabilities from its</p> |

| | |
|---|--|
| | dissolution. |
| 4. | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>Ambitions: Prosperous and Healthy Torbay</p> <p>Principles:</p> <ul style="list-style-type: none"> • Use reducing resources to best effect • Integrated and joined up approach <p>Targeted actions:</p> <ul style="list-style-type: none"> • Protecting all children and giving them the best start in life • Promoting healthy lifestyles across Torbay |
| 5. | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>The proposal will have an impact on the Peninsula wide agreement but this will be limited to a managed and agreed reduction in our funding contribution within the existing contractual framework. Following implementation of any change, there is likely to be a corresponding impact on the scope of the service in supporting vulnerable learners although we will seek to mitigate this through discussion with the provider.</p> |
| 6. | <p>How will you propose to consult?</p> <p>There will be a discussion with Careers South West about their ability to deliver an effective service on a gradually reducing budget commencing 2017/18.</p> <p>The proposed reduction will also be shared with our Peninsula co-commissioners.</p> <p>This proposal will also be consulted upon as part of the general budget consultation – online and paper questionnaires will be made available.</p> |
| Section 2: Expected Implications and Impact Assessment | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>The current Peninsula wide contract is due to run until 2018 and therefore any reductions for 2017/18 will be undertaken within the context of the existing</p> |

| | |
|-----|--|
| | <p>contractual framework.</p> <p>The impact of any of the Peninsular partners withdrawing funding below a certain level that enables the company to be viable are significant. Torbay is an 'owner' of the company with a 9% liability for the pensions of current employees should the company be required to close.</p> |
| 8. | <p>What are the <u>expected</u> risks?</p> <p>Detailed dialogue will take place with Careers South West during the next three months with a view to agreeing a revised level of Council funding for 2017/18. There is a risk that Careers South West are unable or unwilling to progress the inductions at a scale or pace envisaged within the Council's financial strategy. There is an additional risk that the Peninsular partners in the contract will also wish to reduce the level of funding to this contract.</p> <p>Any significant deterioration of NEET rates may be questioned by the DfE who produce national league tables for this return.</p> |
| 9. | <p>Public Services Value (Social Value) Act 2012</p> <p>This proposal does not require the procurement of services. The current contract had provision for the Public Services Value Act and commissioned accordingly.</p> |
| 10. | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The contract in place with Careers South West requires the delivery of services only to vulnerable young people. The strongest elements of delivery currently are those that focus on destination tracking and assurance of the September guarantee, whereas the weaker performance is found in the Education Employment and Training (EET) status of Care Leavers and those within specific targeted groups such as teenage parents. Our vulnerable groups are currently the focus of a range of disparate services with separate outcomes focus, meaning that we are not maximising the workforce in our contact with them, and also that they are receiving a confusing amount of visits and assessments with different workers. Our proposal will focus on reducing the funding for these young people for the Transition contract, but ensuring that this is part of the outcomes required through a broader commissioning exercise reviewing a set of services for young people requiring help and support.</p> |
| 11. | <p>What are key findings from the consultation you have carried out?</p> <p>We have consulted between January and June 2016 on more general service re-design but not specifically on a reduction in the delivery of a service from Careers South West. Young people have told us:</p> <ul style="list-style-type: none"> • <i>There is a gap for vulnerable young people with complex needs</i> • <i>Young people lack the motivation sometimes to go to meet with workers</i> • <i>There is no follow up after being signposted and communication is lost</i> |

- *There is a gap in transition services*
- *There should be a one stop shop or 'hub'*
- *Services should be available between 5.30-9pm*
- *Young people should be treated with respect and warmth*

Feedback from the general budget consultation is shown below:

| Do you support this proposal? | Number | Percent |
|-------------------------------|------------|---------------|
| Yes | 211 | 50.6% |
| No | 174 | 41.7% |
| No answer | 32 | 7.7% |
| Total | 417 | 100.0% |

12.

Amendments to Proposal / Mitigating Actions

It is through the consultation above that we have recognised the need to re-design the pathway of support for young people, ensuring that this is joined up, does not duplicate and allows for some out of hours working. Young people will continue to be involved in the design of the service and in its delivery where possible so that we achieve services that support in the right way at the right time.

The negative impact of the budget reduction can be mitigated by better design of services and a fresh approach to working with young people.

Following consultation, the proposal has changed to limit the savings proposed to £25,000 in 2017/18 and £44,000 in 2018/19.

Equality Impacts

| 13 | Identify the potential positive and negative impacts on specific groups | | |
|--|---|--|----------------|
| | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| Older or younger people | No differential impact | | |
| People with caring Responsibilities | | There could be a potential impact on young carers and young adults carers , the mitigation would be to ensure the commissioning takes account of this group. | |
| People with a disability | No differential impact as this group and the EHCP work will be prioritised. | | |
| Women or men | No differential impact | | |
| People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | No differential impact | | |
| Religion or belief (including lack of belief) | No differential impact | | |
| People who are lesbian, gay or bisexual | No differential impact | | |
| People who are transgendered | No differential impact | | |
| People who are in a marriage or civil partnership | No differential impact | | |

| | | | | |
|-----------|---|---|--|--|
| | Women who are pregnant / on maternity leave | | Potential adverse impact for young people who are pregnant. Service re-design process will seek to develop links and guidance through other services working with this group. | |
| | Socio-economic impacts (Including impact on child poverty issues and deprivation) | | The young people using this service tend to come from lower socio-economic groups and these will be most impacted. We seek to mitigate this by a greater focus of a young people's pathway for those with more complex need so that careers and training support and/or signposting can become a natural part of the work completed by others. | |
| | Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | | Those with reduced economic capacity are likely to suffer poorer health according to links between economic circumstance and health. We will seek to mitigate this by ensuring other services incorporate guidance and signposting around employment and training opportunities. | |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might | The proposed reduction in this budget should be considered alongside a reduction in other youth support services such as the Youth Service, the Young People's substance misuse service and the Young Peoples' Specialist Support Services as well as a proposed budget reduction in the Young Parents support service. | | |

| | | |
|----|---|---|
| | worsen the impacts identified above) | |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | Welfare reform will impact adversely on young people who do not have the support of a family to house them and to subsidise them if they are out of work. |

Supporting Information and Impact Assessment

| | |
|--------------------------------|---------------------------|
| Proposal: | Integrated Youth Services |
| Executive Lead: | Julien Parrott |
| Director / Assistant Director: | Andy Dempsey |

| | | | | | |
|----------|-----|-------|---------------|---------|-------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Gail Rogers |
|----------|-----|-------|---------------|---------|-------------|

| Section 1: Background Information | |
|--|---|
| 1. | <p>What is the proposal / issue?</p> <p>The proposal is to design and procure a new integrated pathway for young people's support as a replacement for the existing range of services currently delivered in-house and commissioned from the Children's Society and adding additional services.</p> <p>This will result in an anticipated £50k reduction in budget in the currently used to commission the Children's Society (current value £198k), and a £30k reduction through in-house efficiencies and service re-design.</p> |
| 2. | <p>What is the current situation?</p> <p>The Children's Society currently provides a range of services for children and young people including missing and return home interviews, advocacy and independent visiting, counselling and a drop in facility. The current contract was due to end in October 2016 but has been extended through a waiver until the end of June 2017 to allow for dialogue with the current provider, young people and stakeholders on a revised service specification to support future provision.</p> |
| 3. | <p>What options have been considered?</p> <p>The proposal was driven in part by the need to respond to the significant financial pressures facing the Children's Services department and the Council. The opportunity has also been taken to begin the redesign of services to avoid service duplication and provide a more integrated pathway for children and young people.</p> <p>Cessation of service activity is not an option as there are underlying residual responsibilities towards children and young people who experience missing episodes and/or advocacy support.</p> |
| 4. | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>Ambitions: Prosperous and Healthy Torbay</p> |

| | |
|---|---|
| | <p>Principles:</p> <ul style="list-style-type: none"> • Use reducing resources to best effect • Integrated and joined up approach <p>Targeted actions:</p> <ul style="list-style-type: none"> • Protecting all children and giving them the best start in life • Promoting healthy lifestyles across Torbay |
| 5. | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>Although the proposal envisages a funding reduction it is hoped to mitigate the impact through the reduction in duplication in a number of areas within current service provision. A more integrated approach will also provide a clearer pathway for young people seeking support.</p> <p>Initial dialogue has commenced with the current provider and with stakeholders (including young people) in developing a revised specification which will support a tender exercise in the early part of 2017 with the aim of having a revised service in place no later than 1st July 2017.</p> |
| 6. | <p>How will you propose to consult?</p> <p>Initial consultation will take place with the existing provider and other key stakeholders with a view to developing a revised service specification. This will be delivered through a series of meetings and workshop events which will also include young people as proposals become clearer. This will include obtaining the views of young people who have used existing services.</p> <p>This proposal will also be consulted upon as part of the general budget consultation – questionnaires will be made available in paper and online.</p> |
| Section 2: Expected Implications and Impact Assessment | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>Some of the services currently provided are statutory requirements on the Local Authority and must therefore continue to be delivered.</p> |
| 8. | <p>What are the <u>expected</u> risks?</p> <p>These are targeted services for our vulnerable young people and reductions in this area may lead to an increase in children meeting the statutory duty/threshold requiring safeguarding intervention. By re-working a new</p> |

| | |
|------------|---|
| | integrated pathway, we expect to reduce the risk and improve the effectiveness of services. |
| 9. | <p>Public Services Value (Social Value) Act 2012</p> <p>The commissioning of the proposed new service will include an element of added value that requires the provider to deliver social value. We are currently considering whether this could be in the form of young people's involvement in the design and delivery of the service to ensure there are skills and experience being imparted to those young people furthest from the labour market.</p> |
| 10. | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The proposal for a new pathway of services has used the local JSNA data and demand information from Housing Options and the current prevention of homelessness programme, Children's Safeguarding Services, and demand across the current commissioned services.</p> <p>National best practice is being used through the use of the St Basil's positive pathway for young people, a model favoured by the DCLG and with support from a subject expert who will join us locally to support the design in January 2017.</p> |
| 11. | <p>What are key findings from the consultation you have carried out?</p> <p>The current YPSSS provider, Checkpoint has provided a paper warning of the potential impact of a financial cut. Their feedback identified that the impact of this proposal would be felt in terms of their ability to meet our required expectations. For example, we require them to interview young people who have gone missing within 72 hours of their return home. They are currently unable to meet this target and propose that a further reduction in budget will reduce this further.</p> <p>Young people have been consulted throughout 2016 as part of the process of review and re-commissioning. While this has not focused on a reduction in budget, it does give us a lot of information about how to design an improved pathway of services. Dates of the consultation are: 28 January 2016 and follow ups (no dates on paperwork) from February to June 2016. Comments by young people are as follows:</p> <ul style="list-style-type: none"> • <i>There is a gap for vulnerable young people with complex and high needs.</i> • <i>More training is required for staff across the range of services.</i> • <i>Communication needs to continue after signposting – follow up.</i> • <i>Services to recognise that young people don't always have the motivation to go to meeting places.</i> • <i>There is a gap in transition services which is stressful.</i> |

| | |
|-------------------|--|
| | <ul style="list-style-type: none"> • <i>Services to be tailored around young people not a tick box.</i> • <i>There should be a `hub` or single point of access like a one stop shop.</i> • <i>More services should be between 5.30-9pm as things are worse in the dark</i> • <i>Services need to provide emotional support with respect and warmth</i> |
| <p>12.</p> | <p>Amendments to Proposal / Mitigating Actions</p> <p>It is recognised from the consultation that the pathway of support for young people needs to be re-designed, ensuring that this is joined up, does not duplicate and allows for some out of hours working. Young people will continue to be involved in the design of the service and in its delivery where possible so that we achieve services that support in the right way at the right time.</p> <p>The negative impact of the budget reduction can be mitigated by better design of services and a fresh approach to working with young people.</p> |

Equality Impacts

| 13 | Identify the potential positive and negative impacts on specific groups | | | |
|----|--|---|--------------------------------------|--|
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | | | The age range for this service is between 13-19 and services will be designed with them in mind. |
| | People with caring Responsibilities | If services are available beyond 5pm and at weekends, this will help for those with caring roles. | | |
| | People with a disability | No differential impact | | |
| | Women or men | No differential impact | | |
| | People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | No differential impact | | |
| | Religion or belief (including lack of belief) | No differential impact | | |
| | People who are lesbian, gay or bisexual | No differential impact | | |
| | People who are transgendered | No differential impact | | |

| | | | |
|---|--|---|--|
| | | No differential impact | |
| People who are in a marriage or civil partnership | No differential impact | | |
| Women who are pregnant / on maternity leave | No differential impact | | |
| Socio-economic impacts (Including impact on child poverty issues and deprivation) | More of the service to be delivered for those with complex high needs who are more likely to come from deprived backgrounds. | | |
| Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | Hope to improve Public Health impacts but this will need to be measured and we propose a health outcome as part of the indicator set across a joined up service set. | | |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | The proposed reduction in this budget should be considered alongside a reduction in other youth support services such as the Youth Service, the Young People’s substance misuse service and the Young Peoples’ Specialist Support Services as well as a proposed budget reduction by the JCT for the Young Parents support project. | |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | Welfare reform will impact adversely on young people who do not have the support of a family to house them and to subsidise them if they are out of work. | |

Supporting Information and Impact Assessment

| | |
|--------------------------------|---|
| Proposal: | Young Person's Substance Misuse Service |
| Executive Lead: | Councillor Derek Mills |
| Director / Assistant Director: | Caroline Dimond / Andy Dempsey |

| | | | | | |
|----------|-----|-------|---------------|---------|--------------------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Andy Dempsey / Sue Mills |
|----------|-----|-------|---------------|---------|--------------------------|

| Section 1: Background Information | |
|--|--|
| 1. | <p>What is the proposal / issue?</p> <p>It is proposed that the budget for the Young Person's Substance Misuse service is reduced by £21,000.</p> |
| 2. | <p>What is the current situation?</p> <p>There is no statutory basis for Children's Services to provide a substance misuse service. However, the budget for this service was initially an embedded element of the Youth Offending Team, and the Crime and Disorder Act (1998) recommends substance misuse as a core service in the prevention of offending and re-offending by young people.</p> <p>The Early Help pathway and the social care pathway equally require a resource to deliver against risk taking behaviour in teenagers who are considered Children in Need under the Children Act 1989 service in support of this is critical in mitigating the harm that can be caused through inappropriate substance misuse.</p> <p>The evidence base for commissioning this service is clear that substance misuse amongst young people contributes to a wide range of other serious problems experienced by this population, such as:</p> <ul style="list-style-type: none"> ● failing or falling behind at school ● involvement in crime and anti-social behaviour ● becoming a victim of crime ● teenage pregnancy ● mental health problems ● risks of overdose and future drug dependency. <p>Substance misuse services for young people can also save a significant amount of public money in the long term. The Local Authority have a responsibility to protect the health and wellbeing of the population and without this service we would potentially see increased social and economic problems around crime, education, unemployment, homelessness and generally poorer health outcomes for Torbay's young people.</p> <p>The Young Person's Substance Misuse Service in Torbay is accessible to all</p> |

11-18 year olds residents who are experiencing substance related harm.

Compared to the national average, the latest data shows that Torbay has a higher rate of young people with wider vulnerabilities entering into treatment. These include, children who are looked after, children in need, domestic abuse, mental health problems, sexual exploitation, self-harm, not in education employment or training (NEET), child protection plans and being affected by others' substance misuse.

| Wider Vulnerabilities | Torbay | National |
|-------------------------------------|---------------|-----------------|
| Child looked after | 16% | 12% |
| Child in Need | 14% | 6% |
| Domestic Abuse | 29% | 21% |
| Mental health problem | 43% | 19% |
| Sexual exploitation | 16% | 6% |
| Self-harm | 34% | 17% |
| NEET | 18% | 17% |
| Child Protection plan | 11% | 7% |
| Affected by others substance misuse | 36% | 22% |

(source: YP specialist substance misuse interventions - executive summary Q4 2015/16, Public Health England).

3. What options have been considered?

This service is currently under review by commissioning directors to explore how it fits more effectively and efficiently within a whole service pathway for young people. This will involve a re-commissioning exercise which is underway.

Envisaged cost savings resulting from the single pathway option would be achieved through efficiencies in processes and early interventions, increasing the skill mix of staff and the benefits of services being either co-located or joined through agreed tools and approaches therefore reducing duplication.

4. How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?

This proposal supports the following principles of the Corporate Plan:

- Use reducing resources to the best effect.

5. Who will be affected by this proposal and who do you need to consult with?

| | |
|---|--|
| | <ul style="list-style-type: none"> • Young people who use the service • Key stakeholders such as GPs, Schools, Torbay and South Devon NHS Foundation Trust, Clinical Commissioning Group |
| 6. | <p>How will you propose to consult?</p> <p>Consultation will take place as part of the general consultation on the budget proposals. However, specific consultation will also be carried out on this proposal with service users and partners through a range of mechanisms.</p> <p>Young people themselves would be consulted with via a survey and/or focus groups to capture what elements of the service they truly value and deem paramount to their treatment / recovery journey.</p> <p>Commissioners will be consulted through a series of workshops to discuss all options around keeping the service viable with a reducing financial envelope.</p> |
| Section 2: Expected Implications and Impact Assessment | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>The proposal would provide £21,000 in savings in 2017/18.</p> |
| 8. | <p>What are the <u>expected</u> risks?</p> <p>There is evidence that investment in young people's drug and alcohol interventions saves money; it results in £4.3m health savings and £100m crime savings per year. Drug and alcohol interventions can help young people get into education, employment and training, bringing a total lifetime benefit of up to £159m. Furthermore, every £1 spent on young people's drug and alcohol interventions brings a benefit of £5-£8.</p> <p>The reduction in this service may potentially impact on levels of crime, educational attainment, unemployment, homelessness and generally poorer health outcomes for Torbay's young people, leading to a greater demand for other public services.</p> <p>The potential risk in reducing the budget for this service would potentially affect outreach work in education settings and subsequently could remove the protective elements of the provision and so increase the demand for specialist services later on.</p> |
| 9. | <p>Public Services Value (Social Value) Act 2012</p> <ul style="list-style-type: none"> • The (re)procurement of services is not relevant for this report. |

| <p>10.</p> | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The Torbay LA Public Health Team used a prioritisation matrix as an assurance that services were commissioned based on evidence, impact and effective efficiency.</p> <p>There are a range of guidance, recommendations and supporting documentation that underpins young person’s substance misuse provision. These are summarised on the following websites:</p> <p>Public Health England http://www.nta.nhs.uk/young-people.aspx</p> <p>National Treatment Agency for Substance Misuse http://www.nta.nhs.uk/uploads/nta_essential_elements_youngpeople.pdf</p> <p>PHE JSNA Support Pack http://www.nta.nhs.uk/uploads/jsnadatapackyoungpeople2016-17.pdf</p> | | | | | | | | | | | | | | | |
|-------------------------------|---|-------------------------------|--------|---------|-----|-----|-------|----|-----|-------|-----------|----|------|--------------|------------|---------------|
| <p>11.</p> | <p>What are key findings from the consultation you have carried out?</p> <p>Feedback from the Mayor’s Budget consultation is shown below:</p> <table border="1" data-bbox="563 1330 1189 1597"> <thead> <tr> <th>Do you support this proposal?</th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>190</td> <td>45.6%</td> </tr> <tr> <td>No</td> <td>197</td> <td>47.2%</td> </tr> <tr> <td>No answer</td> <td>30</td> <td>7.2%</td> </tr> <tr> <td>Total</td> <td>417</td> <td>100.0%</td> </tr> </tbody> </table> <p>There were a small number of survey responses that directly commented on the budget proposals in relation to the young person’s substance misuse reductions. These consist of 2 areas:-</p> <p>Cost effectiveness and impact A concern was raised that because the substance misuse services directly impacts on children's health and families at risk, a reduction in these services which are already under resourced is dangerous. The result being that more children would be placed at risk and therefore more pressure would consequentially be placed upon children’s services.</p> <p>Importance of prevention</p> | Do you support this proposal? | Number | Percent | Yes | 190 | 45.6% | No | 197 | 47.2% | No answer | 30 | 7.2% | Total | 417 | 100.0% |
| Do you support this proposal? | Number | Percent | | | | | | | | | | | | | | |
| Yes | 190 | 45.6% | | | | | | | | | | | | | | |
| No | 197 | 47.2% | | | | | | | | | | | | | | |
| No answer | 30 | 7.2% | | | | | | | | | | | | | | |
| Total | 417 | 100.0% | | | | | | | | | | | | | | |

| | |
|-------------------|--|
| | <p>The importance of prevention was raised and it was felt that a reduction in the young person's substance misuse service would cause more problems down the line. It was pointed out that this is contradictory to the NHS 5 year forward plan which emphasises the future health of our nation and plans within the new models of care which all point to prevention.</p> <p>A fear was expressed that cutting a budget on such an area will lead to more young people establishing a long term habit of substance abuse, which has ongoing costs both in treating the individual for their complex health needs and often long term dependence on state benefits (ESA, housing etc).</p> |
| <p>12.</p> | <p>Amendments to Proposal / Mitigating Actions</p> <p>None</p> |

Equality Impacts

| 13 | Identify the potential positive and negative impacts on specific groups | | | |
|----|---|--|--|----------------|
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | | <p>55% of young people in treatment who reside in Torbay were aged 15 years or under and 45% were aged between 16 and 17 years. (Qtr 2 2016/17)</p> <p>The highest proportion of service users are under 16-years old, therefore those who are aged 13-15 years may be disproportionately affected by any changes to the substance misuse service.</p> <p>Pathways currently in place for the transition of young people into adult services could be impacted due to the capacity of the workforce but this should be mitigated by the assertive engagement of young people transitioning to adult services remaining in place.</p> | |
| | People with caring Responsibilities | The service seeks to increase year on year the number of | Carers of young people in substance misuse treatment | |

| | | | |
|---------------------------------|--|---|--|
| | <p>young people whose parents / carers access support. There has been a consistent increase in recorded activity for family work as a modality on NDTMS as young people are encouraged to allow parents and carers to participate in their treatment plans. The provider will still be expected to collaborate with young carers and young adult carer services therefore this element of the service will remain.</p> | <p>may be affected due to a potential shrinking workforce. Specific interventions such as training substance misuse workers in the Triple P Parenting programme may be affected.</p> <p>If the young person in treatment is themselves a parent or carer then their child or children may be negatively affected through the impact of the parents/carers own substance misuse.</p> | |
| <p>People with a disability</p> | <p>The service will continue to make themselves accessible to customers with disabilities including wheelchairs etc and other impairments such as sign language. The service will continue to collect the disability profiles of service users.</p> | | |
| <p>Women or men</p> | | <p>An average of 58% of young people in treatment were male and 42% were female. However, at age 15 a disproportionate number of females were using the service (71% of this age group being female). These figures therefore suggest that 15 year old females may be more affected from a reduction in</p> | |

| | | | |
|--|--|--|--|
| | | <p>service. (Qtr 2 2016/17)</p> <p>Furthermore, substance misuse can increase the vulnerability of young females as captured through national surveys. Vulnerabilities can either be through reduced inhibitions and / or sexual exploitation including increased risk of:-</p> <ul style="list-style-type: none"> • 'Regretted' sex • Unwanted pregnancies • Sexually Transmitted Diseases | |
| <p>People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i></p> | <p>Substance misuse services will continue to work with young people who are black or from a minority ethnic background (BME).</p> | <p>The treatment population reflects the ethnic mix of Torbay's wider population. However, language and cultural barriers and lack of knowledge of an unknown system can inhibit people who are black and from a minority ethnic background (BME) from accessing health services. The opportunity for substance misuse services to actively seek and target this population will be limited due to reduction of resources.</p> <p>In mitigation substance misuse services should continue to actively promote their services in all forms that people from a</p> | |

| | | | |
|---|---|--|--|
| | | different culture or with a different language can interact with. | |
| Religion or belief (including lack of belief) | No differential impact | | |
| People who are lesbian, gay or bisexual | Individualised care plans, by definition recognise diversity and should enable appropriate interventions to be in place for all service users that take account of individual need. This includes the needs of black and minority ethnic service users, disabled service users, male and female users and lesbian, bisexual, gay and transgender service users. | | |
| People who are transgendered | No evidence that the changes will disproportionately affect young people who have undergone gender reassignment. | | |
| People who are in a marriage or civil partnership | No differential impact. | | |
| Women who are pregnant / on maternity leave | The service will be available to young people who are misusing substances and are pregnant. | | |
| Socio-economic impacts (Including impact on child poverty issues and deprivation) | There will continue to be additional support services for education, training, employment and leisure as part of the young persons planned discharge. | Budget cuts to the service may affect the dedicated (Tier 2) targeted service that currently provides education and programmes of learning for young people who are considered to be at risk of substance misuse. These include young offenders, young people truanting from school, young people looked after by the local authority, young people excluded from school | |

| | | | |
|--|---|--|--|
| | | and young people whose parents / carers misuse substances. | |
| Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | The overall aim of the service is to reduce the harm caused by illegal drugs (and other psychoactive substances) to individuals, their families and the wider community and includes positive outcomes in physical and psychological health, including sexual health. | The Young Person's Substance Misuse services have a client group that is made up of vulnerable people often with very complex needs. Cutting capacity within this service could challenge the ability of the treatment system to improve outcomes around future employment, education, mental health and other health outcomes for this vulnerable group. This may be mitigated by adopting a universalism approach i.e. providing a service to all who need it, but prioritising resources to those who need it most. | |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | <ul style="list-style-type: none"> • The impact of the wider proposals to teenage parents, health visiting and school nursing, sexual health and other young people focussed proposals may have a compounding effect on populations of young people. • There may be fewer sources of support and fewer appropriate services for young people to reduce or manage harm and risks. • This could lead to increases in young people who are vulnerable and who have complex needs and these needs going unmet in Torbay | |
| 15 | Cumulative Impacts – Other public services (proposed changes | The new models of care in the health system locally, plus the emerging Sustainable Transformation Plan putting prevention first, is expecting more from local public health services when capacity in | |

| | | |
|--|--|---------------------------|
| | elsewhere which might worsen the impacts identified above) | the system is decreasing. |
|--|--|---------------------------|

Supporting Information and Impact Assessment

| | |
|--------------------------------|--------------------------|
| Proposal: | Home to School Transport |
| Executive Lead: | Julien Parrott |
| Director / Assistant Director: | Andy Dempsey |

| | | | | | |
|----------|-----|-------|---------------|---------|--------------------------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Andy Dempsey/ Rachael Williams |
|----------|-----|-------|---------------|---------|--------------------------------|

| Section 1: Background Information | |
|--|---|
| 1. | <p>What is the proposal / issue?</p> <p>Home to School Transport is a significant area of spend but one that is highly regulated based on entitlement thresholds around distance, school place availability and whether the child has additional needs. The budget also links with Social Care placements with dedicated educational provision.</p> <p>During 2016/17 the service has identified around £80k in savings alongside around £60k that has already been removed as part of in year changes. The proposal for 2017/18 is to review how further savings can be made through promoting independent travel for children and young people (i.e. travel without escorts) and reviewing current arrangements where pupils are receiving individual transportation, and route optimisation. It is anticipated that a further £59,000 can be saved in 2017/18 and £59,000 in 2018/19.</p> |
| 2. | <p>What is the current situation?</p> <p>Work is underway to explore how the savings can be identified which will require some capacity building to promote independent travel and volunteer capacity for escorts.</p> |
| 3. | <p>What options have been considered?</p> <p>In order to reduce the budget for home to school transport, a number of actions have been undertaken and further work has been recommended by PeopleToo.</p> <p>The review will seek to promote independent travel for children and young people and current arrangements where pupils are receiving individual transportation. The work will explore the potential to use trained volunteers to add to the capacity of employed school escorts.</p> <p>As part of the review of all routes needs to undertaken. This includes full consideration to the implementation of an IT solution to maximise route optimisation.</p> <p>Through this work there is the potential to review the current arrangements to see if alternative arrangements can be put in place to maximise the budget spent on transport.</p> |

| | |
|---|---|
| 4. | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>Ambition:</p> <ul style="list-style-type: none"> • Protecting all children and giving them the best start in life <p>Principles:</p> <ul style="list-style-type: none"> • Using reducing resources to best effect • Reducing demand through prevention and innovation • Integrated and joined up approach |
| 5. | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>The proposal may potentially have an impact on the children and young people both currently receiving a transport service and future service users. The proposal may increase the number of young people expected to use independent travel.</p> <p>Every child or young person will be subject to an individual review.</p> |
| 6. | <p>How will you propose to consult?</p> <p>Each child or young person receiving home to school transport will have their arrangements reviewed as part of an individual assessment and so consultation and feedback will be completed during the process and acted upon where required.</p> |
| Section 2: Expected Implications and Impact Assessment | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>The proposals are in line with legal advice and will be given to parents as an option only when cost effective. The proposal meets the legal advice that:</p> <ul style="list-style-type: none"> • The proposals do not change the transport entitlement, but provides a means of alternative delivery • Arrangements for any eligible child have to be free of charge (where applicable) • Changes to routes would be subject to risk assessments |
| 8. | <p>What are the <u>expected</u> risks?</p> <p>The use of volunteers to build escort capacity would require careful management and oversight to ensure that vulnerable pupils who receive transport remain safe. The implications of running a comprehensive volunteer programme would require additional capacity within the transport team, as they would still be subject to the same recruitment and safeguarding process as paid employees. The cost of creating this capacity would need to be monitored against the hours gained from volunteers.</p> |

| | |
|------------|---|
| | <p>The placement of pupils with staff acting in a voluntary capacity would require careful oversight. Many of the vulnerable pupils requiring escorts need consistency in order to cope with being transported, the impact of this would need to be carefully monitored.</p> <p>The cost of running this service using volunteers would be subject to a risk assessment and review by our insurance company. These costs are currently unknown.</p> <p>The impact of enabling a greater number of appropriate pupils to travel independently may lead to an increase in the cost. For example the cost of providing a bus pass compared to the cost of providing shared transport may result in an increased spend for the department.</p> <p>To maximise the impact of reviewing routes, the council will need to invest in additional IT software. The cost of the initial investment and on-going licence needs to be considered in potential future savings to be achieved.</p> |
| 9. | <p>Public Services Value (Social Value) Act 2012</p> <p>N/A</p> |
| 10. | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The proposal builds on the recommendations provided by PeopleToo. The evidence of the external consultants demonstrates that there are efficiency savings to be made through a review.</p> <p>The proposal will take into consideration the current pupil numbers and the intelligence that is held in relation to upcoming demand. Initial analysis in relation to independent travel training demonstrates that the initial figures provided by PeopleToo do not align with the local authority information with regard to potentially appropriate pupils. An initial scoping of pupils demonstrates that 26 pupils could be considered for this scheme, however more in-depth analysis shows that a high percentage live more than 3 miles, which would mean that access to a bus pass would remain.</p> |
| 11. | <p>What are key findings from the consultation you have carried out?</p> <p>The consultation will be carried out with individual pupils and their parents/carers as part of individual review and assessment.</p> <p>Conversations have taken place with the provider of Independent Travel Training and initial work demonstrates that there is capacity to build on the existing service to expand to a wider range of suitable pupils.</p> |
| 12. | <p>Amendments to Proposal / Mitigating Actions</p> <p>Mitigating actions will be taken in line with the individual pupil review process.</p> |

Equality Impacts

| 13 | Identify the potential positive and negative impacts on specific groups | | | |
|----|---|------------------------|--|----------------|
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | No differential impact | | |
| | People with caring Responsibilities | | All decisions will be subject individual reviews with the pupils/parent carers. Mitigating actions will be agreed on a case by case basis. | |
| | People with a disability | | All decisions will be subject individual reviews with the pupils/parent carers. Mitigating actions will be agreed on a case by case basis. | |
| | Women or men | No differential impact | | |
| | People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | No differential impact | | |
| | Religion or belief (including lack of belief) | No differential impact | | |
| | People who are lesbian, gay or bisexual | No differential impact | | |
| | People who are transgendered | No differential impact | | |
| | People who are in a | No differential impact | | |

| | | |
|----|---|------------------------|
| | marriage or civil partnership | |
| | Women who are pregnant / on maternity leave | No differential impact |
| | Socio-economic impacts (Including impact on child poverty issues and deprivation) | No differential impact |
| | Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | No differential impact |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | None identified |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | None identified |

Supporting Information and Impact Assessment

| | |
|--------------------------------|---|
| Proposal: | Reduction in the funding given to Healthwatch Torbay |
| Executive Lead: | Cllr Julien Parrott, Lead for Adults and Children |
| Director / Assistant Director: | Caroline Taylor, Director Adult Services |

| | | | | | |
|----------|-----|-------|---------------|---------|-----------------------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Fran Mason/Chris Lethbridge |
|----------|-----|-------|---------------|---------|-----------------------------|

| Section 1: Background Information | |
|--|---|
| 1. | <p>What is the proposal/issue?</p> <p>The proposal is to reduce the level of funding provided by the council to Healthwatch Torbay as follows:</p> <ul style="list-style-type: none"> • £10,000 in 17/18 (this includes £5,000 previously agreed in the 16/17 budget – therefore an additional £5,000 reduction is now proposed); and • £11,000 in 18/19 (this includes £5,000 previously agreed in the 16/17 budget – therefore an additional £6,000 reduction is now proposed). <p>The current funding provided by Torbay Council to Healthwatch is £135,000 (16/17). Healthwatch additionally receives grants and income from other sources, some of which is derived from undertaking work on behalf of organisations such as the South Devon and Torbay Clinical Commissioning Group (CCG).</p> |
| 2. | <p>What is the current situation?</p> <p>Healthwatch is a national consumer champion in health and care, with statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Though part of a national network, each local Healthwatch (as in Torbay) is an independent organisation dealing with local concerns. Healthwatch Torbay support local people in influencing and challenging how health and social care services are provided within their area. They also provide or signpost people to information to help them make choices about health and care services.</p> |

| | |
|------------------|---|
| | <p>The Health and Social Care Act 2012 stated that local authorities would have a local Healthwatch organisation in their area from April 2013, but have the flexibility to choose how they commission it to achieve best value for money for their communities. Torbay Council chose to set up Healthwatch Torbay as an independent (free-standing as opposed to hosted) organisation, able to employ its own staff and involve volunteers.</p> <p>The original contract started on the 1 April 2013, with an initial length of one year. However, the contract did include an option to extend and therefore the current contract runs up until 31 March 2019. The Health and Social Care Act 2012 states that local authorities fund their local Healthwatch. The council receives a Local Reform and Community Voices Grant and Healthwatch Torbay is part-funded from this money, with the council making an additional contribution. The current budget for 2016/17 is £135,000. Healthwatch additionally receives grants and income from other sources, some of which is derived from undertaking work on behalf of organisations such as the South Devon and Torbay Clinical Commissioning Group (CCG).</p> <p>Torbay Council are proposing to reduce the level of funding provided by the authority, whilst still providing financial assistance to Healthwatch Torbay to support them in delivering services to the community.</p> <p>Savings of £5,000 in 17/18 and £5,000 in 18/19 were identified during 2016/2017 budget development and this reducing contract value is recorded as part of contract variation so will be achieved. Further savings of £5,000 in 2017/18 and £6,000 in 2018/19 are proposed alongside potential reductions in the level of service.</p> <p>No significant implementation costs are associated with this proposal, though potential costs to the wider community are reflected in section 2. of this Impact Assessment.</p> |
| <p>3.</p> | <p>What options have been considered?</p> <p>The provision of a local Healthwatch is a statutory requirement for the council and therefore termination of this service is not an option. The function plays an important role in providing a voice to the local public and helping to hold to account commissioners and providers of health and care services in Torbay.</p> <p>As noted above the council has some discretion in terms of how it commissions this service. In parallel to this proposal, future options will be developed with regards to how we commission and procure information, advice and advocacy services and encourage providers to build on their partnerships with each other, to achieve a more integrated offer to the public.</p> |

| | |
|---|---|
| 4. | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>Ambitions: Prosperous and Healthy Torbay</p> <p>Principles:</p> <ul style="list-style-type: none"> • Use reducing resources to best effect • Integrated and joined up approach <p>Targeted actions:</p> <ul style="list-style-type: none"> • Protecting and supporting vulnerable adults |
| 5. | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>The proposal directly affects Healthwatch Torbay, together with potential users of their services.</p> <p>Consultation will take place with the following:</p> <ul style="list-style-type: none"> • Healthwatch Torbay; • Service Users (via Healthwatch); • South Devon and Torbay Clinical Commissioning Group (CCG); and • The general population. |
| 6. | <p>How will you propose to consult?</p> <p>Consultation on this proposal will take place as part of the general consultation on the budget proposals and via the service provider.</p> |
| <p>Section 2: Expected Implications and Impact Assessment (These sections will be updated and expanded following the consultation period.)</p> | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>The proposal would achieve a financial saving of £11,000 over the next two years (in addition to the £10,000 savings that will be realised as a result of previously agreed reductions).</p> <p>There are limited direct cost implications to the council. However, there may be potential indirect financial and legal costs to the wider health and care system if the provider has to reduce their service e.g. an increase in the level of complaints or enquiries being dealt with by the council and other providers or missed opportunities to learn from service failure in the health and care system, to improve how we support the public.</p> |

8.

What are the expected risks?

As we are not proposing to discontinue funding to this statutory service and the proposed budget reductions are relatively small, the expected risks are minimised. However, the impact on the provider might require them to reduce their service.

Potentially a reduced level of service might therefore risk:

- health and care service user's views not being heard;
- fewer opportunities to have a positive impact on the behaviour and knowledge of health and care professionals;
- the quality of service provision might not improve, due to lost opportunities to learn from service user's experiences (good and bad) of the health and care system;
- Healthwatch Torbay possibly not being able to perform (in part or whole) some of their statutory functions;
- this decision could create a level of political and media scrutiny, including the potential for interest from Public Health England; and
- if the proposal is not accepted, savings will need to be found elsewhere.

| Section 2: Implications and Impact Assessment | |
|---|--|
| 9. | <p>Public Services Value (Social Value) Act 2012 Not Applicable.</p> |
| 10. | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>Healthwatch Torbay's Annual Report 2015/16 highlights the activity the organisation undertook in that year and similar work has continued during this financial year. This included:</p> <ul style="list-style-type: none"> • gathering people's experiences and views through the 'rate & review' system; • taking part in engagement activities; • conducting consultations; • providing advice and information; • escalating concerns and complaints; • visiting service providers e.g. care homes as part of the 'enter & view' role; • undertaking bespoke projects to identify specific issues; and • producing reports on various topics (based on the activity highlighted above). <p>As part of the budget consultation council colleagues met with the Chief Executive of Healthwatch Torbay and the proposal was also included in the questionnaire available to the general public.</p> |
| 11. | <p>What are key findings from the consultation you have carried out?</p> <p>Public consultation on the budget proposals started on 7th November 2015 and closed on the 16th December 2016. An online and paper survey was made available.</p> <p>The following response was received in relation to this proposal:</p> <p>Healthwatch:</p> <p>To reduce the level of funding provided by the Council to Healthwatch. This proposal is expected to save £10,000 in 2017/18, and £11,000 in 2018/19. <i>Healthwatch Torbay supports local people in influencing and challenging how health and social care services are provided within their area. They also provide information to help people make choices about health and care services. The proposed budget for next year would be £125,000.</i></p> |

| Do you support this proposal? | Number | Percent |
|-------------------------------|------------|---------------|
| Yes | 243 | 58.3% |
| No | 144 | 34.5% |
| No answer | 30 | 7.2% |
| Total | 417 | 100.0% |

A quarterly contract review meeting was held with Healthwatch in December 2016 where they were advised to:

- respond to the proposals directly related to them;
- ask them to encourage their service users and stakeholders to respond to the proposals; and
- encourage the providers to comment on the wider budget proposals where they felt it was relevant.

As a result any feedback received from Healthwatch or their service users would have been included in the general consultation feedback as above and will be included in the budget consultation report.

12.

Amendments to Proposal / Mitigating Actions

None.

Equality Impacts

| 13 | Identify the potential positive and negative impacts on specific groups | | |
|-------------------------------------|--|--|-----------------------|
| | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| Older or younger people | No differential impact. | | |
| People with caring Responsibilities | | <p>Healthwatch Torbay are partly co-located with Torbay Carers Service and share some resources. There is the potential that a reduction in Healthwatch funding might impact on the effectiveness of this relationship, which in turn might impact on the ability of the Carers Service to support people with caring responsibilities.</p> <p>However as we are not proposing to discontinue funding to this statutory service and the proposed budget reductions are relatively small, the expected risks are minimised.</p> | |
| People with a disability | | <p>Healthwatch is the local consumer champion of users of health and care services. There is the potential that as some users of the existing service may have long-term conditions</p> | |

| | | | |
|---|-------------------------|--|--|
| | | <p>or disabilities, any reduction in funding might impact upon this client group.</p> <p>However as we are not proposing to discontinue funding to this statutory service and the proposed budget reductions are relatively small, the expected risks are minimised.</p> | |
| Women or men | No differential impact. | | |
| People who are black or from a minority ethnic background (BME) (<i>Please note Gypsies / Roma are within this community</i>) | No differential impact. | | |
| Religion or belief (including lack of belief) | No differential impact. | | |
| People who are lesbian, gay or bisexual | No differential impact. | | |
| People who are transgendered | No differential impact. | | |
| People who are in a marriage or civil partnership | No differential impact. | | |
| Women who are pregnant / on maternity leave | No differential impact. | | |
| Socio-economic impacts | | | |

| | | | |
|--|---|---|--|
| (Including impact on child poverty issues and deprivation) | No differential impact. | | |
| Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | | <p>As Healthwatch Torbay is the local consumer champion for health and care services, any reduction in funding has the potential to reduce their effectiveness in this role.</p> <p>However as we are not proposing to discontinue funding to this statutory service and the proposed budget reductions are relatively small, the expected risks are minimised.</p> | |
| 14 Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | The proposed funding reductions to seAp (Advocacy support), and the CAB might have cumulative impacts on Healthwatch and vice versa, in terms of their ability to work together. | | |
| 15 Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | <p>There is the potential that this proposal could impact upon health and social care commissioners (council and CCG and providers (public, voluntary and private). For example, Healthwatch might not be able to undertake as many public consultations and might not be able to perform some of their statutory functions.</p> <p>Proposed funding reductions across the health and care system may generate increased demand on Healthwatch, at a time when we are also proposing to reduce their funding.</p> | | |

Supporting Information and Impact Assessment

| | |
|--------------------------------|--------------------------|
| Proposal: | Community Engagement |
| Executive Lead: | Councilor Julien Parrott |
| Director / Assistant Director: | Caroline Taylor |

| | | | | | |
|----------|-----|-------|---------------|---------|-------------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Shirley Beauchamp |
|----------|-----|-------|---------------|---------|-------------------|

| Section 1: Background Information | |
|--|--|
| 1. | <p>What is the proposal / issue?</p> <p>The proposal is to delete the vacant Community Engagement Officer Post resulting in a £22k saving.</p> |
| 2. | <p>What is the current situation?</p> <p>The Community Engagement Officer role is currently vacant and has been vacant since the beginning of August 2016.</p> <p>The purpose of the role was to co-ordinate co-production activity in the commissioning and procurement of community based support services commissioned by the Authority, and working with partners, to ensure that the voice and the role of the service user is reflected in service development. The role also provided line management for a Link Worker.</p> <p>Co production is the process of working in an equal and reciprocal partnership with professionals and people who use services, and the wider community, to improve and develop public services.</p> <p>This proposal is made as part of the savings targets for 2017/18.</p> |

| | |
|------------------|--|
| <p>3.</p> | <p>What options have been considered?</p> <p>Options considered:</p> <ol style="list-style-type: none"> 1) Discontinue community engagement activity altogether 2) Explore potential for the Link Worker to be transferred to another commissioned advocacy and engagement service. <p>Option 2 has been proposed as the Link Worker could be co-located to another commissioned advocacy and engagement service to provide further opportunities to engage with the community, whilst retaining links to the Partnership Commissioning Team (PCT) in Torbay Council and the commissioning work-plan.</p> <p>Discussions will now need to take place with key stakeholders to understand if option 2 is viable.</p> |
| <p>4.</p> | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>The proposal supports:</p> <p>Principles:</p> <ul style="list-style-type: none"> • Use reducing resources to best effect • Integrated and joined up approach <p>Targeted actions:</p> <ul style="list-style-type: none"> • Protecting and supporting vulnerable adults |
| <p>5.</p> | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>The proposal will have an impact on:</p> <ul style="list-style-type: none"> • The Link Worker • Key Stakeholders i.e. PCT • The proposal may have an impact on the wider community of people using services as there is the potential that that co-production may be less effective <p>The following stakeholders will need to be made aware of the consultation so they have the opportunity to make any representations:</p> <ul style="list-style-type: none"> • Link Worker • Speaking Out Torbay (SPOT) • Torbay Voice volunteers • Torbay Community Development Trust • Partnership Commissioning Team (PCT) • Healthwatch • Commissioned services |

| | |
|-----------|---|
| 6. | <p>How will you propose to consult?</p> <p>The proposal will be considered in the general budget consultation and questionnaire.</p> <p>The key stakeholders identified above will need to be made aware of the consultation and provided with details and support if required on how they can make any further representations about the proposals.</p> |
|-----------|---|

Section 2: Expected Implications and Impact Assessment

(These sections will be updated and expanded following the consultation period.)

| | |
|-----------|---|
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>Financial saving of £22,000</p> |
| 8. | <p>What are the <u>expected</u> risks?</p> <ul style="list-style-type: none"> • Ability to co-produce services may be reduced/restricted • If proposal is not accepted, savings will need to be found elsewhere. |

Section 2: Implications and Impact Assessment

| | |
|------------|--|
| 9. | <p>Public Services Value (Social Value) Act 2012</p> <p>N/A</p> |
| 10. | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>This proposal is likely to indirectly affect those vulnerable people who use support services commissioned by the Council. This is because it will be more difficult to gain the perspective of those with lived experience as a result of the loss of the dedicated Customer Engagement role to co-ordinate and undertake consultation activity.</p> <p>There is the potential that as a result services may be less responsive to the needs of those that use them.</p> <p>However alternative options will continue to be investigated as to whether the Link Worker role could be transferred to another commissioned advocacy and engagement service resulting in further opportunities to engage with the community, whilst retaining links to the Partnership Commissioning Team (PCT) in Torbay Council and the commissioning workplan.</p> |

11.

What are key findings from the consultation you have carried out?

Results from Mayor’s proposed budget questionnaire

Community Engagement Officer:

To delete the vacant post of Community Engagement Officer.

This proposal is expected to save £22,000 in 2017/18.

The purpose of this role is to encourage service users to have a say in the design of services. There is potential for the service provided by this role to be delivered by other partners. The proposed budget for next year would be nil.

| Do you support this proposal? | Number | Percent |
|-------------------------------|------------|---------------|
| Yes | 353 | 84.7% |
| No | 42 | 10.1% |
| No answer | 22 | 5.3% |
| Total | 417 | 100.0% |

In addition to the general Mayor’s budget consultation, questionnaires were also sent to Torbay Voice members (29 members). Six questionnaires were returned equally a 21% response rate. The responses have all been listed below.

Q1. Do you agree with the proposal to stop funding the Community Engagement Officer post?

| Answer | Number of responses |
|--------|---------------------|
| Yes | 1 |
| No | 5 |
| Total | 6 |

If no please say why

| |
|--|
| Comments: |
| “You need someone to organise and enthuse volunteers to do the work the Council should be doing, also to collate the results and pass the info to the correct dept.” |
| “End of Torbay Voice” |
| “Because they have a vital role out in the community where issues are raised and looked into” |
| “We can achieve more if we have that officer” |
| “I found the role helped ‘Torbay Voice’ a lot. By helping people engage more actively and stimulate service’s needs. And get good contacts in the community.” |

Q2. How do you think the proposals will affect the work of Torbay Voice?

| |
|---|
| Comments: |
| “A great deal. Torbay Voice members come from a cross section of society. |

Collectively they have experience of most of the services and have a wealth of knowledge but this needs someone to bring out these skills and organise and use them.”

“People will be less committed.”

“More people in crisis, ignored and more work for Torbay Voice”

“As above, achieve less, and make much more work for existing staff.”

“There would be less input and structure. And it would cause us to lose a leader in community projects; ideas; events etc. At a time when attendees to ‘Torbay Voice’ meetings are low we need as much support as possible.”

Q3. Is it important that people are involved in planning and checking services?

| Answer | Number of responses |
|--------|---------------------|
| Yes | 6 |
| No | 0 |
| Total | 6 |

Please tell us why

Comments:

“Its v. important, as they know better than anyone how these services should work. If not checked things do down hill fast. How can you plan something if you never use or experience it?....”

“Because Quality Control is highly Important.”

“You get information at grass roots level”

“We have lived experience and speak from the heart”

“There are more points of view”

“There's nothing like life experience. People who use the services have an insight into planning and checking services. They have the skills to help move services forward and help improve better services.”

12. Amendments to Proposal / Mitigating Actions

No amendments. We continue to seek to identify the most suitable agency to host the Torbay Voice Link Worker role.

Equality Impacts

| | | | | |
|----|---|--|---|-----------------------|
| 13 | Identify the potential positive and negative impacts on specific groups As the CEO role works to ensure vulnerable service users voices are heard, all groups listed below have the potential to be impacted upon. However to potentially mitigate against any impact alternative options will continue to be investigated as to whether the Link Worker role could be transferred to another commissioned advocacy and engagement service resulting in further opportunities to engage with the community, whilst retaining links to the Partnership Commissioning Team (PCT) in Torbay Council and the commissioning work-plan. | | | |
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | No differential impact – please see note above | | |
| | People with caring Responsibilities | No differential impact – please see note above | | |
| | People with a disability | No differential impact – please see note above | | |
| | Women or men | No differential impact – please see note above | | |
| | People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | No differential impact – please see note above | | |
| | Religion or belief (including lack of belief) | No differential impact – please see note above | | |
| | People who are lesbian, gay or bisexual | No differential impact – please see note above | | |
| | People who are | No differential impact – please see note above | | |

| | | |
|----|---|---|
| | transgendered | |
| | People who are in a marriage or civil partnership | No differential impact – please see note above |
| | Women who are pregnant / on maternity leave | No differential impact – please see note above |
| | Socio-economic impacts (Including impact on child poverty issues and deprivation) | No differential impact – please see note above |
| | Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | No differential impact – please see note above |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | Other services commissioned by the Council which also advocate on behalf of service users are also subject to budget reduction proposals i.e. SEAP, CAB, Healthwatch. The potential cumulative impact is less opportunity for service users and those with lived experience to inform and influence the development and quality of services. |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | Other services commissioned by the Council which also advocate on behalf of service users are also subject to budget reduction proposals i.e. SEAP, CAB, Healthwatch. The potential cumulative overall impact is less opportunity for service users and those with lived experience to inform and influence the development and quality of services. |

Supporting Information and Impact Assessment

| | |
|--------------------------------|--|
| Proposal: | Reduction in the funding given to the Torbay Citizens Advice Bureau (CAB) |
| Executive Lead: | Cllr Julien Parrott, Lead for Adults and Children |
| Director / Assistant Director: | Caroline Taylor, Director Adult Services |

| | | | | | |
|----------|-----|-------|---------------|---------|-----------------------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Fran Mason/Chris Lethbridge |
|----------|-----|-------|---------------|---------|-----------------------------|

| Section 1: Background Information | |
|--|---|
| 1. | <p>What is the proposal/issue?</p> <p>The proposal is to reduce the funding given to the Torbay Citizens Advice Bureau (CAB).</p> <p>The proposal is to reduce the funding by £8k (17/18) and a further £6k (18/19). This would equate to an approximate 10% reduction for each year (based on current 16/17 budget of £75k).</p> |
| 2. | <p>What is the current situation?</p> <p>Torbay CAB provides free, impartial, confidential and independent advice, information and assistance to the public. The issues covered range from life events through all aspects of benefits, debt, disabilities, employment law and relationships. In 2014/15 the main areas of enquiry related to benefits (27%), debt (19%) and housing advice (12%), though clients can often present with multiple, interrelated issues. More recently the percentage of clients seeking debt advice has doubled, whilst benefits enquiries (in percentage terms) remain steady.</p> <p>As a charity Torbay CAB receives no direct funding from government and is dependent on grants and donations from a variety of sources. Torbay Council provides a grant of £75k that in 2014/15 equated to approximately 30% of Torbay CAB's funding. This is not a statutory service.</p> <p>The current Service Level Agreement (SLA) between Torbay Council and Torbay CAB is renewable on a yearly rolling basis unless parties choose to terminate by agreement.</p> <p>Due to significant budget pressures faced by Torbay Council we are proposing to reduce the level of funding provided by the authority, whilst still providing financial assistance to the CAB to support them in delivering services to the community. Torbay CAB actively seeks to secure resources from other areas, whilst at the same time exploring opportunities to deliver their services more</p> |

| | |
|----|---|
| | <p>effectively and efficiently.</p> <p>No significant implementation costs are associated with this proposal, though potential costs to the wider community are reflected in section 2. of this Impact Assessment.</p> |
| 3. | <p>What options have been considered?</p> <p>As there is no statutory requirement for the council to support the local CAB, one option could be to cease funding completely (this has occurred in at least one other local authority and maybe in others).</p> <p>However, given the nature of Torbay's economy and the underlying deprivation present in some of our communities, it is not felt appropriate at present to cease funding completely. The proposal offers a balance between achieving savings for the council (which will be partly balanced by the CAB itself exploring options to work more efficiently) and still providing an independent advice and information service to the people of Torbay.</p> <p>In parallel to this, future options will be developed with regards to how we commission and procure information, advice and advocacy services and encourage providers to build on their partnerships with each other, to achieve a more integrated offer to the public.</p> |
| 4. | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>Ambitions: Prosperous and Healthy Torbay</p> <p>Principles:</p> <ul style="list-style-type: none"> • Use reducing resources to best effect • Integrated and joined up approach <p>Targeted actions:</p> <ul style="list-style-type: none"> • Protecting and supporting vulnerable adults |
| 5. | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>The proposal directly affects Torbay CAB, together with potential users of their services.</p> <p>Consultation will take place with the following:</p> <ul style="list-style-type: none"> • Torbay CAB; and • The general public. |

| | |
|---|--|
| 6. | <p>How will you propose to consult?</p> <p>Consultation on this proposal will commence following the announcement of the Mayor's draft budget proposals in November 2016. This will include direct consultation with Torbay CAB.</p> <p>To ensure that all potential future users of this service are given the opportunity to have their say, information along with a survey will be made available online and in paper as part of the wider consultation on the Mayor's budget.</p> |
| <p>Section 2: Expected Implications and Impact Assessment (These sections will be updated and expanded following the consultation period.)</p> | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>The proposal would achieve a financial saving of £14k over the next two years.</p> <p>There are limited direct cost implications though the proposed reduction in funding to the CAB might lead to an increase in presentations to Torbay Council information and advice services (see below).</p> <p>There are no legal implications as we are not proposing to terminate the contract at this stage, which is renewable on a yearly rolling basis. The funding is not statutory.</p> |
| 8. | <p>What are the <u>expected</u> risks?</p> <p>As we are not proposing to discontinue funding to Torbay CAB and the proposed budget reductions are relatively small, the expected risks are minimised. However, the impact on the service provider might require them to reduce their service and case-load. A reduced level of information and advice might therefore risk:</p> <ul style="list-style-type: none"> • the CAB may not be able to deliver as many advice sessions to their client base, which may have a negative impact on individuals (including reduced incomes); • there may be an increase in demand across other functions e.g. the council's Connections service (face-to-face and telephone enquiries), GPs, etc; • any reduction in the level of advice provided could lead to higher costs in the wider system e.g. loss of preventative interventions; and • if the proposal is not accepted, savings will need to be found elsewhere. |

Section 2: Implications and Impact Assessment

9. Public Services Value (Social Value) Act 2012

Not applicable.

10. What evidence / data / research have you gathered in relation to this proposal?

There are high levels of deprivation with Torbay falling within the top 14% of most deprived districts in England and Wales in the rank of average scores (Source: Deprivation Indices 2015).

Torbay's total individual insolvency rate was ranked first out of 348 districts, boroughs and unitary authorities in 2015 (Source: The Insolvency Service).

In 2015/16 the service had over 12,000 contacts and directly advised 6,662 clients. The service gave advice on 16,785 problems during 2015/16: an increase of 6% on 2014/15. Debt is the main enquiry area for the service with 42% of enquiries falling within this category (more than double the figure for 2014/15). The specialist debt advice service helped 488 people in 2015/16 (Source: Torbay CAB Annual Report 2015/16).

As part of the budget consultation council colleagues met with the manager of Torbay CAB and the proposal was also included in the questionnaire available to the general public.

11. What are key findings from the consultation you have carried out?

A question on this proposal was included as part of the general budget consultation – the results from this are as follows:

Citizens Advice Bureau:

To reduce the funding given to the Torbay Citizens Advice Bureau (CAB). This proposal is expected to save £8,000 in 2017/18 and £6,000 in 2018/19. CAB provides free, impartial and confidential advice, information and assistance to the public. They support people through a range of issues such as debt, benefits, employment law and relationships. The proposed budget for next year would be £68,000.

| Do you support this proposal? | Number | Percent |
|-------------------------------|------------|---------------|
| Yes | 126 | 30.2% |
| No | 271 | 65.0% |
| No answer | 20 | 4.8% |
| Total | 417 | 100.0% |

In addition, the provider of the service submitted a written response. Feedback has been analysed and grouped into key themes, with examples of comments made:

| Themes | Examples |
|--|---|
| Not Government funded | "... is not funded by Government , but relies on grants and funding from local and national organisations, including Torbay Council." |
| Advice given | "... provides free, impartial and independent confidential advice on any issue, to anyone, throughout the Torbay community." |
| Well known | "... has been established in the Torbay area for over 50 years and is well known by individuals and providers." |
| Referrals from Torbay Council | "... receives referrals from Torbay Council on a regular basis ... the level of referrals has increased significantly and Torbay Citizens Advice is processing more forms on behalf of the council." |
| Reducing funding | "... has had its budget cut since 2014 to the present level which is a 50% reduction. ... proposed cuts will result in a further fall of 18.6% on present level and 60% since 2014." |
| Benefits to clients, community and alleviates burden on other services | "... gained £1,321,715 for clients in financial benefits, which would be put back into the community" "If our service is to be further reduced then we believe, based on our information, that the whole of Torbay's public services will find their current challenging burden increased." |
| Specialist service | "Torbay Citizens Advice is now the only free debt advice service, with nationally certified specialist caseworkers, providing face to face quality assured advice for the people of Torbay." |
| Supports disadvantaged groups | "We are all aware that Torbay's population is unfortunately, significantly over represented in certain criteria by several groups some of which are socially disadvantaged, the elderly, the unemployed and those in work who ... are just about managing. ". ... These disadvantaged groups comprise a significant percentage of our community and they use, appreciate and depend upon the service provided by Torbay Citizens Advice. One benefit of their utilization of our services is that they manage their affairs more effectively with improved mental and physical health." |
| May need to reduce services | "When our Grant was cut this year we reluctantly had to reduce the Bureau's opening hours to the public." |

| | | | |
|-------------------|--|--|---|
| | <table border="1"> <tr> <td data-bbox="331 152 619 280"></td> <td data-bbox="619 152 1385 280"> <p>We are most anxious not to reduce our Services any further. Additional cuts in our Grant may leave us with no alternative but to do so.”</p> </td> </tr> </table> | | <p>We are most anxious not to reduce our Services any further. Additional cuts in our Grant may leave us with no alternative but to do so.”</p> |
| | <p>We are most anxious not to reduce our Services any further. Additional cuts in our Grant may leave us with no alternative but to do so.”</p> | | |
| <p>12.</p> | <p>Amendments to Proposal / Mitigating Actions</p> <p>None.</p> | | |

Equality Impacts

| | | | | |
|----|---|-------------------------|---|-----------------------|
| 13 | Identify the potential positive and negative impacts on specific groups | | | |
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | | <p>According to Advice Trends: Quarterly client statistics of the Citizens Advice services in England and Wales (July – Sep 2016) CAB proportionally sees more clients in the ‘working age’ bracket (25 – 64 years of age).</p> <p>Any decrease in funding and potential subsequent reductions in service might therefore impact more on this population group in Torbay.</p> | |
| | People with caring Responsibilities | No differential impact. | | |
| | People with a disability | | <p>According to Advice Trends: Quarterly client statistics of the Citizens Advice services in England and Wales (July – Sep 2016) CAB proportionally sees more clients with a disability.</p> <p>Any decrease in funding and potential subsequent reductions in service might therefore impact more on this</p> | |

| | | | |
|---|-------------------------|--|--|
| | | population group in Torbay. | |
| Women or men | | <p>According to Advice Trends: Quarterly client statistics of the Citizens Advice services in England and Wales (July – Sep 2016) CAB proportionally sees slightly more female clients than men.</p> <p>Any decrease in funding and potential subsequent reductions in service might therefore impact more on this population group in Torbay.</p> | |
| People who are black or from a minority ethnic background (BME) (<i>Please note Gypsies / Roma are within this community</i>) | No differential impact. | | |
| Religion or belief (including lack of belief) | No differential impact. | | |
| People who are lesbian, gay or bisexual | No differential impact. | | |
| People who are transgendered | No differential impact. | | |
| People who are in a marriage or civil partnership | No differential impact. | | |
| Women who are pregnant / on maternity leave | No differential impact. | | |
| Socio-economic impacts (Including impact on child poverty issues and deprivation) | | According to Torbay CAB's Annual Report (2015/16) as a result of providing support to people there were confirmed financial gains for clients | |

| | | | |
|--|--|---|--|
| | | <p>totaling £1,321,715 during 2015/16.</p> <p>The proposed reduction in funding to the CAB might mean that fewer clients are helped, possibly leading to a fall in income flows to the local economy.</p> <p>According to Advice Trends: Quarterly client statistics of the Citizens Advice services in England and Wales (July – Sep 2016) CAB proportionally sees more clients who are unemployed or economically inactive.</p> <p>Any decrease in funding and potential subsequent reductions in service might therefore impact more on this population group in Torbay.</p> | |
| <p>Public Health impacts (How will your proposal impact on the general health of the population of Torbay)</p> | | <p>According to Advice Trends: Quarterly client statistics of the Citizens Advice services in England and Wales (July – Sep 2016) CAB proportionally sees more clients with long-term health problems and/or mental health issues.</p> <p>Any decrease in funding and</p> | |

| | | | |
|-----------|---|---|--|
| | | potential subsequent reductions in service might therefore impact more on this population group in Torbay. | |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | A reduction in council funding might mean that the CAB might not be able to absorb any increase in demand or might lead to delays in responding to enquiries e.g. through a possible reduction in the opening hours available to the public. | |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | Any national or local changes to benefits policies e.g. such as the introduction of Universal Credit might have a cumulative impact on the service. This may include an increase in overall enquiries related to benefits or more clients being redirected from other service such as Jobcentre Plus. | |

Supporting Information and Impact Assessment

| | |
|--------------------------------|---|
| Proposal: | Budget reduction to Young Parents Support and Accommodation Service |
| Executive Lead: | Cllr Julien Parrott |
| Director / Assistant Director: | Caroline Taylor |

| | | | | | |
|----------|-----|-------|---------------|---------|-------------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Shirley Beauchamp |
|----------|-----|-------|---------------|---------|-------------------|

Section 1: Background Information

1.

What is the proposal / issue?

The original proposal was to reduce the annual contract budget to the Young Parents Support and Accommodation Service from £103,500 to £70,500pa in 2017/18, and a further reduction of £35,000 in 2018/19, bringing the budget to nil. This will mean that the service will need to be decommissioned.

Following consultation the proposal has changed - a pilot scheme for a new model for the young parents service has been successful and the service is now fully utilised. Therefore the proposal is now to maintain the funding for this service.

| | |
|-----------|---|
| <p>2.</p> | <p>What is the current situation?</p> <p>The Young Parents Support and Accommodation Service provides 12 units of accommodation and 12 units of outreach support for young parents aged 16-24 years old.</p> <p>The contract has been extended via a waiver to run until 31st May 2017.</p> <p>The service works with vulnerable young parents and their children and deliver support for them:</p> <ul style="list-style-type: none"> • to be safe • to become positive parents • to gain the life skills they need to achieve and maintain independent living • to become sustainably housed <p>The service supports and promotes engagement and access to positive parenting and life skills; and specifically targets pre-care proceedings cases or those where high level Early Help is involved, and the case risks tipping into statutory assessment. The pilot has recently been extended to include Early Help cases due to a lack of demand from pre-court cases, partly due to issues for those undergoing court assessment around existing tenancies, and referrals are now increasing.</p> <p>A parent can stay in the Supported Parenting Service for a maximum of 12 months and receive outreach support for a further four weeks after leaving the service.</p> |
| <p>3</p> | <p>What options have been considered?</p> <p>Options considered:</p> <ol style="list-style-type: none"> 1) Decommission the service entirely 2) Reduce the budget and seek alternative funding to facilitate the procurement of a future service. There is no committed funding at this time to allow the service to continue beyond May 2017 or to fund any shortfall. <p>As a result of the reductions proposed the service will not be viable and would therefore have to be decommissioned.</p> |
| <p>4.</p> | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>Reducing resources to best effect.</p> |

| | |
|------------------|--|
| <p>5.</p> | <p>Who will be affected by this proposal and who do you need to consult with? The proposal to reduce and then withdraw the budget will mean that the service will not be viable and will be unable to provide support for these families, and will cease.</p> <p>Vulnerable young parents and their children will be most affected. This includes families working with Children’s Services either at an early intervention or social care level (i.e. families on child protection plans and Common Assessment Framework plans, or going through court to assess parenting ability). The service supports young parents to adhere to statutory plans and is a key partner in the safeguarding of children using the service.</p> <p>Housing Services may also be affected and see an increase in assistance required for young parents with children who will be considered to have a priority need under homelessness legislation.</p> <p>Key stakeholders affected are:</p> <ul style="list-style-type: none"> • Children’s Services • Health Visitors • Midwives • Service Provider; staff employed within the service may be subject to redundancy. • Housing Services • Children’s Centers |
| <p>6.</p> | <p>How will you propose to consult? A consultation exercise will be undertaken with clients of the service, the service provider and other key stakeholders.</p> <p>All stakeholders will be given information about the proposal and invited to complete a consultation questionnaire or attend a focus group.</p> <p>We will use Torbay Voice members (former service users) to facilitate focus groups and consultation meetings. We will also obtain individual feedback via email or letter.</p> <p>The proposal will also be included as part of the general consultation on the budget proposals.</p> |

| Section 2: Expected Implications and Impact Assessment (These sections will be updated and expanded following the consultation period.) | |
|---|---|
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>There is a likelihood for increased costs to Children’s Services in terms of:</p> <ul style="list-style-type: none"> • parenting assessments and /or placements • resources to manage an increase in safeguarding referrals and child protection activity • increase in numbers of children taken into care |
| 8. | <p>What are the <u>expected</u> risks?</p> <p>If the proposal is <u>not implemented</u> the savings will need to be met elsewhere.</p> <p><u>Risks associated with approving the proposal:</u></p> <ul style="list-style-type: none"> • Increased demand across within Children’s Services including safeguarding and looked after children; • Increase in the number of families presenting to Housing Options for accommodation, advice and assistance; |
| Section 2: Implications and Impact Assessment | |
| 9. | <p>Public Services Value (Social Value) Act 2012</p> <p>Not applicable</p> |
| 10. | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The service is currently full, and has one person waiting and works with young parents who have children on a Child Protection Plan or who have been referred by Early Help as there is a risk of Child Protection proceedings if support is not provided. Most have no other accommodation options.</p> |
| 11. | <p>What are key findings from the consultation you have carried out?</p> <p>Results from Mayor’s proposed budget questionnaire:</p> <p>The following question was asked as part of the general budget consultation:</p> <p>To reduce the annual contract budget for young parent services. This proposal is expected to save £33,000 in 2017/18, and £35,000 in 2018/19.</p> <p><i>This service currently provides 12 units of accommodation and 12 units of outreach support for young parents aged between 16 and 24 years old. The</i></p> |

proposed budget for next year would be £71,000.

| Do you support this proposal? | Number | Percent |
|-------------------------------|------------|---------------|
| Yes | 208 | 49.9% |
| No | 183 | 43.9% |
| No answer | 26 | 6.2% |
| Total | 417 | 100.0% |

Service User Consultation (Current and former)

Three focus groups were held on the 30th November and were attended by nine people- a mix of current and former service users.

Feedback results are below, grouped into key themes with the most common first, with examples of comments made:

Q1. What support has been given to you at the Young Parents Service and how has this helped you?

Other comments made during the focus groups that were not in response to a particular question have also been added here.

| Themes | Examples of comments |
|-------------------------------------|--|
| Life skills | “Cook and clean” “Learnt a lot” |
| Children | “Didn’t know what to do with baby- helped” “Moved from Child Protection to CIN [Child in Need] Status now” |
| Support from support workers | “Support worker to talk to and listen” “Emotional support when struggling” |
| Health | “Healthy lifestyles came in to talk about smoking etc.” “Support Worker helped access medication, GP appointments and support from Domestic Abuse Service.” |
| Preparation for the future-optimism | “Feel more optimistic about future having been in service.” “Fresh Start– especially with debts and previous life/history” |
| Housing and homelessness | “Got us on our own two feet and now in our own home” “Was sleeping rough and partner living with my mum - drugs, poor environment” |
| Support/social networks | “Support to access external groups” “Make friends” |
| Feel safe | “Before move in, in Domestic Abuse relationship – feel safe |

| | |
|---------------|---|
| | and secure, thanks to the service.” |
| Relationships | “Learn to be a couple and how to work together” |
| Finances | “Finance, forms, budget, everything” |

Q2.If the Young Parents Service had not been available what would you have done?

Q3.What do you think would have happened to you and/or your child/children?

(These two questions were answered together)

| Themes | Examples of comments |
|---------------------|--|
| Support | “Support worker knows how to phrase things and how to talk to other agencies, and what information to provide.” “Weight off shoulders – here.” |
| Loss of children | “Threat of losing child – unsafe situation” “Risk of child being taken into care because homeless.” |
| Alone, no support | “On my own as parents didn’t want to know - relied on abusive partner” “Isolated” |
| Homeless | “If not here I would be sleeping rough” “Only been independent for short time before came here – bereavement and in temporary emergency accommodation.” |
| Positive for future | “Future looks more promising” |
| Bad health | “I wasn’t eating properly” |
| Control | “Can control our environment (here)” |
| Domestic abuse | “I would be dead (Domestic abuse history)” |
| Don’t know | “Don’t know where I would have been” |
| Safe | “Safer for us and child” |
| Foster care | “Came out of Foster Care to here” |
| Worst position | “In worst position in life” |
| Relationships | “Gave us a chance to be together” |
| Benefits | “Didn’t understand benefits” |

Q4.What concerns would you have if the service is no longer able to work in the way it does?

| Themes | Examples of comments |
|-----------------|--|
| Lack of support | “Would not be able to see Support Worker” “Need Outreach after leaving service – would not know |

| | |
|----------------------------|--|
| | what to do.” |
| Support/social network | “Give confidence to join other groups, comfortable speaking to people” “Tigger Club – breathing space to have time on own to study, do housework etc, ‘me’ time.” |
| Children | “A good parent may lose their child who may not need to.” |
| Move on | “Help to get into college” |
| Lack of service for others | “Unfair – other parents won’t get the Service” |
| Debt risk | “Could end up back at beginning - unpaid bills etc” |
| Security | “Security – cameras/lock on doors, etc.” |
| Didn’t know | “Didn’t know where would be” |

Two service users gave separate feedback which has been grouped into key themes with the most common first, with examples of comments made:

| Themes | Examples of comments |
|-----------------------|---|
| Health | “Support to give up smoking.” “I am very concerned that if this service was unable to continue, my anxiety levels would become high again ...” |
| Life skills | “... learning life skills - cooking, keeping flat clean ...” “... wanted to gain the skills to be able to live independently.” |
| Homelessness | “Came here from temporary accommodation - didn't like it there and did not feel safe” |
| Loss of child | “Previous child - ... child was removed and placed for adoption.” |
| Improved relationship | “... this has also improved my relationship with my partner.” |
| Lack of support | “... also worry that I would not have the support myself and my baby need” |
| Loss of opportunity | “Really committed to this baby Would lose the opportunity if the service wasn't here.” |

Service Provider

The Provider of the service submitted a written response. Feedback has been analysed and grouped into key themes, with examples of comments made:

| Themes | Examples of comments |
|-----------------------|--|
| Safeguarding and risk | “The service specifically targets pre-care proceeding cases or those involved in Early Help. This includes unborn children.” |

| | | |
|--|--|---|
| | | <p>“In 2015/16 - 12 children living with their care giver at the service were subject to either Child Protection, Child in Need or Looked After Child plans. Five of those children were removed from Child Protection plans during the year.</p> <p>A further four children were identified as being at reduced risk.”</p> <p>“One adult living in the service in 2015-16 was subject to an adult safeguarding plan. Whilst living at the service the risk reduced and the plan was removed.”</p> |
| | Specialist service | “The Supported Parenting Service is the only specialist accommodation and support service in Torbay for vulnerable young parents.” |
| | <p>Helps Council meet statutory duties:</p> <p>Housing</p> <p>Care Act</p> | <p>“It supports Torbay Council to meet its Housing Duty for the following priority need groups as defined in section 189 of the Housing Act 1996:</p> <ul style="list-style-type: none"> a. People with dependent children d. Pregnant Women e. All 16-17 year olds f. 18-20 year old care leavers g. Vulnerable care leavers j. people who are vulnerable because they are fleeing violence” <p>“The service also helps Torbay council in its duty in The Care Act 2014 for promoting the wellbeing of every adult. Wellbeing includes "suitability of living accommodation".”</p> |
| | Service will not be viable in current form | “The proposal to reduce the Supporting People grant by a total of £68,000 over the next 2 years will mean that the service is not viable in its current form and may have to be decommissioned. |

| | | | |
|--|--|--|--|
| | <p>Avoids costly interventions: Children into care</p> <p>Housing</p> | <p>“The main aim of the Supported Parenting Service is to work as part of the team around the family to prevent the escalation of risks to children and thereby avoid costly interventions such as placing into care. The service specifically targets pre-care proceeding cases or those involved in Early Help.”</p> <p>“The Supported Parenting Services costs £142,925 per annum and provides accommodation and support to 12 families whose children are identified as being at risk or in need of early help.</p> <p>The cost of supporting each family of vulnerable young parents and their children for a year is £11,910.</p> <p>If the service prevents 12 children from becoming looked after it will save Torbay Council £1,429,075 per annum based on £131,000 average cost per looked after child in residential care.”</p> <p>“If the service is lost to Torbay it is likely that there will be increased demand across all areas of children’s safeguarding and increased presentations to Housing Options as homeless prevention cases incurring additional costs. The majority of our young parents are aged 16-17 and are not legally able to have a tenancy. This means that they are unlikely to be accommodated by either private rented or social landlords. If the service closes, this is likely to lead to a higher number of families presenting as homeless and needing to be accommodated in expensive temporary accommodation.”</p> | |
| | <p>Supports Council’s strategic aims:</p> <p>Corporate Plan and Delivery Plans 2015-2019</p> | <p>“In particular, the service supports Torbay Council to deliver on its Corporate Plan and Delivery Plans 2015-2019 in the following ways:</p> <ul style="list-style-type: none"> • Contributing to using reducing resources to best effect • Contributing to the reduction of demand through prevention and innovation • Contributing to an integrated and joined up approach to working <p>The Supported Parenting Service achieves this by working as part of a multi-agency team delivering support to families to help safely care for their children. It also provides an integrated service where families are supported in all aspects of their lives to prevent the need for more intense care.”</p> <p>“By continuing to fund the Supported Parenting Service at</p> | |

| | | | |
|------------|--|--|--|
| | <p>Joint Health and Wellbeing Strategy 2015-2020</p> | <p>its current level, Torbay Council will be reducing potential further demand for looked after children and keeping families together safely as stated in the Fit for the Future proposals 2016.”</p> <p>“The Service contributes to the aims of Torbay's Joint Health and Wellbeing Strategy 2015-2020 in the following ways.</p> <ul style="list-style-type: none"> • Meeting service user views that models of care should focus on early prevention and intervention and that the service provided takes into account all of the people’s needs including housing. • Working with children and young people, the service is well placed to provide support that is focused on early identification of needs for children as well as vulnerable adults with multiple risk factors. Often the young parents we work with have support needs around use of drugs including new psychoactive substances, alcohol, mental ill-health, Domestic Abuse and further risk of harm including sexual exploitation. • The service supports the families to achieve positive outcomes in the areas of poverty, employment, education and housing.” <p>“Torbay Homelessness Strategy 2015-2020</p> <p>The Supported Parenting Service contributes to the following strategic aims:</p> <ul style="list-style-type: none"> • Priority One - provide early intervention and prevent Homelessness and Crisis • Priority two - to meet accommodation needs of people with a housing need • Priority Three - to ensure that service pathways are responsive, flexible and sustainable, and to maximise integration and partnership working • Priority Four - reducing homelessness in specialist groups with individual needs; Households with dependent children.” | |
| | <p>Outcomes for vulnerable groups</p> | <p>“Families moving on from the service in 2015-16 were supported into independent, affordable accommodation including living with family members, private rented accommodation and social housing. All were supported, through our outreach service, to settle into their new homes and maintain their tenancies as appropriate.”</p> | |
| <p>12.</p> | <p>Amendments to Proposal / Mitigating Actions Following consultation the proposal has changed - a pilot scheme for a new model for the young parents service has been successful and the service is now fully utilised. Therefore the proposal is to now maintain funding for this service.</p> | | |

Equality Impacts

| | | | | |
|----|---|------------------------|--|-----------------------|
| 13 | Identify the potential positive and negative impacts on specific groups | | | |
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | | <p>The clients using this service are aged 16 to 24.</p> <p>Mitigation – those meeting statutory criteria or safeguarding thresholds will receive help from Children’s Services.</p> | |
| | People with caring Responsibilities | | <p>The clients using this service are young parents with very young babies or young children.</p> <p>Mitigation – those meeting statutory criteria or safeguarding thresholds will receive help from Children’s Services.</p> | |
| | People with a disability | No differential impact | | |
| | Women or men | | <p>The majority of clients in the service are female. Reducing this service will have a detrimental impact on young parents, some of whom are single mothers, and their ability to develop parenting skills and avoid unplanned pregnancies.</p> <p>Mitigation – those meeting statutory criteria or safeguarding thresholds will receive help from Children’s Services.</p> | |

| | | | |
|---|------------------------|---|--|
| | | | |
| People who are black or from a minority ethnic background (BME) (<i>Please note Gypsies / Roma are within this community</i>) | No differential impact | | |
| Religion or belief (including lack of belief) | No differential impact | | |
| People who are lesbian, gay or bisexual | No differential impact | | |
| People who are transgendered | No differential impact | | |
| People who are in a marriage or civil partnership | No differential impact | | |
| Women who are pregnant / on maternity leave | | Some of the women using this service are pregnant (over 24 weeks) The rate of teenage pregnancies in Torbay is significantly higher than the rest of the South West and England, although on a downward trajectory (<i>Source - JSNA 2014</i>). This service can help prevent unplanned pregnancies and break the cycle of teenage pregnancy. | |
| Socio-economic impacts (Including impact on child poverty issues and deprivation) | | The Service supports young parents to develop parenting and independent living skills. There may also be an increase in homelessness applications, increased use of temporary | |

| | | | |
|-----------|---|---|---|
| | | accommodation which may result in higher costs to the Authority. | |
| | Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | | The service supports families to live healthy lifestyles and engage in positive parenting therefore this proposal has the potential to negatively impact upon public health outcomes if the service ceases. |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | The impact of the reduction and potential withdrawal of this service if alternative funding cannot be found, combined with proposed reductions to the Lifestyles service commissioned by Public Health, may lead to a worsening of the impacts outlined above and may lead to a potential increase in safeguarding and child protection activity. | |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | Withdrawal of the Family Health Partnership and impacts on the Health Visiting Service are a related factor. | |

Supporting Information and Impact Assessment

| | |
|--------------------------------|--|
| Proposal: | Reduction in the funding given to seAp Advocacy |
| Executive Lead: | Cllr Julien Parrott, Lead for Adults and Children |
| Director / Assistant Director: | Caroline Taylor, Director Adult Services |

| | | | | | |
|----------|-----|-------|---------------|---------|-----------------------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Fran Mason/Chris Lethbridge |
|----------|-----|-------|---------------|---------|-----------------------------|

| Section 1: Background Information | |
|--|---|
| 1. | <p>What is the proposal/issue?</p> <p>The proposal is to reduce the funding we provide to seAp (support, empower, Advocate, promote) Advocacy. seAp undertake independent Health Complaints Advocacy in Torbay. The proposals are:</p> <ul style="list-style-type: none"> • no change in funding for 2017/18; and • £3k reduction in funding for 2018/19. <p>As the current budget is £26k, this equates to a budget reduction of approximately 10%.</p> |
| 2. | <p>What is the current situation?</p> <p>seAp is an independent charity that provides free independent and confidential advocacy services to members of the public in Torbay. The current contract is focused around Health Complaints Advocacy. Independent Health Complaints Advocacy helps members of the public make a complaint about any aspect of their NHS care or treatment. This includes treatment in a private hospital or care home that is funded by the NHS. In 2015/16 the complaints advocacy that seAp undertook covered the two trusts that have joined to form the new Integrated Care Organisation (51%), Devon Partnership Trust (26%) and the South Devon and Torbay CCG (17% - of which 75% related to GPs). The contract does not currently cover non-statutory advocacy services.</p> <p>The council has a statutory duty to ensure that people in Torbay have access to an Independent Health Complaints Advocacy service, though we could procure/commission the service differently.</p> <p>Due to significant budget pressures faced by Torbay Council we are proposing to reduce the level of funding provided by the authority, whilst still providing financial assistance to support an Independent Health Complaints Advocacy service for the residents of the Bay.</p> |

| | |
|----|---|
| | <p>No significant implementation costs are associated with this proposal, though potential costs to the wider community are reflected in section 2. of this Impact Assessment.</p> |
| 3. | <p>What options have been considered?</p> <p>Provision of an Independent Health Complaints Advocacy service is a statutory requirement for the council. Within the constraints of the Health and Social Care Act 2012, there is flexibility for local authorities to develop NHS complaints advocacy models to suit local circumstances.</p> <p>In parallel to this proposal, future options will be developed with regards to how we commission and procure information, advice and advocacy services and encourage providers to build on their partnerships with each other, to achieve a more integrated offer to the public.</p> |
| 4. | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>Ambitions: Prosperous and Healthy Torbay</p> <p>Principles:</p> <ul style="list-style-type: none"> • Use reducing resources to best effect • Integrated and joined up approach <p>Targeted actions:</p> <ul style="list-style-type: none"> • Protecting and supporting vulnerable adults |
| 5. | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>There is the potential for the following to be potentially affected by this proposal:</p> <ul style="list-style-type: none"> • SeAP • The general public |
| 6. | <p>How will you propose to consult?</p> <p>Consultation will take place as part of the general consultation on the budget proposals and via the service provider.</p> |

Section 2: Expected Implications and Impact Assessment

(These sections will be updated and expanded following the consultation period.)

| | |
|----|---|
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>The proposal would achieve a financial saving of £3k over the next two years.</p> <p>There are limited direct cost implications to the council. However, there may be indirect financial and legal costs to the wider health and care system if the provider has to reduce their service e.g. possible increases in litigation or missed opportunities to learn from service failure to improve how we support the public.</p> |
| 8. | <p>What are the <u>expected</u> risks?</p> <p>As we are not proposing to discontinue funding to seAp and the proposed budget reductions are relatively small, the expected risks are minimised. However, the impact on the service provider might require them to reduce their service and case-load. A reduced level of advocacy might therefore risk:</p> <ul style="list-style-type: none">• NHS service user's views may not being heard, with people (including vulnerable adults with learning disabilities or mental health conditions) not feeling as involved in decision making;• Potentially reduced emotional support to service users, with fewer people able to take advantage of the benefits of advocacy in terms of increasing their confidence and self-esteem, to become more self-sufficient;• There may be fewer opportunities to have a positive impact on the behaviour and knowledge of health and care professionals;• Could mean the quality of service provision not improving, due to lost opportunities to learn from service user's experiences (good and bad) of the health and care system; and• If the proposal is not accepted, savings will need to be found elsewhere. |

Section 2: Implications and Impact Assessment

9. Public Services Value (Social Value) Act 2012

The proposal itself relates to a possible reduction in funding and not a significant change in service. However, as the contract for this service is due to expire in March 2016 we are undertaking a re-procurement exercise to cover the period from April 2017 until March 2019 (two years).

10. What evidence / data / research have you gathered in relation to this proposal?

The Torbay Health Complaints Advocacy Annual Report (2015/16) produced by seAp notes that, '86% of all clients accessing the service were from vulnerable groups...the highest being 30% people with a Physical Disabilities'. In addition, '...We would normally expect a Mental Health Trust to receive approximately 15-20% of the complaints; however this figure is over a quarter of complaints'.

As part of the budget consultation council colleagues met with the manager of Devon, Plymouth and Torbay seAp and the proposal was also included in the questionnaire available to the general public.

11. What are key findings from the consultation you have carried out?

Public consultation on the budget proposals started on 7th November 2015 and closed on the 16th December 2016. An online and paper survey was made available.

The following response was received in relation to this proposal:

seAp (Support, Empower, Advocate, Promote)

To reduce the funding provided to seAp.

This proposal is expected to save £3,000 in 2018/19.

seAp undertake independent health complaints advocacy in Torbay e.g. help resolve issues and concerns about wellbeing, health or social care services. The proposed budget for next year would be £26,000.

| Do you support this proposal? | Number | Percent |
|-------------------------------|------------|---------------|
| Yes | 286 | 68.6% |
| No | 106 | 25.4% |
| No answer | 25 | 6.0% |
| Total | 417 | 100.0% |

| | |
|-------------------|--|
| | <p>A quarterly contract review meeting was held with seAp in December 2016 where they were advised to:</p> <ul style="list-style-type: none"> • respond to the proposals directly related to them; • ask them to encourage their service users and stakeholders to respond to the proposals; and • encourage the providers to comment on the wider budget proposals where they felt it was relevant. <p>As a result any feedback received from seAp or their service users would have been included in the general consultation feedback as above and will be included in the budget consultation report.</p> |
| <p>12.</p> | <p>Amendments to Proposal / Mitigating Actions</p> <p>None.</p> |

Equality Impacts

| 13 | Identify the potential positive and negative impacts on specific groups | | | |
|----|---|-------------------------|--|----------------|
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | No differential impact. | | |
| | People with caring Responsibilities | No differential impact. | | |
| | People with a disability | | <p>As noted in section 10. above the service provides advocacy advice to vulnerable people, including those with a physical disability and/or mental health illness. Any potential reductions in service may therefore have a disproportionately negative impact on this specific client group.</p> <p>However as we are not proposing to discontinue funding to seAp and the proposed budget reductions are relatively small, the expected risks are minimised.</p> | |
| | Women or men | No differential impact. | | |
| | People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | No differential impact. | | |

| | | |
|-----------|--|--|
| | Religion or belief (including lack of belief) | No differential impact. |
| | People who are lesbian, gay or bisexual | No differential impact. |
| | People who are transgendered | No differential impact. |
| | People who are in a marriage or civil partnership | No differential impact. |
| | Women who are pregnant / on maternity leave | No differential impact. |
| | Socio-economic impacts (Including impact on child poverty issues and deprivation) | No differential impact |
| | Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | No differential impact |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | The proposed reductions in Healthwatch Torbay funding might have an impact in terms of the number of referrals they pass on to seAp. |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts) | National or local policy changes within NHS services might have an impact on the services provided by seAp. |

| | | |
|--|-------------------|--|
| | identified above) | |
|--|-------------------|--|

Supporting Information and Impact Assessment

| | |
|--------------------------------|-----------------|
| Proposal: | Project Search |
| Executive Lead: | Julian Parrott |
| Director / Assistant Director: | Caroline Taylor |

| | | | | | |
|----------|-----|-------|---------------|---------|---------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Justin Wiggin |
|----------|-----|-------|---------------|---------|---------------|

Section 1: Background Information

| | |
|-----------|--|
| 1. | <p>What is the proposal / issue?</p> <p>The proposal is to cease the funding provided by Torbay Council for Project Search, which is a joint project between Torbay hospital, South Devon College and Torbay Council.</p> <p>Torbay Council currently provides £38,000 to fund job/employment coaching as part of the overall project search service.</p> |
| 2. | <p>What is the current situation?</p> <p>Project Search currently provides internships and job/employment coaching for young people aged 16-24 who have a learning disability or autistic spectrum condition.</p> <p>Around 10 young people with a learning disability or autistic spectrum condition are recruited to Project Search per annum in Torbay where they are taught employment related skills while in a work placement at Torbay Hospital.</p> <p>The Job Coach currently funded by Torbay Council arranges the placements, monitors progress deals with any issues and provides advice.</p> <p>The interns do 3 different placements over the course of a year, and towards the end of the year begin to apply for work. The job coach supports them in this, and also liaises with any new employers to ensure they support the young person in their new job.</p> <p>Project Search is a jointly funded/provided project as follows:</p> <ul style="list-style-type: none"> • Torbay hospital provides a workspace and internship opportunities for young people within the hospital. • South Devon College provides a tutor who works with the young people on employability. • Torbay Council fund Pluss to provide a job coach <p>Discussions will now need to take place with both Torbay Hospital and South Devon College to understand if Project Search is able to remain viable if this proposal is agreed – there is a risk that this service may no longer continue.</p> |

| | |
|--|---|
| <p>3.</p> | <p>What options have been considered?</p> <p>At this stage no other options have been considered.</p> |
| <p>4.</p> | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>The service supports the following actions:</p> <ul style="list-style-type: none"> • <i>Working towards a more prosperous Torbay</i> • <i>Protecting and supporting vulnerable adults</i> <p>Decommissioning the service would support the following principle:</p> <ul style="list-style-type: none"> • Use reducing resources to best effect |
| <p>5.</p> | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>The following organisations would be affected by the proposal:</p> <ul style="list-style-type: none"> • South Devon College • Torbay Hospital • Pluss <p>The following people will be affected by the proposal:</p> <ul style="list-style-type: none"> • Current/existing service users of Project Search • Potential future users of Project Search <p>We will need to consult with South Devon College, Torbay hospital, Pluss, service users (i.e. young people with a learning disability/autistic spectrum condition) and their parents/carers.</p> |
| <p>6.</p> | <p>How will you propose to consult?</p> <p>Consultation with South Devon College and Torbay hospital and Pluss will be by meetings with representatives of the organisation.</p> <p>Consultation with young people and their parents/carers will be discussed and planned with Pluss, and SPOT to find appropriate methods to consult.</p> <p>To ensure that any potential future users of this service are given the opportunity to have their say, this proposal will be consulted upon as part of the wider consultation on the Mayor’s budget – an online and paper survey will be made available.</p> |
| <p>Section 2: Expected Implications and Impact Assessment</p> | |

(These sections will be updated and expanded following the consultation period.)

| | |
|----|---|
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>Financial implications – the decommissioning would lead to a £38,000 per annum saving.</p> |
| 8. | <p>What are the <u>expected</u> risks?</p> <p>If the proposal is not implemented, savings targets may not be achieved.</p> <p>The risks of ceasing the funding to project search are that a job/employment coaching service will no longer be accessible to new and existing service users meaning that there is the potential of a reduced number of young people with a learning disability or autistic spectrum condition that may gain employment.</p> |

Section 2: Implications and Impact Assessment

| | |
|-----|--|
| 9. | <p>Public Services Value (Social Value) Act 2012</p> <p>Not applicable</p> |
| 10. | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>A range of information has been used to inform the development of this proposal and Equality Impact Assessment. This includes:</p> <ul style="list-style-type: none"> • South Devon and Torbay JSNA • Waddell, G & Burton A (2006); Is Working Good For Your Health and Wellbeing, Department for Work and Pensions. • Improving Lives – The Work, Health and Disability Green Paper, 2016 • Oakley, M (2016), More than words: Rethinking employment support for disabled job seekers, Employment Related Services Association • Torbay Autism Self-assessment Framework 2016 <p>Based on 2014 national prevalence, it is estimated that there are around 1,169 people living in Torbay with an Autistic Spectrum Disorder (ASD). 132 (11%) are aged under 18 and attend a primary, secondary or special school. 1,037 aged over 18, of which there are estimated to be 112 females and 925 males.</p> <p>The prevalence of autism, by age and sex, suggests there are less young males, and more older males with autism in Torbay compared to the England average.</p> <p>All local authorities have recently submitted an Autism Self-Assessment Framework 2016 to Department of Health.</p> |

The current autism self assessment framework rates 'employment for people with autism' in Torbay receiving an amber rating – currently project search and Pluss support the self assessment achieving this rating.

11. What are key findings from the consultation you have carried out?

General Budget Consultation:

The following question was asked as part of the general budget consultation:

To remove the budget for Project Search in 2018/19.

This proposal is expected to save £38,000 in 2018/19.

Project Search provides internships and job coaching for young people aged 16-24 who have a learning disability or an autistic spectrum condition. The proposed budget for next year would be £38,000.

| Do you support this proposal? | Number | Percent |
|-------------------------------|------------|---------------|
| Yes | 153 | 36.7% |
| No | 247 | 59.2% |
| No answer | 17 | 4.1% |
| Total | 417 | 100.0% |

Please see appendix one for consultation responses from service users and the service provider.

12. Amendments to Proposal / Mitigating Actions

The consultation process has highlighted that an alternative approach to delivering a project of this nature may be possible. Delivery partners and stakeholders are keen to see the project continue, however this may be in an alternative format, using the best elements of Project Search framework whilst being more responsive to the needs of the individual.

Discussions with key partners are on-going to find an alternative approach to delivering Project Search.

Equality Impacts

| | | | | |
|----|---|------------------------|--|-----------------------|
| 13 | Identify the potential positive and negative impacts on specific groups | | | |
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | | <p>The proposal will negatively impact upon young people. Project Search specifically works with young people aged 18-24.</p> <p>Mitigating Action: Discussions with key partners are on-going to find an alternative approach to delivering Project Search</p> | |
| | People with caring Responsibilities | | <p>There is a potential secondary impact on people with caring responsibilities. Project Search participants are young people aged 18 – 24 with Learning Disabilities / Autism.</p> <p>The impact on the person with a caring responsibility would be realised as they may be required to support a person with learning disability to find employment.</p> <p>Mitigating Action: Discussions with key partners are on-going to find an alternative approach</p> | |

| | | | |
|---|------------------------|--|--|
| | | to delivering Project Search | |
| People with a disability | | <p>The proposal would impact negatively on people with a learning disability or autism. Project Search is a specialist programme to support this client group into employment.</p> <p>Mitigating Action: Discussions with key partners are on-going to find an alternative approach to delivering Project Search</p> | |
| Women or men | No differential impact | | |
| People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | No differential impact | | |
| Religion or belief (including lack of belief) | No differential impact | | |
| People who are lesbian, gay or bisexual | No differential impact | | |
| People who are transgendered | No differential impact | | |
| People who are in a marriage or civil partnership | No differential impact | | |
| Women who are pregnant / on maternity leave | No differential impact | | |

| | | | |
|--|--|--|--|
| <p>Socio-economic impacts (Including impact on child poverty issues and deprivation)</p> | | <p>Around 2,250 (0.8%) of residents under the age of 65 years in South Devon claim DLA due to a severe learning difficulty. Using DLA claimants (for a learning difficulty) as a proxy measure for a LD; there are more men than woman under the age of 65 years with a LD in South Devon.</p> <p>Cost benefit analysis undertaken by Government in relation to Project Search indicates that if a young person enters the program at age 20 and works until retirement, at age 60 savings to government are approximately £395,000.</p> <p>Evidence provided by Project Search indicates participants working at 16 hours per week on average, a young person is better off by £55 per week.</p> <p>Cumulatively, it is estimated that if you take all the students who are now in employment as a result of Torbay Project SEARCH starting five years ago, this would equate to a potential £200,000 extra</p> | |
|--|--|--|--|

| | | | |
|--|--|--|--|
| | | <p>spending power that these young people have to spend.</p> | |
| <p>Public Health impacts (How will your proposal impact on the general health of the population of Torbay)</p> | | <p>Being in good employment is protective of health. Whilst being unemployed contributes to poorer health and wellbeing. Rates of unemployment tend to be highest amongst those with few or no qualifications or amongst more vulnerable groups such as those with disabilities or mental ill health, or those with caring responsibilities or lone parents.</p> <p>There is a strong association between worklessness and poor health. There is strong evidence that unemployment is generally harmful to health, including:</p> <ul style="list-style-type: none"> • higher mortality; • poorer general health, long-standing illness, limiting longstanding illness; • poorer mental health, psychological distress, minor psychological/psychiatric morbidity; • higher medical consultation, medication consumption and hospital admission rates. | |

| | | | |
|--|--|--|--|
| | | <p>Work for sick and disabled people: There is a broad consensus across multiple disciplines, disability groups, employers, unions, insurers and all political parties, based on extensive clinical experience and on principles of fairness and social justice. When their health condition permits, sick and disabled people (particularly those with 'common health problems') should be encouraged and supported to remain in or to re-enter work as soon as possible because it:</p> <ul style="list-style-type: none">• is therapeutic;• helps to promote recovery and rehabilitation;• leads to better health outcomes;• minimises the harmful physical, mental and social effects of long-term sickness absence;• reduces the risk of long-term incapacity;• promotes full participation in society, independence and human rights;• reduces poverty;• improves quality of life and well-being. | |
|--|--|--|--|

| | | | |
|-----------|---|-----------------|--|
| | | | |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | None identified | |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | None identified | |

Appendix One:

Service users (current and former) and carers

A focus group with two current service users took place on 5 December 2016. Feedback has been analysed and categorised into key themes, with the most common first, which are presented below:

Q1. Why is project search important?

| Themes | Examples of comments |
|---------------------------------|---|
| Help to find a job | <p>“It would be hard for me to find a job. I would feel nervous and not know what was the right job for me. It’s important to have the support to find a job. I only managed to do one job application on my own. I’d be stuck / wouldn’t know how to fill it in.”</p> <p>“I wanted a job and I wanted to work in the hospital. This happened due to Project Search.”</p> |
| Mix of college & Project Search | <p>“I like to do both. College is maybe a bit more social. There’s a good balance of the two.”</p> |
| Qualifications | <p>“... Diploma in employability skills.”</p> |

Q2. What have you learnt?

| Themes | Examples of comments |
|---------------|--|
| Work skills | <p>“Project Search tries to make it like real work. You have an interview when starting Project Search. For each job placement learners have a mini interview to help develop their skills for gaining employment.”</p> <p>“Portfolio’s – learn how to sell ourselves so we can actually get a job.”</p> |
| Enjoy working | <p>“Want to carry on working.”</p> |
| Confidence | <p>“very confident..., nervous at first but towards the end as I got used to speaking and asking what [people] want it was easier.”</p> |

Q3. Do you feel confident in finding a job because of project search?

| Themes | Examples of comments |
|-----------|---|
| Got a job | <p>“Had an interview for the job, didn’t find it nervous and got told immediately that was successful. Working 15 hours and doing Project Search unit work for qualifications.”</p> |

| | |
|---------------------------|--|
| Enjoy working in the team | "First rotation joined waste management team. Always find a way to cheer the team up. Proactive in wanting to be involved and help the team with tasks." |
| Grown in confidence | "Once started with project search, my confidence grew." |

Q4. Has project search helped you develop skills in other areas of your life?

| Themes | Examples of comments |
|---------------------|--|
| Pleased to graduate | "Mum and dad will be impressed how far I will get. (Project Search graduation)." |
| Skills learnt | "Personal hygiene, appearance, rights at work, equality and diversity, confidentiality (how to work with people on wards and want information you can't share)." |
| Saving money | "Starting to save money for after Christmas. Want to get new games and clothes. Up to date DVDs." |

Q5. Is it important to keep project search open for others in the future?

One comment was made:

| |
|---|
| "If Project Search wasn't there people wouldn't have the help they need. They'd have to do it by themselves. Need initial support in the beginning. Staff go out and do the jobs as a test before interns start their new roles." |
|---|

Q6. Is there anything else you would like to add?

Two comments were made:

| |
|---|
| Are you sure you want to cut people's jobs? The more you cut jobs, people won't be able to support themselves or their family." |
| "I would recommend it to all my friends." |

A meeting with two current service users, one former service user and a parent also took place on 5 December 2016. Feedback has been analysed and categorised into key themes, with the most common first, which are presented below:

| Themes | Examples of comments |
|-----------------------------------|--|
| Gained work skills and experience | "I learnt different key skills, around job interviews. We did three different work rotations and found out what it's like to be in a working environment." "I'm doing Way Finding. When we started we had a tablet to |

| | |
|-----------------------------|---|
| | use. I used it for one day then I remembered.” |
| Developed confidence | “They improve your confidence and it feels like you can get a job. It feels good that you can get work and get paid. I’m saving up for driving lessons in the future.” “The main new skills were social, emotional and language. In her home life her confidence has built.” |
| Aspirations | “I want to get a full time job” “I want to get a job in childcare” |
| Customer service skills | “I like learning new skills and how to serve people.” |
| A big shame to lose funding | [Losing the job coach] “A lot of difference. You need the whole package to make it work. They wouldn’t have done as well if that part wasn’t in place because it was them (Pluss) that led to the traineeship. It would be a very big shame if the funding was to be pulled out.” |
| Big gap | “There is a big gap for SENCO children and many children get lost as soon as they leave school.” |
| Achievement | “Graduation was lovely. It is every mum’s dream for what their child has achieved. Seeing her in that setting was amazing.” |

Provider organisation

The proposal is to reduce funding to the provider of the job/employment coaching part of Project Search. Pluss are funded to provide this service and responded through a face to face interview. Feedback has been analysed for each question and grouped into key themes with examples of comments made:

N.B. The term LD is short for learning disability in the examples below.

Q1. Why is project search important?

| Themes | Examples |
|--|---|
| Low employment for people with a learning disability | “There is very little provision for people with LD around. Employment rates for people with a Learning Disability are very low.” |
| Mainstream provision is unsuitable | “Mainstream provision isn’t able to support LD clients as they do not provide job coaching and this process is pivotal to enable an individual with learning disabilities to learn and retain tasks.” |
| People with learning disability want to work | “The majority of young people with learning disabilities are currently on Employment and Support Allowance. ... The support group is for those individuals where there is no expectation that this individual will work in the short or long term. Many customers with learning disabilities end up in the support group- despite figures showing that 80% of people |

| | |
|----------------------------------|--|
| | with learning disabilities actually want to work.” |
| Government policy | “Government want to halve the employment gap for people with a disability. Calculations suggest there are 2 million people of working age with a disability who are currently unemployed.” |
| Increased cost of not working | “People who don’t work suffer from a range of co-morbidities and will have a greater impact on adult social care budgets. ... Figures show that if someone with a learning disability goes in to employment at the age of 20 and stays in employment until the age of 60 this provides a saving to the government of £395,000 per person” |
| Benefit to the economy | “Removing Project Search funding will stop people with a Learning Disability getting a job and spending money within Torbay.” “Participants of Project Search / generally people with a Learning Disability, in employment who live at home are approximately £50 per week better off. This is the equivalent of £2800 per person per annum being spent within the local authority area.” |
| Loss of Project Search branding | “The model must include three separate partners who work together; employer, education provider and job coaching provider. If the activity does not have one of these three partners it cannot be called Project Search and will not receive the support from the international umbrella organisation.” |
| Provides careers | “Project Search doesn’t just give people jobs it gives them careers. One person is now working in chemotherapy service and another in micro-biology.” |
| Improves retention of employment | “... improves retention of employment within organisations and within the specific roles undertaken by LD individuals. Project Search clients and those with an LD generally don’t move on to other roles in the short term.” |
| Positive impact on other staff | “Derriford Hospital, Plymouth, another site where Project Search operates feel that as a result of working with Project Search staff attendance has improved. It was felt that this was in part due to the commitment and enthusiasm of staff with a Learning Disability being a positive impact on other staff within the team.” |

Q2. What has the impact of project search been on the life skills of service users?

| Themes | Examples |
|-----------------------------|--|
| Raises aspirations | “As potential clients and their families move through the education system, Project Search is something for individuals to aspire to and see as a positive progression route.” |
| Develops independent living | “It also supports people to develop their own identity and helps to fulfil people’s lives. If they have cash they can buy clothes, buy friends a pint in the pub. It gives them access to be part of the |

| | |
|----------------------------------|---|
| | community.” |
| Sustaining employment | “Torbay Project Search on average sees 70% of the students moving in to and sustaining employment.” |
| Inclusive recruitment for others | “Project Search and the work delivered by Pluss has now started to work with the hospital to broaden their general recruitment, giving opportunities for more customers with general health conditions to secure employment within this key employer in Torbay. Torbay Hospital now has an Employability hub which has broadened recruitment to be more inclusive.” |

Q3. What have you learnt / what has the impact been on your organisations from being involved with project search?

| Themes | Examples |
|---|--|
| Changed views on abilities of people with a learning disability | “Torbay Learning Disability people are playing key roles within Torbay Hospital, evidence shows that someone with a learning disability actually has higher accuracy and productivity rates in comparison with someone who does not have a learning disability. Clients of Torbay’s Project Search are now training other staff within the hospital in how to label bloods correctly.” |
| Improved creativity | “... has helped to make Pluss Job Brokers more creative in how they think about how to support people in to new roles.” |
| Good publicity | “Torbay Project Search has been recognised by the USA Project Search, umbrella organisation for its significant levels of achievement.” |
| Support and commitment | “Pluss in its role with Project Search goes over and above what is expected. ... This required supporting someone to access transport at 4.00am for a 2 week period. This commitment and flexibility has ensured the same person has remained in employment.” |

Q4. What would be the impact to you / your organisation if funding for job coaching wasn’t available in the future?

| Themes | Examples |
|--|--|
| Loss of brand | “Technically Project Search would cease to exist. Project Search can only operate with the three main providers.” |
| Loss of specialist skills | “Local education providers do not have the same job coaching skills or knowledge of the local labour market.” |
| Links with other Pluss funded projects | “Not everyone in Project Search gains employment with Torbay Hospital. The link between Project Search and Work Choice helps secure alternative employment.” |
| Hard to find funding | “Adding the pressure of Project Search funding to other funding reductions would make it hard for Pluss to find funding to continue to deliver the project.” |

Q5. Are there any other ways in which the job coaching element could be delivered or is there alternate funding which may be sought?

| Themes | Examples |
|------------------------|--|
| Alternative funding | “There is potential for other funding but this would not be possible in the short term. Education providers are able to draw down funding per student. Evidence from other local authority shows drawn down funding being able to support both the education provider and job coaching provider. This is currently not happening in Torbay” |
| Government green paper | “In the long term there is a government green paper – “Improving Lives, Work, Health and Disability.” The paper discusses piloting a supported employment programme with people with LD, Autism and MH [mental health] on an outcome based approach. Currently there are no details of what this would look like or certainty of the initiative being launched.” |

The Provider also sent a separate written response.

Stakeholder organisations

Three stakeholder organisations (South Devon College, Torbay Hospital and Torbay and South Devon NHS Foundation Trust) were met with in separate face to face interviews (including five people). Feedback has been analysed for each question and grouped into key themes, with the most common first, with examples of comments made:

Q1. Why is project search important?

| Themes | Examples |
|--|---|
| Positive project | <p>“Project Search is the driver in employability for the trust locally and has the highest success rate for all employment programmes.”</p> <p>“Project Search, particularly its work to employ people and provide internships for people with a Learning Disability in a hospital setting has been very positive. Visibility of people with learning disabilities performing roles within this environment helps to “normalise” the idea of people with a learning disability being able to make a valuable contribution to the workforce.”</p> |
| Value of employing people with a learning disability | “As the project focuses on working with people with a learning disability it has changed the way the department has run, people’s perceptions and ways of working with people with a Learning Disability. Project Search has helped Torbay Hospital realise the value of employing people with a disability.” |
| High unemployment rates for people with a learning | “Torbay is a very low performer in Adult Social Care Outcomes Framework benchmarking when looking at supporting people, particularly those with a learning disability and / or autism into employment. There is generally low unemployment in Torbay. |

| | |
|--|--|
| disability | However when considering people with a learning disability, unemployment rates are high.” |
| Restrictive framework | “... the downside of the project is that the framework is too restrictive. ... The framework doesn’t meet current needs of the modern workforce as people may work different patterns and different days to what is prescribed.” |
| Impact on families | “The programme helps a learner develop autonomy and gives families / carers their life back.” |
| Financial stability | “Project Search aims for a person with Learning Disability to gain paid employment which is for a minimum of 16 hours per week. This helps the individual to have financial stability and sustainability.” |
| Bridges gap between education and employment | “Project Search bridges the gap between a person with a Learning Disability leaving school or college and then finding employment. Without the project people with a Learning Disability often find it difficult to make the transition between education and making that first step into employment.” |

Q2. What has the impact of project search been on the life skills of service users?

| Themes | Examples |
|------------------------------|--|
| Impact upon the organisation | <p>“Organisations and teams who work with Project Search interns, value the contribution and enthusiasm the participants bring. The impact on hospital has been huge, staff are fully engaged and know how to work with clients who have a Learning Disability.”</p> <p>“Project Search has had an impact on the Trust’s own engagement with the programme and has developed new opportunities throughout the organisation.”</p> |
| Gain and sustain employment | “The Project helps participants “mature” in to people who are job ready through development of job search and interview skills. ... Most graduates of Project Search are now in paid employment and able to work autonomously.” |
| Sense of responsibility | “The project gives the participant responsibility for their own learning and development. They are part of a working team.” |
| Independence | “A major impact of Project Search is in the development of a person’s independence. Project Search participants learn transferrable life skills, how look after money / budget, and how to be an independent traveller.” |
| Develop confidence | “A recent graduate made a presentation to a conference in Bristol. Prior to commencing on the programme, this person had no social skills and very low confidence.” |
| Training other staff | “Ex Project Search students, now employed by the Trust are training and teaching other staff how to use equipment. ... One individual in his role found a piece of equipment / a process which had gone wrong. He was able to follow the right course of action |

| | |
|--|--|
| | and rectified the situation. This person now trains others to use the same piece of equipment.” |
| Without Project Search- adverse impact | “Without Project Search there is likely to be an adverse impact on the health and social care system in other ways and put demand on other services within the local community.” |

Q3. What have you learnt / what has the impact been on your organisations from being involved with project search?

| Themes | Examples |
|------------------------------------|--|
| Positive impact | <p>“It has seen a personal learning curve for many staff which has been valuable and they are able to use this learning in a wider professional practice. The impact of Project Search has seen a positive change in more inclusive and creative recruitment practices.”</p> <p>“TSDFT’s involvement in Project Search has helped it to become a leader in employment for people with a Learning Disability. Torbay and South Devon NHS Foundation Trust needs to be an employer of visible minority groups. Due to the ICO’s involvement in Project Search and being a responsible employer, TSDFT should lead by example.”</p> |
| Sustaining employment | “The students, aged 18 – 24 who have a Learning Disability are furthest from the labour market. By engaging with Project Search we know that 80% of Project Search participants will enter the job market. People with a Learning Disability had done work experience before but hadn’t been able to sustain employment until we started to work with Project Search.” |
| Provision is in a work environment | “It is a benefit that work based provision is off-site as it helps to develop maturity. The biggest thing participants learn is to look at a situation from a different person’s point of view. It’s not about them anymore.” |

Q4. What would be the impact to you / your organisation if funding for job coaching wasn’t available in the future?

| Themes | Examples |
|---|--|
| Find another way to provide the project | <p>“There would not necessarily be an impact on the learners as South Devon College would work to find a different way of providing the project. You wouldn’t have an international brand. However, it’s not necessarily important to have the brand. It’s more important to have the success of the programme.”</p> <p>“Colleagues at the college are committed to wanting to deliver the project and Torbay Hospital will work with them on what this may look like. Within the current resource the hospital and college don’t employ a job coach. The programme is too valuable to lose due to</p> |

| | |
|---|--|
| | the positive impact it has within the community.” |
| Restrictive framework | <p>“International project search is being inflexible in its approach and doesn’t make reasonable adjustments.”</p> <p>“Project Search is prescriptive on which postcodes a person can be recruited from, who, where and how we engage with participants is also restrictive. Not delivering under the brand of Project Search would allow us to be more flexible.”</p> |
| Loss of specialist job coaching | “Job Coaching not only helps people to prepare people to gain work. It helps other project staff in understanding how the participant learns. If Project Search lost the funding for job coaching the Project would lose the specialist knowledge that Pluss brings.” |
| Impact on social care budgets | “The removal of funding for Project Search is likely to have an additional impact onto social care budgets. It is expected that this would be realised through an increase in demand for services and 1:2:1 support.” |
| Disproportionate amount of cuts to learning disability services | “It could be perceived that people with a Learning Disability are receiving a disproportionate amount of cuts to services they receive. Within public sector organisations in Torbay recently services for people with learning disabilities have been reduced. These include; Baytree, Torquay CRC, Occombe, Fairlands and paid for transport to day services.” |
| Negative impact on aspirations | “A negative impact for people with a learning disability will be on their aspirations” |

5. Are there any other ways in which the job coaching element could be delivered or is there alternate funding which may be sought?

| Themes | Examples |
|-------------------------------------|---|
| No additional funding | <p>“Is there another organisation out there who might deliver? ... Don’t want to see this project go ...</p> <p>Support staff have already received training in Systematic Instruction and would be able to continue. Wouldn’t want to lose Pluss as they’ve been a good partner and very loyal.”</p> |
| Alternative ways to deliver project | “There is currently no additional funding from within Torbay and South Devon Foundation Trust to provide support for Project Search. Should the funding be removed following the Mayor’s Budget consultation, TSDFT would have to look at the demand to services, and develop a business case. However, there is no additional funding available. |
| Support existing staff | “Torbay Hospital will provide internal support for staff to be able to continue and we would look at the way the Project is delivered.” |

Q6. Is there anything else you would like to add?

| Themes | Examples |
|-----------------------------|--|
| Alternative ways to deliver | “Is there a need for employability – yes. NHS largest employer in the area. Need to think about how we continue the work in the future.” |
| Loss of employment support | “Staff who are currently involved in Project Search are able to cross cover, but what would be lost, if the funding is cut, is the focus around employment support.” |

Supporting Information and Impact Assessment

| | |
|-----------------|--------------------------------------|
| Proposal: | Simple Aids for Daily Living (SADLs) |
| Executive Lead: | Julian Parrott |
| Director: | Caroline Taylor |

| | | | | | |
|----------|-----|-------|---------------|---------|-------------|
| Version: | 3.0 | Date: | February 2016 | Author: | Sarah Jones |
|----------|-----|-------|---------------|---------|-------------|

| Section 1: Background Information | |
|--|--|
| 1. | <p>What is the proposal / issue?</p> <p>This proposal seeks to reduce the Torbay Council element of the Simple Aids for Daily Living (SADLs) service budget by £20k in 2017/18 and a further £20k in 2018/19. Leaving a remaining SADLs budget in 2018/19 of £73,800 funded by Torbay Council.</p> <p>The SADLs service is 'match funded' by the Clinical Commissioning Group (CCG) who currently make a contribution of £113,800 although it is anticipated that they will only continue to match that funded by Torbay Council.</p> |

| | |
|------------------|--|
| <p>2.</p> | <p>What is the current situation?</p> <p>The SADLs service currently provides equipment for people i.e. walking frames/sticks, perching stools, toileting etc. This proposal seeks to reduce the current budget for this service and entails a review of those aids which are deemed 'ordinary' aids and do not therefore need to be funded by Social Care.</p> <p>People are assessed in the community and hospital predominantly by Occupational Therapists, nurses and Physiotherapists. This may lead to a recommendation for simple aid equipment to support rehabilitation, enable independence and support people to remain in their homes, access community, keep people mobile and prevent risks of falls. A prescription would then be written out for people to then collect the equipment from a local retailer.</p> <p>Since October 2016 Safe+Well (S+W) has been launched which offers online guidance and free advice from a S+W funded Occupational Therapist and signposts people to where they can privately fund equipment. Prescribers have been trained and are now able to support people to find their own solution to purchasing equipment privately, also providing people with a wider choice of equipment that they are able to purchase.</p> |
| <p>3.</p> | <p>What options have been considered?</p> <p>At this stage of the process this is the only option that has been considered to date as it is not a duty to provide 'ordinary' aids.</p> |
| <p>4.</p> | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>This proposal support the following principles of the Corporate Plan:</p> <ul style="list-style-type: none"> • Use reducing resources to best effect |
| <p>5.</p> | <p>Who will be affected by this proposal and who do you need to consult with? There is the potential for the following to be potentially affected by this proposal</p> <ul style="list-style-type: none"> • Current and potential users of the SADLs service • Torbay and South Devon NHS Foundation Trust • South Devon and Torbay Clinical Commissioning Group (CCG) |
| <p>6.</p> | <p>How will you propose to consult?</p> <p>Consultation will be undertaken as follows:</p> <ul style="list-style-type: none"> • Discussion with partner organisations |

| | |
|--|---|
| | <ul style="list-style-type: none"> This proposal will also be consulted upon as part of the general budget consultation – online and paper copies of the questionnaire will be made available. |
|--|---|

Section 2: Expected Implications and Impact Assessment
 (These sections will be updated and expanded following the consultation period.)

| | |
|----|---|
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>None.</p> |
|----|---|

| | |
|----|--|
| 8. | <p>What are the <u>expected</u> risks? Expected risks if the proposal is implemented:</p> <p>People not able to afford or choose not to purchase the equipment needed potentially resulting in:</p> <ul style="list-style-type: none"> Increased risk of falls Isolation Pressure on family/carers to provide solution |
|----|--|

Section 3: Public Services Value (Social Value) Act 2012

| | |
|----|--|
| 9. | <p>Public Services Value (Social Value) Act 2012</p> <p>N/A</p> |
|----|--|

| | |
|-----|---|
| 10. | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The SADL budget is not capped and is projecting an under-spend of £45k for 2015/16 therefore the £40k reduction will be found from the underspend and therefore will not affect members of the public as the current service provision will not change.</p> <p>Since the original proposal was proposed the November rollout of Safe+Well which uses the asset based approach to support people to self fund simple aid equipment has been implemented with success. People have been signposted and follow up calls of 16 people found that they had either purchased their own equipment or did not take it further, but no referral necessary, only 1 person said that they could not fund the equipment and so it was provided. This supports the proposal as it is anticipated that the £40k reduction in budget will be delivered through the Safe + Well provision.</p> |
|-----|---|

| | |
|-----|---|
| 11. | <p>What are key findings from the consultation you have carried out?</p> |
|-----|---|

General Budget Consultation:

The following question was asked as part of the general budget consultation:

To review Council policy to determine which aids are "ordinary" and do not therefore need to be funded by Social Care.

This proposal is expected to save £20,000 in 2017/18 and £20,000 in 2018/19.

Simple Aids for Daily Living is equipment such as walking frames, sticks and perching stools. The proposed budget for next year would be £93,800.

| Do you support this proposal? | Number | Percent |
|-------------------------------|------------|---------------|
| Yes | 255 | 61.2% |
| No | 141 | 33.8% |
| No answer | 21 | 5.0% |
| Total | 417 | 100.0% |

The two retailers who receive 99% of the prescription sales have been consulted with closely on the Safe + Well approach and their main concerns were that people who did not have the ability to buy equipment (financially or practically) were left at risk/a disadvantage. It was explained that people would be supported and should a prescriber feel that the person would be at risk without the equipment then they would provide it.

12.

Amendments to Proposal / Mitigating Actions

The SADL budget is not capped and is projecting an under-spend of £45k for 2015/16 therefore the proposed £40k reduction will be found from the underspend and therefore will not affect members of the public as the current service provision will not change.

Equality Impacts

| 13 | Identify the potential positive and negative impacts on specific groups | | |
|---|---|--------------------------------------|----------------|
| | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| Older or younger people | | No differential impact | |
| People with caring Responsibilities | | No differential impact | |
| People with a disability | | No differential impact | |
| Women or men | | No differential impact | |
| People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | | No differential impact | |
| Religion or belief (including lack of belief) | | No differential impact | |
| People who are lesbian, gay or bisexual | | No differential impact | |
| People who are transgendered | | No differential impact | |
| People who are in a marriage or civil partnership | | No differential impact | |
| Women who are pregnant / | | No differential impact | |

| | | |
|----|---|------------------------|
| | on maternity leave | |
| | Socio-economic impacts (Including impact on child poverty issues and deprivation) | No differential impact |
| | Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | No differential impact |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | None |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | None |

Supporting Information and Impact Assessment

| | |
|--------------------------------|---|
| Proposal: | Reduction of funding to Torbay Community Development Trust (TCDT) |
| Executive Lead: | Councillor Derek Mills |
| Director / Assistant Director: | Caroline Dimond |

| | | | | | |
|----------|-----|-------|---------------|---------|----------------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Bruce Bell/Sue Mills |
|----------|-----|-------|---------------|---------|----------------------|

Section 1: Background Information

| | |
|-----------|--|
| 1. | <p>What is the proposal / issue?</p> <p>The proposal is that in 2017/18 there will be a reduction in the budget of £16,000 which is already part of the agreed contract and funding arrangements with the TCDT. Therefore in 2017/18 funding for the TCDT will remain at £60,000.</p> <p>In 2018/19 there will be a reduction in funding allocated to the TCDT by Torbay Council of £60,000, reducing the Council funding down to nil. With the agreed expectation that the TCDT will become self sufficient by 31 March 2019.</p> <p>This impact assessment is therefore based on the potential impact of the reduction in funding in 2018/19.</p> |
| 2. | <p>What is the current situation?</p> <p>TCDT was set up out of recognition for the need for a radical change in how the public sector worked with each other, statutory partners, businesses and our communities. Torbay Council's commitment to this was to award a grant of £300,000 for three years (2014 - 2017) and to TUPE transfer two members of Torbay Council staff to the new Trust.</p> <p>Torbay Council's financial commitment in relation to the TUPE transferred staff was agreed on a diminishing financial basis, with the expectation that the TCDT will become self sufficient by 31 March 2019. It was expected that the final funding allocation would be £60,000 from 2016/17.</p> <p>The TCDT supports Torbay Council in its overall approach to working with the community and voluntary sector by forging new partnerships; whilst finding creative and innovative ways for delivering services that will sustain a thriving voluntary and community sector in Torbay. The development of the community and voluntary sector in Torbay is key to the future strategic plans of Torbay Council, South Devon and Torbay Clinical Commissioning Group (CCG) and Torbay & South Devon NHS Foundation Trust.</p> <p>TCDT's specific aims are to:</p> <ul style="list-style-type: none"> • Increase community capacity at a neighbourhood level |

| | |
|---|---|
| | <ul style="list-style-type: none"> • Increase capacity of the Voluntary, Community and Social Enterprise Sector (VCSE) to deliver their services • Ensure VCSE groups across Torbay work more effectively together to maximise the impact of their work • Increase VCSE partnership work with, and influence on, statutory organisations and businesses in Torbay • Increase the flow of funding to the VCSE sector through an increase in grant applications and the establishment of social enterprises and other innovative approaches |
| 3. | <p>What options have been considered?</p> <p>No other options are available as this funding stream exclusively relates to Torbay Council's contribution to those staff who have been TUPE transferred to TCDT.</p> |
| 4. | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>These proposals support the following principles of the Corporate Plan:</p> <ul style="list-style-type: none"> • Integrated and joined up approach • Use reducing resources to best effect |
| 5. | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>There is the potential for the following to be affected by this proposal:</p> <ul style="list-style-type: none"> • TCDT staff • The (VCSE) in Torbay who benefit from the support of TCDT • The general population • Torbay and South Devon NHS Foundation Trust (as a partner and service provider) • South Devon and Torbay Clinical Commissioning Group (CCG) |
| 6. | <p>How will you propose to consult?</p> <p>Consultation will take place as part of the general consultation on the budget proposals. However, specific consultation will also be carried out on this proposal with TCDT.</p> |
| Section 2: Expected Implications and Impact Assessment | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>This proposal would generate financial savings to meet the council's financial requirements.</p> |

| | |
|-------------------|---|
| <p>8.</p> | <p>What are the <u>expected</u> risks?</p> <p>The expectation was that the TCDT would become self sufficient by 31 March 2019, however the reduction in funding allocated by Torbay Council may impact on the TCDT's capacity to:</p> <ul style="list-style-type: none"> • Develop collaboration and partnership within the community • Improve the scope, quantity, quality and diversity of volunteering in Torbay. • Building community capacity and resilience at the neighbourhood level • Develop the required community assets that will provide alternative support opportunities for people who have traditionally sought support from statutory services. • Continue to build on existing community asset development which is a cornerstone of Torbay and South Devon NHS Foundation Trust's new model of care and core to future strategic health and social care plans for Torbay (the Torbay and South Devon Prevention Strategy and the Devon-wide Sustainable Transformation Plan (STP)). |
| <p>9.</p> | <p>Public Services Value (Social Value) Act 2012</p> <p>The (re)procurement of services is not relevant for this report.</p> |
| <p>10.</p> | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>There is a significant volume of guidance, research and recommendations regarding community development and VCSE organisations:-</p> <p>Federation for Community Development Learning Community Development National Occupational Standards</p> <p>National Institute for Health and Care Excellence (NICE) Community engagement: improving health and wellbeing and reducing health inequalities</p> <p>National Voices: People shaping Health and Social Care What is the role of VCSE organisation in care and support planning</p> |
| <p>11.</p> | <p>What are key findings from the consultation you have carried out?</p> <p>Feedback from the general budget consultation and the public health budget questionnaire demonstrated support for this proposal, combined results are shown below:</p> <p>Q11) Community Development Trust:</p> |

| Do you support this proposal? | Number | Percent |
|-------------------------------|------------|---------------|
| Yes | 359 | 73.4% |
| No | 105 | 21.5% |
| No answer | 25 | 5.1% |
| Total | 489 | 100.0% |

The public health budget questionnaire also identified that:

- 54 (75%) people/organisations responding would not be affected by the proposal
- 40 (23.6%) people/organisations responding would be affected by the proposal
- 1 (1.4%) person did not respond to whether they would be affected by the proposal

The concerns raised included:

- Cost pressures in the future including for the NHS
- The use of volunteers in both community and recovery programmes could be affected including capacity building
- The most vulnerable could be affected
- Viability of CDT if not funded

An alternative suggestion was made that reductions could be phased over three years rather than two.

12.

Amendments to Proposal / Mitigating Actions

None

Equality Impacts

| | | | | |
|----|--|------------------------|---|-----------------------|
| 13 | Identify the potential positive and negative impacts on specific groups | | | |
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | | Over the next 50 years Torbay will experience an unprecedented change in the composition of its population. As life expectancy increases and the birth rate remains low, the proportion of the population aged over 50 will increase dramatically. 43.1% of Torbay's population are aged over 50 compared with 33.5% nationally. By 2018 for when this impact assessment is based upon, this sector of Torbay's population will represent 51.2% compared with 40.1% nationally. The removal of funding for this service may see negative impacts on particular service models that cater for older people with health and care needs and also those living with an illness or a disability. | |

| | | | |
|--|---|---|--|
| | | <p>TCDT are facilitating a partnership process to bring organisations together who work with children, families and young people, linking closely with the emerging Youth Trust to secure resources to deliver a range of activities that support early help, youth work and wider prevention and innovation. A reduction in funding may see impacts on the TCDT's capacity to continue partnership working at a continued level.</p> | |
| <p>People with caring Responsibilities</p> | | <p>The carer's pathway currently in development provides access to support for carers to prevent breakdown of carer arrangements, this may be affected as a result of the service cuts.</p> | |
| <p>People with a disability</p> | <p>The principles of the TCDT includes equality of opportunity, being committed to creating an equal and inclusive society, identifying anomalies in volunteering landscape across Torbay and taking steps to address these.</p> <p>The TDCT are working with</p> | <p>The current development of services aimed at keeping people well and preventing or delaying the onset of disability and illness may be affected and have impacts upon the older population's ability to live independently at home for as long as possible.</p> | |

| | | | |
|--|--|--|--|
| | groups and agencies to mitigate the impacts of spending cuts, with a particular focus on supporting vulnerable people. | There is currently a professional independent advice and support service for parents and young people with disabilities which may see a negative impact if funding is no longer available to support this service. | |
| Women or men | No differential impact | | |
| People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | No differential impact | | |
| Religion or belief (including lack of belief) | No differential impact | | |
| People who are lesbian, gay or bisexual | No differential impact | | |
| People who are transgendered | No differential impact | | |
| People who are in a marriage or civil partnership | No differential impact | | |
| Women who are pregnant / on maternity leave | The service, including volunteering opportunities will be available to pregnant women or those on maternity leave. | | |
| Socio-economic impacts (Including impact on child poverty issues and deprivation) | The work of the TCDT has enabled people to work collectively to bring about positive social change. This | A reduction in funding may affect the current prioritised support for marginalised groups such as vulnerable adults and | |

| | | | |
|---|---|--|--|
| | long term process started from people's own experience and it has enabled communities to work together using their strengths and resources for empowerment to promote social justice, equality and inclusion. | families who are furthest from the workplace. Economic and social regeneration may be affected by a funding reduction and community resilience consequentially impacted upon. | |
| Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | | If the TCDT has not become self-sufficient by 31 March 2019 then continued support to ensure effective collaboration between Voluntary, Community and Social Enterprise organisations and groups may not be achievable. Additionally community led action may also be affected seeing negative impacts on community resilience to promote health and wellbeing reducing social isolation and empowering the community. | |
| 14 Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | <ul style="list-style-type: none"> Proposed reductions to youth and integrated youth support will require a collaborative approach with existing groups and organisations facilitated by TCDT. Proposed reductions to substance misuse services may affect the TCDT training and volunteering scheme which provides much needed activity to assist clients with their recovery. Proposed reductions in the community transport team may affect the development of the community transport infrastructure for the Bay which the TCDT is working in partnership to develop. The impact may see less transport options than anticipated and a dependency on commercial operators. | | |

| | | |
|----|---|---|
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | The new models of care in the health system locally, plus the emerging Sustainable Transformation Plan (http://www.southdevonandtorbayccg.nhs.uk/about-us/sustainability-and-transformation-plan/Documents/wider-devon-stp-sustainability-and-transformation-plan.pdf) putting prevention first, is expecting more from local public health services when capacity in the system is decreasing. |
|----|---|---|

Supporting Information and Impact Assessment

| | |
|--------------------------------|------------------------|
| Proposal: | Lifestyle Services |
| Executive Lead: | Councillor Derek Mills |
| Director / Assistant Director: | Caroline Dimond |

| | | | | | |
|----------|-----|-------|---------------|---------|-----------|
| Version: | 3.0 | Date: | February 2017 | Author: | Ian Tyson |
|----------|-----|-------|---------------|---------|-----------|

Section 1: Background Information

| | |
|-----------|---|
| 1. | <p>What is the proposal / issue?</p> <p>The original proposal was to substantially redesign the Torbay Lifestyle Services from April 2017 which is currently commissioned by Public Health and provided by the Torbay and South Devon NHS Foundation Trust.</p> <p>The proposed budget for 2017/18 was £90,000.</p> <p>Following consultation the proposal has changed to reduce the proposed savings from £345,000 (original proposal) in 2017/18 to £119,000 in 2017/18. The proposed budget for 2017/18 is now £316,000.</p> <p>Lifestyle Services include:</p> <ul style="list-style-type: none"> • Stop smoking services • Adult weight management services • Children’s weight management services • Services to address sedentary (inactive) behaviours in adults and children • Exercise referral for cardiac rehabilitation. <p>Part of this proposal is to retain a residual budget to commission a digital and self-help support service to the population and, potentially retain some specialist provision for those most at risk of a preventable life-limiting disease (e.g. for those who want to stop smoking).</p> <p>Access to most Public Health Lifestyles programmes will be restricted or ceased. This has the potential to impact on a broad range of the population, some of which will be living in our most deprived communities.</p> <p>In order to minimise these potential impacts the remaining service will aim to work directly with those who need services most. Through a digital and self-help service we could provide support, information and advice to people on how they can improve their own health without using specialist services</p> |
| 2. | <p>What is the current situation?</p> <p>In Torbay, lifestyles related health issues are generally worse than the average. Torbay has:</p> |

| | |
|------------------|--|
| | <ul style="list-style-type: none"> • Higher levels of smoking • Higher levels of smoking in pregnancy • More overweight and obese adults • More overweight and obese young children (age 4-5) • Average levels of inactive adults <p>Source: Public health Outcomes Framework, Public Health England</p> <p>The current service comprises of the following programmes:</p> <p><u>Stop Smoking Service:</u></p> <p>The Stop Smoking Service currently commissions GPs to provide stop smoking services for their patients and prescribe medication as required. The service also provides training and support to pharmacies across Torbay who also provide stop smoking services for their customers.</p> <p><u>Adult weight management service and Children’s weight management service:</u></p> <p>These weight management services take referrals from a range of services to support people to maintain or return to a healthy weight. This service is provided as part of a tiered set of services aimed at preventing significant weight related health issues in the future.</p> <p>Other services provided include:</p> <ul style="list-style-type: none"> • Services to address sedentary (inactive) behaviours in adults and children: • Exercise for recovery from cardiac surgery. <p>This service has recently been redesigned to increase the number of Torbay residents engaging with the services, including the number who complete the intervention. The redesign has also involved including screening for:</p> <ul style="list-style-type: none"> • Emotional health and wellbeing • Dental health • Alcohol consumption. <p>However, while the numbers have increased, they not yet at the scale required by the current contract.</p> <p>There is some evidence to indicate that investment in preventative services to increase healthy life expectancy will have a positive impact on the incidence of long-term conditions and as a result, will help to avoid increases in demand for health and social care services in the future.</p> |
| <p>3.</p> | <p>What options have been considered?</p> <p>Public Health have undertaken a prioritisation process reviewing all of the commissioned services according the evidence base, need, impact of service, reach into target population, impact on health inequalities and whether there is any statutory requirement to provide the service. In this process Lifestyles services generally score lower than other commissioned services and</p> |

| | |
|------------------|--|
| | <p>therefore ongoing investment is considered to be less of a priority.</p> <p>Specifically, lifestyles services were not considered to have as high a priority due to:</p> <ul style="list-style-type: none"> • Other services managing many more vulnerable/complex clients, where the risk of disinvestment to individuals, other services and the communities is greater than the risk posed by reducing the lifestyles provision. • There is less evidence to demonstrate the positive impact lifestyles services have compared to other commissioned services. • The risk of removing more funding from other services to mitigate the impact on lifestyles services would increase the likelihood of those other services becoming unviable. This would have greater immediate consequences on individuals, communities and other services than the significant reduction in lifestyles services. • This service is considered to be more 'standalone' than other public health services and there is less risk of generating immediate, significant pressures in the wider health and social care system. • Public Health has a statutory requirement to commission other services either entirely or partially and therefore the ability to reduce these services under the terms and conditions of the grant is limited. <p>Given savings are also being proposed across services for more vulnerable and complex needs, it is appropriate to consider at this stage, this proposed reduction in lifestyles services.</p> |
| <p>4.</p> | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>This proposal supports the following principle of the Corporate Plan:</p> <ul style="list-style-type: none"> • Use reducing resources to the best effect |
| <p>5.</p> | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>There is the potential for the following to be affected by this proposal:</p> <ul style="list-style-type: none"> • Service users • The general population • Healthwatch • Torbay and South Devon NHS Foundation Trust (as a partner and service provider) • South Devon and Torbay Clinical Commissioning Group (CCG) • GP's |
| <p>6.</p> | <p>How will you propose to consult?</p> <p>Consultation will take place as part of the general consultation on the budget proposals. However, specific consultation will also be carried out on this</p> |

| | |
|---|--|
| | <p>proposal with service users and partners through a range of mechanisms.</p> <ul style="list-style-type: none"> • Focus groups • Dedicated on-line consultation relating to lifestyles services • Discussions with partner organisations |
| Section 2: Expected Implications and Impact Assessment | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>This proposal would generate financial savings to meet the council's financial requirements. However there may be financial liabilities associated with the significant reduction in this service i.e. any associated redundancy costs.</p> |
| 8. | <p>What are the <u>expected</u> risks?</p> <p>As a result of this proposal, Torbay will be investing less in preventative services across Torbay and the potential consequences could be:</p> <ul style="list-style-type: none"> • Reduced ability to support those most at risk of long terms health risks in the future (diabetes, chronic obstructive pulmonary disease, cardiovascular disease etc.) • Exacerbate the above issues by failing to work with those most at risk of multiple poor lifestyle choices and behaviours, • Fewer smokers receiving help and support which will result in more long term cardiovascular and respiratory diseases, increasing the burden for health and social care services in the future, • Fewer adults, families and young people receiving interventions to manage and control their weight which will make it harder to counteract the increasing trend of Torbay residents who are overweight and obese. • People recovering from cardiac surgery may not receive specialist structured exercise training, education and psychological support and advice on risk factors, including long term maintenance of physical activity • Should new trends around poor lifestyle behaviours emerge, Torbay Council will be unable able to react and respond to these issues. • This service is currently a cornerstone of Torbay and South Devon NHS Foundation Trust's new model of care and core to future strategic health and social care plans for Torbay (the Torbay and South Devon Prevention Strategy and the Devon-wide Sustainable Transformation Plan (STP)) deleting this service, may compromise these developments. • Torbay will not be compliant with best practice (e.g. National Institute for Health and Care Excellence (NICE). This could be challenged by members of the public who require services that are no longer available. • Greater hospitals admissions due to poor health • Wider economic impacts and greater benefit dependencies if people are not able to work due to their health. • Existing services for weight management (adults, young persons and family) currently form part of wider integrated system (tiers) of |

| | |
|-------------------|---|
| | <p>intervention for individuals to maintain or return to a healthy weight. This proposal would potentially result in there being no early help service (tier 2 intervention) to support the individuals before they become more obese. This could result in greater demand for specialist NHS services commissioned through the CCG.</p> <ul style="list-style-type: none"> • There may be a reduced capacity for the Stop smoking services to commission GP and to support pharmacies in the future. This may also impact on the access to prescription services for smokers. In the longer term this may create greater demand pressures on other health services. |
| <p>9.</p> | <p>Public Services Value (Social Value) Act 2012</p> <p>The (re)procurement of services is not relevant for this report.</p> |
| <p>10.</p> | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The Torbay LA Public Health Team used a prioritisation matrix as an assurance that services were commissioned based on evidence, impact and effective efficiency.</p> <p>There is a significant volume of guidance, research and recommendations regarding Lifestyles services. For a number of these work streams, they are centralised in the form of national public websites such as:</p> <ul style="list-style-type: none"> • National Obesity Observatory http://www.noo.org.uk/ • National Centre for Smoking Cessation and Training http://www.ncsct.co.uk/ <p>There is also significant wealth of guidance for commissioners and providers of Lifestyles services available on the National Institute for Health and Care Excellence (NICE) website:</p> <ul style="list-style-type: none"> • https://www.nice.org.uk/guidance/lifestyle-and-wellbeing <p>Other applicable documents include:</p> <ul style="list-style-type: none"> • Local authorities improving oral health: commissioning better oral health for children and young people. An evidence-informed toolkit for local authorities. Public Health England • Start Active, Stay Active: A report on physical activity from the four home countries' Chief medical Officers. Department of Health. • 'Everybody active, every day' An evidence-based approach to physical activity. Public Health England • Public Health England Marketing Strategy • Change4life and social marketing |
| <p>11.</p> | <p>What are key findings from the consultation you have carried out?</p> <p>The combined Feedback from the general budget questionnaire, the public</p> |

health budget consultation and the specific survey carried out in relation to Lifestyle Services are shown below:

Q12) Lifestyle Services

| Do you support this proposal? | Number | Percent |
|-------------------------------|------------|---------------|
| Yes | 251 | 40.7% |
| No | 344 | 55.8% |
| No answer | 21 | 3.4% |
| Total | 616 | 100.0% |

The respondents to the Lifestyle Services specific survey were made up as follows:

- 53 (26.6%) were people currently engaged with the service
- 50 (25.1%) were people who have previously used the service
- 47 (23.6%) responded due to another reason (mostly a professional who referred into the service)
- 39 (19.6%) were Torbay residents who have not personally used the service
- 6 (3%) were unsure what category of the above they fell into
- 4 (2%) were blank

The consultation also identified that (people may respond to more than one question therefore the percentages will not sum to 100%):

- 25 (12.6%) people/organisations responding have used the service to give up smoking
- 75 (37.7%) people/organisations responding have used the service to manage their weight
- 78 (39.2%) people/organisations responding have used the service to become more physically active
- 13 (6.5%) people/organisations responding have used the service to access advice around alcohol
- 51 (25.6%) people/organisations responding have used the service to seek support regarding emotional health and wellbeing
- 21 (10.6%) people/organisations responding have used the service to access some other type of support
- 76 (38.2%) of respondents have not used the service for any of the above issues

There was a broad range of individuals and organisations (statutory and non-statutory) who submitted written responses to the consultation on Lifestyles.

The replies from service users all indicate a positive experience from a valued service. For some groups there is significant strength of feeling of a perceived negative impact on their well-being should the service be reduced.

Concerns were raised regarding increasing health inequalities that may disproportionately affect those most at risk of poor health outcomes. Specific reference was made to difficulties in accessing alternative provisions, and the

appropriateness and desirability of a digital offer.

Face to face services were considered by some respondents to be key to elicit positive behaviour change. Suggestions were made that alternative face-to-face options be considered.

A small but sufficient number of respondents felt this service should not be funded through the local authority and that people should effectively manage their lifestyle behaviours themselves and/or that any provision should be self-funded/funded through the NHS.

Respondents considered the proposals to be a short term approach with long term impacts both in costs and health to the population and producing a reactive rather than proactive response.

Medical opinion was expressed that the evidence base behind elements of this service makes this provision worth keeping over others such as health checks.

Respondents felt that the proposal will have a knock-on effect both in terms of time and cost to other parts of the system, including health services, other parts of the Council both in Torbay and South Devon.

Some respondents considered that the current proposals could ultimately result in people in Torbay receiving a differential service to those in South Devon.

There were concerns that proposal would mean that the service would become too small to be viable, and one response suggested that a similar service could be provided on lower pay grade staff. A comment was made that there would be an incumbent responsibility on the local authority to ensure a sufficiently trained, managed and accredited provision regardless of who provided the service.

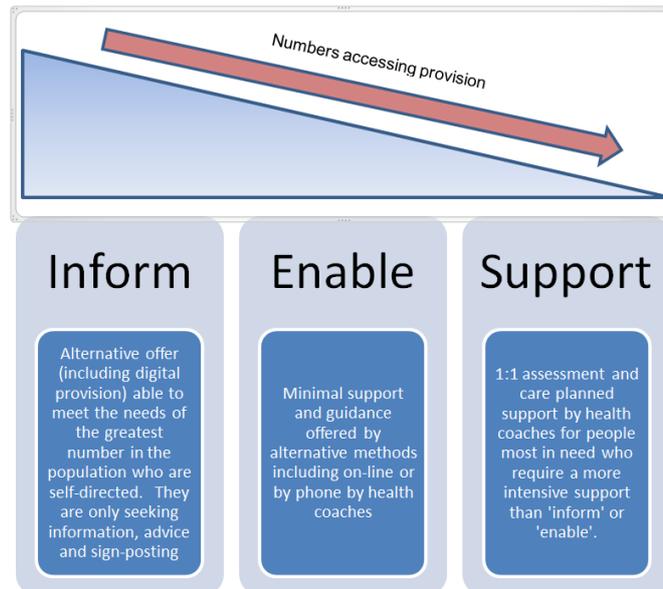
Comments made on the overall public health proposals include::

- It will damage the progress made on a 'joined up' approach to the provision of health and social care. The proposals will also be against the agreement that decisions made in one part of the system do not have unintended adverse effects in another part of the system and also on the shift from a reactive to a proactive approach to health and social care.
- It will have an adverse effect on the credibility of the community service model redesign and will damage the reputations of Torbay Council and Torbay and South Devon NHS Foundation Trust.
- A statement was made regarding the local authorities responsibility to continue to meet the conditions of the public health grant.
- Concerns were raised regarding the proposals potential impact on the aspirations of the Sustainability and Transformation Plans (STPs) with the NHS. A statement was made that Torbay should look to understand how other local authority areas which border Torbay are able to deliver services 'smoothly' without the same issues as Torbay.

12.

Amendments to Proposal / Mitigating Actions

A revised Lifestyles model will seek to provide services for three defined groups of the population – informally identified as ‘Inform’, ‘Enable’ and ‘Support’. This model does not differ significantly from the proposal already put forward, but the diagram below describes the offer and terminology used going forward.



As a result of the majority of the feedback and recommendations received from health professionals in Torbay, the amendment to this current proposal would be:

- To reduce the level of saving proposed to £119,000 resulting in a budget for this service for 2017/18 of £316,000.
- This would retain some Public Health funding to allow a transition during 2017/18 and 2018/19 to commission an alternative offer to include provision across the three groups identified:
 - Inform: Alternative information and advice provision (including digital and self-help support)
 - Enable: guidance and alternative support (e.g. telephone and on-line support)
 - Support: 1:1 assessment and care planned support by health coaches for people most in need who require a more intensive support.
- By increasing the funding for the service above what was originally proposed, more “enablement” and “support” will be able to be offered

Equality Impacts

| | | | | |
|----|--|--|--|--|
| 13 | Identify the potential positive and negative impacts on specific groups | | | |
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | The 'new' service would employ a greater emphasis on informing and enabling people to access support and solutions which could include telephone and on-line provision with the aim to broaden the options and reach for residents to contact the service. | <p>The capacity of the service would be reduced and therefore the ability of any 'new' provision to meet the same number of individuals maybe restricted.</p> <p>As a new service model is developed it is anticipated that we would look to prioritise those in 'middle age' where the benefits of implementing health behaviour can be maximised.</p> <p>Older people maybe disadvantaged if they are not digitally enabled.</p> | Re-development of Adult and Children's Obesity Pathways – to include referral options and general advice via primary care. |
| | People with caring Responsibilities | | The capacity of the service would be reduced and therefore the ability of any 'new' provision to meet the same number of individuals may be restricted. | |
| | People with a disability | The 'new' service will be expected to ensure: | The capacity of the service would be reduced and therefore the ability of any 'new' | |

| | | | |
|--|--|---|--|
| | <ul style="list-style-type: none"> • That the 'inform' and 'enable' components of any new system are responsive to the needs of those most vulnerable – in particular those with mental health conditions and learning disability. • That information is easily accessible e.g. digital components must be in an 'easy read' format • That the service has access to sign language services | provision to meet the same number of individuals may be restricted. | |
| Women or men | Pregnant women are likely to be a target group for any stop smoking service due to the benefit to both mother and unborn child | The capacity of the service would be reduced and therefore the ability of any 'new' provision to meet the same number of individuals may be restricted. | |
| People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | There is no differential impact anticipated on this group, although any impacts will be closely monitored. | | |
| Religion or belief (including lack of belief) | There is no differential impact anticipated on this group, although any impacts will be closely monitored. | | |
| People who are lesbian, gay or bisexual | There is no differential impact anticipated on this group, although any impacts will be closely monitored. | | |

| | | | |
|---|---|---|--|
| People who are transgendered | There is no differential impact anticipated on this group, although any impacts will be closely monitored. | | |
| People who are in a marriage or civil partnership | There is no differential impact anticipated on this group, although any impacts will be closely monitored. | | |
| Women who are pregnant / on maternity leave | Pregnant women are likely to be a target group for any stop smoking service due to the benefit to both mother and unborn child | The capacity of the service would be reduced and therefore the ability of any 'new' provision to meet the same number of individuals may be restricted. | |
| Socio-economic impacts (Including impact on child poverty issues and deprivation) | An improved 'inform' and 'enable' offer could access segments of the population not wishing to access traditional NHS based services. | <p>The capacity of the service would be reduced and therefore the ability of any 'new' provision to meet the same number of individuals may be restricted.</p> <p>Reduced prevention focus and service options for vulnerable groups – mitigated by recognition of these groups and specific measures (alternative delivery through voluntary/commercial sectors, effective communication and promotion of new options to reduce marginalisation).</p> <p>This proposal could either prolong or bring about worklessness due to earlier</p> | |

| | | | |
|----|---|---|---|
| | | onset of long term conditions such as diabetes or respiratory disease. In mitigation, targeting the 'new' service at those most at risk could mitigate this to some degree. | |
| | Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | An improved 'inform' and 'enable' offer could access segments of the population not wishing to access traditional NHS based services, therefore reaching potentially hidden populations. This should provide better value for money. | A significantly reduced service could impact on public health outcomes regarding obesity, physical activity and levels of smoking. It is anticipated the 'new' service will reach communities with a different approach, potentially with effective reach which should mitigate some of the effects of the reduction. |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | Overall reductions to public health services who work with vulnerable people may exacerbate the impacts for those who have worked with more than one service. This may be particularly relevant to: <ul style="list-style-type: none"> • Sexual health services and those accessing chlamydia screening services • Cuts to Substance Misuse services, in particular those who also smoke • Public Health Nursing and those who are parents and are engaged with Lifestyles services. | |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | <ul style="list-style-type: none"> • The new models of care in the health system locally, plus the emerging Sustainable Transformation Plan (http://www.southdevonandtorbayccg.nhs.uk/about-us/sustainability-and-transformation-plan/Documents/wider-devon-stp-sustainability-and-transformation-plan.pdf) putting prevention first, is expecting more from local public health services when capacity in the system is decreasing. | |

Supporting Information and Impact Assessment

| | |
|--------------------------------|------------------------|
| Proposal: | Health Checks |
| Executive Lead: | Councillor Derek Mills |
| Director / Assistant Director: | Caroline Dimond |

| | | | | | |
|----------|-----|-------|---------------|---------|-----------|
| Version: | 3.0 | Date: | February 2017 | Author: | Ian Tyson |
|----------|-----|-------|---------------|---------|-----------|

| Section 1: Background Information | |
|--|---|
| 1. | <p>What is the proposal / issue?</p> <p>The original proposal is to reduce the Public Health budget by £5,000 in 2017/18 for Health Checks which are carried out by GPs. The budget is dependent on the number of people who take up the offer of a health check. For 2018/19, it was proposed to reduce the budget by a further £70,000. The proposed budget for 2017/18 was therefore £85,000.</p> <p>Following consultation the proposal has changed to reduce the budget by £65,000 in 2017/18 leaving a budget of £25,000. No savings are identified for 2018/19.</p> |
| 2. | <p>What is the current situation?</p> <p>As the population gets older, there is a higher risk of developing health conditions such as high blood pressure, heart disease or type 2 diabetes.</p> <p>The NHS Health Check is branded as the chance for adults in England aged 40-74 without a pre-existing condition, to get a ‘free midlife MOT’. The role of the Health Check is to check circulatory and vascular health and what the risk is of a person getting a disabling vascular disease.</p> <p>Currently, the local authority is required to offer a Health Check to the eligible population (approximately 40,000 people over 5 years). Most GP practices are signed up to this and delivering Health Checks across Torbay. A proactive outreach service is also commissioned to pick-up those practices that do not provide the service, as well as targeting particular groups (mental health, hospitality and manual workers and fishermen; shift workers and hard to reach groups) who are much less likely to engage but are more likely to have health issues.</p> <p>Current uptake to date in 2016/17 is 61.6% of the eligible population and the average over the 4 years the programme has been running it is 47.8%.</p> <p>While the provision of Health Checks is based on NICE (National Institute for Health and Care Excellence) recommendations, the evidence for their success in improving health outcomes is not robust and has been challenged.</p> |

| | |
|-----------|--|
| | Other Local Authority areas have already paused the provision of Health Checks. |
| 3. | <p>What options have been considered?</p> <p>There are a number of different potential mechanisms for making the small saving in 2017/18:</p> <ul style="list-style-type: none"> • Restrict the targeted offer to a more defined population • Recommend that GP practices limit the number of Health Checks offered, which in turn will reduce the attendance and therefore costs • Propose an annual ‘cap’ for the number of Health Checks provided by each GP practice over which the Council would no longer fund. This can be targeted so that caps are greater in areas of highest estimated need. <p>For 2018/19, the options which could be considered are:</p> <ul style="list-style-type: none"> • Restrict the provision to maintain a targeted service only (not offering the provision to the entire eligible population) • Maintain an offer to the entire eligible population, but reduce any proactive follow-up work to encourage and ensure attendance, with the expectation that uptake is reduced (risk that attendance is not affected to level required to find efficiencies). <p>It is proposed that these, and any other options, are considered as part of the consultation process.</p> |
| 4. | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>This proposal supports the following principle of the Corporate Plan:</p> <ul style="list-style-type: none"> • Use reducing resources to the best effect. |
| 5. | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>There is the potential for the following to be affected by this proposal:</p> <ul style="list-style-type: none"> • Service users • The general population • Healthwatch • Torbay and South Devon NHS Foundation Trust (as a partner and service provider) • South Devon and Torbay Clinical Commissioning Group (CCG) • GP’s |

| | |
|--|--|
| 6. | <p>How will you propose to consult?</p> <p>Consultation will take place as part of the general consultation on the budget proposals:</p> <ul style="list-style-type: none"> • Specific public health on-line consultation • Discussions with partner organisations • |
| <p>Section 2: Expected Implications and Impact Assessment</p> | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>The original proposal would release £5,000 of savings in 2017/18 and a further £70,000 in 2018/19. This proposal has now changed and the savings proposed for 2017/18 are £65,000.</p> |
| 8. | <p>What are the <u>expected</u> risks?</p> <p>The potential risks and impacts associated with this proposal over the two years are:</p> <ul style="list-style-type: none"> • Individuals who are at risk of high blood pressure, heart disease or type 2 diabetes in whom these are undetected and go on to suffer these diseases in the future. • This may potentially create pressure in the health and social care system in later years should illnesses develop and those affected require additional treatment and care through NHS and social care services. • Restricting the offer to certain communities, geographies, numbers who can access may potentially create issues regarding demand and supply not matching each other i.e. demand exceeding availability and vice versa resulting in services not matching. The consequence of which is to increase the potential for unused capacity in some areas and oversubscribed capacity in others. • Health inequalities across Torbay may widen. • There will be a significant risk of the current providers of the health check service assessing the residual financial value as being unattractive. The result of which could be that the local authority could be left with no (or a very limited number of) practices willing to provide health checks in Torbay. • There is an additional risk that demand may continue and the local authority is unable to restrict or control expenditure without restricting access. |
| 9. | <p>Public Services Value (Social Value) Act 2012</p> <p>The (re)procurement of services is not relevant for this report.</p> |

| <p>10.</p> | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The Torbay LA Public Health Team used a prioritisation matrix as an assurance that services were commissioned based on evidence, impact and effective efficiency.</p> <p>Providing health checks is a condition of the Public Health Grant. Evidence for its provision can be found here: http://www.healthcheck.nhs.uk/commissioners_and_providers/evidence/</p> | | | | | | | | | | | | | | | |
|-------------------------------|--|-------------------------------|--------|---------|-----|-----|-------|----|-----|-------|-----------|----|------|--------------|------------|---------------|
| <p>11.</p> | <p>What are key findings from the consultation you have carried out?</p> <p>The feedback from the general budget survey and public health consultation is shown in the table below:</p> <p>Q13 Health Checks:</p> <table border="1" data-bbox="563 965 1190 1227"> <thead> <tr> <th>Do you support this proposal?</th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>209</td> <td>42.7%</td> </tr> <tr> <td>No</td> <td>258</td> <td>52.8%</td> </tr> <tr> <td>No answer</td> <td>22</td> <td>4.5%</td> </tr> <tr> <td>Total</td> <td>489</td> <td>100.0%</td> </tr> </tbody> </table> <p>There were a limited number of written responses to the consultation on NHS Health Checks.</p> <p>There were conflicting points of view on the strength of the evidence base for NHS Health Checks. The majority of the professional opinion in relation to this proposal was of the view that the lifestyles service had a better evidence base than NHS Health Checks.</p> <p>Some of the respondents commented that people at high risk of health problems may miss the opportunity to have the risk identified, potentially resulting in increased costs and further health problems associated with late diagnosis. Comment was also made that long term conditions are more expensive to treat than putting in preventative measures.</p> <p>Comments made on the overall public health proposals include:</p> <ul style="list-style-type: none"> • It will damage the progress made on a 'joined up' approach to the provision of health and social care. The proposals will also be against the agreement that decisions made in one part of the system do not have unintended adverse effects in another part of the system and also on the shift from a reactive to a proactive approach to health and social care. • It will have an adverse effect on the credibility of the community service | Do you support this proposal? | Number | Percent | Yes | 209 | 42.7% | No | 258 | 52.8% | No answer | 22 | 4.5% | Total | 489 | 100.0% |
| Do you support this proposal? | Number | Percent | | | | | | | | | | | | | | |
| Yes | 209 | 42.7% | | | | | | | | | | | | | | |
| No | 258 | 52.8% | | | | | | | | | | | | | | |
| No answer | 22 | 4.5% | | | | | | | | | | | | | | |
| Total | 489 | 100.0% | | | | | | | | | | | | | | |

| | |
|-------------------|--|
| | <p>model redesign and will damage the reputations of Torbay Council and Torbay and South Devon NHS Foundation Trust.</p> <ul style="list-style-type: none"> • A statement was made regarding the local authorities responsibility to continue to meet the conditions of the public health grant. • Concerns were raised regarding the proposals potential impact on the aspirations of the Sustainability and Transformation Plans (STPs) with the NHS. • A statement was made that Torbay should look to understand how other local authority area which border Torbay are able to deliver services 'smoothly' without the same issues as Torbay. <p>Some alternative proposals were put forward:</p> <ul style="list-style-type: none"> • A health and wellbeing hub in the town centre to reduce burden to A&E and GP's • Incorporate into another appointment • Charge for them • People complete at home and only seen if survey shows at risk |
| <p>12.</p> | <p>Amendments to Proposal / Mitigating Actions</p> <p>As a result of the majority of the feedback and recommendations received from health professionals in Torbay, the amendment to this current proposal would be:</p> <ul style="list-style-type: none"> • To save £65,000 in 2017/18 with no further reduction in 2018/19. The resulting budget for this service would therefore total £25,000. • The amended proposal would limit the capacity to provide the universal NHS health checks that are delivered by GPs from 2017/18 resulting in a significantly more targeted approach to providing Health Checks. |

Equality Impacts

| | | | | |
|----|--|---|---|---|
| 13 | Identify the potential positive and negative impacts on specific groups | | | |
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | | 40-74 year olds are the target population for this service. Some of this group may be affected as the offer becomes more targeted to the most at risk identified populations in Torbay. | Young people are not eligible (the service offer is for 40-74 year olds) therefore not affected either way by the proposal. |
| | People with caring Responsibilities | The service offer does not (and will continue to not) distinguish eligibility based on this specific group. Whilst this proposal affects all potential recipients of Health Checks there is no differential impact. | | |
| | People with a disability | The service offer does not (and will continue to not) distinguish eligibility based on this specific group. Whilst this proposal affects all potential recipients of Health Checks there is no differential impact. | | |
| | Women or men | The service offer does not (and will continue to not) distinguish eligibility based on this specific group. Whilst this proposal affects all potential recipients of Health Checks there is no differential impact. | | |
| | People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | The service offer does not (and will continue to not) distinguish eligibility based on this specific group. Whilst this proposal affects all potential recipients of Health Checks there is no differential impact. | | |
| | Religion or belief (including lack of belief) | The service offer does not (and will continue to not) distinguish eligibility based on this specific group. Whilst this proposal affects all potential recipients of Health Checks there is no differential | | |

| | | | |
|---|---|--|--|
| | impact. | | |
| People who are lesbian, gay or bisexual | The service offer does not (and will continue to not) distinguish eligibility based on this specific group. Whilst this proposal affects all potential recipients of Health Checks there is no differential impact. | | |
| People who are transgendered | The service offer does not (and will continue to not) distinguish eligibility based on this specific group. Whilst this proposal affects all potential recipients of Health Checks there is no differential impact. | | |
| People who are in a marriage or civil partnership | The service offer does not (and will continue to not) distinguish eligibility based on this specific group. Whilst this proposal affects all potential recipients of Health Checks there is no differential impact. | | |
| Women who are pregnant / on maternity leave | The service offer does not (and will continue to not) distinguish eligibility based on this specific group. Whilst this proposal affects all potential recipients of Health Checks there is no differential impact. | | |
| Socio-economic impacts (Including impact on child poverty issues and deprivation) | A more targeted approach would look to target resources at those areas where the most disadvantaged live and aim to reduce the inequalities in a more specific population. | The reduction in this offer could result in those with unidentified or emerging Long Term Conditions (LTC) not receiving a Health Check. In mitigation the evidence for the Health Check bringing about long term health benefits is weak in places. Also the service will remain, in a more focussed form, to ensure those who are most at risk are identified and offered a Health Check. | |
| Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | A more targeted approach would look to target resources at those areas where the most disadvantaged live and aim to reduce the inequalities in a more specific population. | The reduction in this offer could result in those with unidentified or emerging Long Term Conditions (LTC) not receiving a Health Check. | |

| | | | |
|----|---|--|--|
| | | In mitigation the evidence for the Health Check bringing about long term health benefits is weak in places. Also the service will remain, in a more focussed form, to ensure those who are most at risk are identified and offered a Health Check. | |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | None identified. | |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | New models of care in the health system locally, plus the emerging Sustainable Transformation Plan which puts prevention first, are both expecting more from local public health services when capacity in the system is decreasing. | |

Supporting Information and Impact Assessment

| | |
|--------------------------------|------------------------|
| Proposal: | Sexual Health Services |
| Executive Lead: | Councillor Derek Mills |
| Director / Assistant Director: | Caroline Dimond |

| | | | | | |
|----------|-----|-------|---------------|---------|-------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Sarah Aston |
|----------|-----|-------|---------------|---------|-------------|

| Section 1: Background Information | |
|--|---|
| 1. | <p>What is the proposal / issue?</p> <p>The proposal is a reduction of £106,000 from the sexual health contract in 2017/18 and a £50,000 reduction in 2018/19.</p> <p>The proposed budget for 2017/18 is £1,633,900.</p> <p>The reduction equates to a 7.2% reduction in the overall contract Public Health have with Torbay and South Devon NHS Foundation Trust for Sexual Health services.</p> <p>It is proposed that the savings are taken from non-mandated services in Torbay.</p> <p>The mandated core of Genito-Urinary Medicine (GUM) (testing for and treatment of Sexually Transmitted Infections (STIs)) and contraceptive services would be maintained but specialist non-mandated provision would be reduced.</p> <p><u>2017/18:</u></p> <ul style="list-style-type: none"> • Reduction in Chlamydia Screening Programme, the total budget for this service would reduce by approximately 34%. • Reduction in Outreach services to young people, the total budget for this service would reduce by approximately 31%. <p><u>2018/19:</u></p> <ul style="list-style-type: none"> • Reduction in Young People’s Sexual Health clinics, the total budget for this service would reduce by approximately 33%. |
| 2. | <p>What is the current situation?</p> <p>Nationally, regionally and in Torbay, younger people bear the burden of poor sexual health – disproportionately compared to other groups of the population. In Torbay there are higher than average rates of Teenage Conception. Services have adapted to meet the needs of our most at risk populations in Torbay.</p> <p><u>Chlamydia Screening Programme:</u></p> |

The Chlamydia Screening programme targets 15-24 year olds and seeks to reduce incidences of chlamydia as this is the most common STI in young people in the UK. Untreated chlamydia can cause infertility, serious infections and complications to the patient and new-born children.

- 23.2% of sexually active 15-24 year olds in Torbay received a Chlamydia test in 2015. This is within the range expected for this population, is in line with National Chlamydia Screening Programme expectations and Torbay compares well with the regional and national average
- Torbay has a high detection rate of 2,515 per 100,000 (355 incidences) – this means that we are performing better than average regionally and nationally and that the service is targeting the correct populations

The service provider effectively targets and treats the right populations and is meeting national targets and thresholds.

Outreach Services to young people:

The Outreach team works in the majority of secondary schools in Torbay, offering contraception, advice, information, guidance and referrals to specialist and supporting services.

The team receive referrals from a range of professionals across the Torbay and work with young men and women most at risk of poorer sexual health and / or teenage conception, for example: young people living in areas of deprivation, care leavers and young people who are in care, young people not in education, employment or training, young people involved in wider risky behaviour, young people at risk of sexual exploitation, young people who are children of former teenage parents. The team

During 2015-16:

- 2,641 young men and women were seen in a private consultation with a nurse – mostly in local schools and colleges
- 2,937 young people were seen in a group work setting e.g. classroom
- The team made 96 interventions using emergency contraception
- The team have been a key contributing factor in reducing the rate of teenage conception rates since 2010

Young people sexual health clinics:

Young People's Sexual Health Clinics offer open access GUM (STI testing and treating) and contraceptive services; aimed at under 25 year olds. These clinics supplement the core offer from Torbay Sexual Medicine Service and are operated through satellite clinics in community settings in Brixham, South Devon College and other local key sites.

| | |
|------------------|--|
| <p>3.</p> | <p>What options have been considered?</p> <p>At this stage, it is not proposed to create savings from the core mandated services as this could have a significantly greater effect on a wider proportion of the population.</p> <p>Other options include completely deleting other specialist elements. This option could result in the deletion of all youth facing outreach provision, including the condom distribution scheme.</p> <p>These options were not considered further as they would have a more significant negative affect on the most at risk populations and individuals.</p> |
| <p>4.</p> | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>This proposals supports the following principle of the Corporate Plan:</p> <ul style="list-style-type: none"> • Use reducing resources to best effect |
| <p>5.</p> | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>It is likely that increases in Chlamydia infections and Teenage Conceptions will have a cost shunt into other areas across the local Health and Social Care system. Consultation would be carried out with;</p> <ul style="list-style-type: none"> • Young people aged 13 to 25, particularly those most at risk of poorer sexual health and teenage conception. • Schools and colleges • Clinical Commissioning Group (CCG) • Staff within Torbay and South Devon NHS Foundation Trust • Services within Torbay and South Devon NHS Foundation Trust • NHS England (commission Primary Care STI testing) • Early Intervention team |
| <p>6.</p> | <p>How will you propose to consult?</p> <p>Consultation will take place as part of the general consultation on the budget proposals. However, specific consultation will also be carried out on this proposal with service users through a range of mechanisms.</p> <ul style="list-style-type: none"> • Focus groups • On-line consultation • Discussions with partner organisations |

Section 2: Expected Implications and Impact Assessment

7. What are the expected financial and legal implications?

This proposal may see a greater demand for other services across the health and social care system, resulting in greater costs to those services, for example:

- Torbay LA commissioned integrated sexual health services
- Into CCG commissioned services i.e. terminations / maternity / GPs
- Social care services

There may be a redundancy liability associated with any staffing reductions.

8. What are the expected risks?

The potential risks and impacts are outlined for each element of the service below:

Chlamydia Screening Programme:

- Fewer young people would receive a Chlamydia screen
- Chlamydia infection rates could increase
- Fewer young people would be aware of sexual health responsibilities when changing sexual partners

Outreach Services to young people:

- Potential increase in teenage conception rates
- Fewer young people in Torbay receiving a specialist intervention with a contraceptive nurse in settings which suit them.
- Less contraception (and emergency contraception) issued to young women
- Less assurance that contraception, and emergency contraception will be provided as and when required. As a result young women could be directed to another provider which increases risk of them not accessing contraception, or emergency contraception due to barriers
- Potential increase in conceptions, resulting in more younger fathers and mothers
- Decrease in access to condoms to young men
- Increase in demand for other local health and social care services, such as other areas of the integrated sexual health contract, GP surgeries, pharmacies and in case of an increase in teenage conceptions, impact on maternity, children's services, housing, early intervention, family support services and midwifery, health visiting
- Service may no longer be able to provide a general access service to all schools and young people in Torbay

| | |
|-------------------|--|
| | <p><u>Young people sexual health clinics:</u></p> <ul style="list-style-type: none"> • Fewer young people can access a suitable service near them, particularly in Paignton and Brixham (main service is located in Torquay) • Less access to testing and treatment services • A potential increase in teenage conceptions and sexually transmitted infections, including Chlamydia |
| <p>9.</p> | <p>Public Services Value (Social Value) Act 2012</p> <p>The full sexual and reproductive service is expected to be re-procured in July 2018.</p> <p>Social Value with regard to Torbay communities will be a strong consideration and an intrinsic elements of:</p> <ul style="list-style-type: none"> • Specification • Market warming processes • Contract <p>A strong sexual and reproductive health service can have an economic, environmental and social value and it is expected that social value will be a key principle and outcome of the future procurement processes.</p> |
| <p>10.</p> | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The Torbay LA Public Health Team used a prioritisation matrix as an assurance that services were commissioned based on evidence, impact and effective efficiency</p> <p>There is a range of guidance, research and recommendations regarding the sexual health outreach and chlamydia screening services. These sources include:</p> <p>British Association for Sexual Health and HIV (BASHH) Good progress but more to do: teenage pregnancy and young parents (LGA) Teenage pregnancy: Beyond 2010 Department of Health / DCSF</p> <p>There is also a range of guidance available for commissioners of services including:</p> <p>Making it Work: A guide to whole system commissioning for sexual health, reproductive health and HIV Chlamydia detection rate: considerations for commissioning (PHE) A Framework for Sexual Health Improvement in England – Department of Health</p> |

Local data includes:

[Torbay Local Authority JSNA – ‘Developing Well’ overview 2014-15](#)
[Public Health England Sexual and reproductive health profiles](#)

And regionally:

Briefing note from the Directors of Public Health South West briefing note on Chlamydia testing in the South West (Sept 2016) *unpublished but circulated amongst Sexual Health South West Network*

In addition, data and information from regular contract meetings which indicate level of activity and penetration into target populations. This information and data has directly informed the outcomes of the Prioritisation matrix.

11.

What are key findings from the consultation you have carried out?

Combined feedback from the general budget questionnaire and the public health budget questionnaire is shown below:

Q14) Sexual Health Service:

| Do you support this proposal? | Number | Percent |
|-------------------------------|------------|---------------|
| Yes | 277 | 56.6% |
| No | 200 | 40.9% |
| No answer | 12 | 2.5% |
| Total | 489 | 100.0% |

The public health specific questionnaire also identified that:

- 58 (80.6%) people/organisations responding would not be affected by the proposal
- 10 (13.9%) people/organisations responding would be affected by the proposal
- 4 (5.6%) people did not respond to whether they would be affected by the proposal

There was a range of individuals and organisations who submitted written responses to the consultation on Sexual Health Service.

There were three main themes from the consultation feedback:

The impact on service users

Reductions will put young people at risk as current service provides advice and interventions to reduce teenage pregnancy and STIs. As a result teenage pregnancy rates will rise. Concerns were raised that reductions are in areas where Torbay has historically had levels of poor performance.

Comment was made that there is a need to increase education and ability to take self-responsibility.

| | |
|-----|---|
| | <p>The impact on service users Reductions may have an impact on other areas e.g. troubled families.</p> <p>Cost effectiveness A comment was made that the cost is greater for treatment than for prevention.</p> <p>An alternative proposal was put forward regarding a health and wellbeing hub in the town centre to reduce burden to A&E and GP's.</p> <p>General comments were made on the public health proposals overall:</p> <ul style="list-style-type: none"> • It will damage the progress made on a 'joined up' approach to the provision of health and social care. The proposals will also be against the agreement that decisions made in one part of the system do not have unintended adverse effects in another part of the system and also on the shift from a reactive to a proactive approach to health and social care. • It will have an adverse effect on the credibility of the community service model redesign and will damage the reputations of Torbay Council and Torbay and South Devon NHS Foundation Trust. • A statement was made regarding the local authorities responsibility to continue to meet the conditions of the public health grant. • Concerns were raised regarding the proposals potential impact on the aspirations of the Sustainability and Transformation Plans (STPs) with the NHS. • A statement was made that Torbay should look to understand how other local authority area which border Torbay are able to deliver services 'smoothly' without the same issues as Torbay. |
| 12. | <p>Amendments to Proposal / Mitigating Actions</p> <p>None</p> |

Equality Impacts

| 13 | Identify the potential positive and negative impacts on specific groups | | | |
|----|---|---|--|----------------|
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | The most vulnerable or at risk young people will be targeted under the principle of proportionate universalism, meaning everyone is able to receive a service, but the service they receive will depend on their needs. | <p>Young people will no longer receive a universal sexual health service within schools. Young people who are not easily identifiable as at increased risk of teenage pregnancy or poorer sexual health will receive a reduced or no service. Young people will have to identify themselves and access sexual health services designed for adult populations.</p> <p>To mitigate this, the Sexual Health Outreach Team and Chlamydia screening team will have to more actively promote themselves amongst various universal and targeted networks in order to support young people to be aware of and access services.</p> <p>There will be a reduction in universal level 2 (provision of contraception) services across secondary schools in Torbay.</p> | |

| | | | |
|-------------------------------------|------------------------|---|--|
| | | <p>To mitigate this, schools will be directed to national and online resources.</p> <p>Schools and all the Children and Young people's workforce will be encouraged to sign up to provide the C-Card scheme within their settings.</p> | |
| People with caring Responsibilities | | <p>Young carers are less likely to receive services as they are not identified as a population with specifically poor sexual health outcomes. Other factors may contribute to them being a more at risk group.</p> <p>Mitigating this is the current training programme aimed at the children's workforce which enables practitioners to offer the C-Card and basic information and advice and condoms, as appropriate.</p> | |
| People with a disability | No differential impact | | |
| Women or men | | <p>Young men and women will universally have less of a service targeted at them. Young Women are more at risk of poorer sexual health outcomes.</p> <p>To mitigate this, mainstream</p> | |

| | | | |
|--|---|---|--|
| | | Sexual Health Services will need to increase awareness of services available and adjust their approaches to better meet the access needs of young people. | |
| People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | Young men and women from BME communities should receive an enhanced service as this group can disproportionately experience poor sexual health. The Outreach team will need to be more focussed and create increased opportunities to engage with younger people from Black and minority ethnic communities. | | |
| Religion or belief (including lack of belief) | No differential impact | | |
| People who are lesbian, gay or bisexual | Young people who identify as lesbian, gay or bisexual should receive an enhanced service as this group can disproportionately experience poor sexual health. The Outreach team will need to be more focussed and create increased opportunities to engage with younger people from LGB communities, | | |

| | | | |
|---|--|--|--|
| | networks and groups | | |
| People who are transgendered | <p>Young people who identify as Transgender or who are questioning their gender identity should receive an enhanced service as this group can disproportionately experience poor sexual health.</p> <p>The Outreach team will need to be more focussed and create increased opportunities to engage with younger people from Transgender communities, networks and groups.</p> | | |
| People who are in a marriage or civil partnership | No differential impact | | |
| Women who are pregnant / on maternity leave | No differential impact | | |
| Socio-economic impacts (Including impact on child poverty issues and deprivation) | | By removing the universal provision of the Outreach team in schools, young men and women are less likely to access sexual health services. They will have to schedule attendances at adult facing clinics which can lead to a decline in attendances and a subsequent increase in poor sexual health outcomes, | |

| | | | |
|--|--|---|--|
| | | <p>including teenage pregnancy, STI transmission (including Chlamydia and HIV). Teenage pregnancy disproportionately affects young people in areas of higher deprivation, and Torbay continues to have higher than England levels of teenage conception.</p> <p>The likelihood of being a child in poverty is 63% higher for children born to women under 20. By aged 30, women who were teenage mothers are 22% more likely to be living in poverty than others giving birth aged 24 or over. Compared with older fathers, young fathers are twice as likely to be unemployed, even after taking account of deprivation.</p> <p>To mitigate this, the Outreach and Chlamydia screening team will have to rationalise their resources. The team will need to focus on increasing their reach into areas of increased deprivation in order to reach young people already living in poverty as well as to prevent further escalation into a cycle of poverty caused through unplanned pregnancy and</p> | |
|--|--|---|--|

| | | | |
|----|---|---|---|
| | | parenthood. | |
| | Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | Sexual Health outreach and chlamydia services will have to be more focussed; more intelligence led and will have to rely on other professionals to deliver basic relationship and sexual health advice, information, services and signposting. | The general sexual health of young people aged 13-24 in Torbay is poor. Whilst there is a broadly improving picture, we are still national outliers for indicators such as teenage pregnancy, Torbay has higher than England average rates of repeat abortions in under 25 year olds and significantly higher rates of under 25 abortions after a birth. To mitigate some aspects of this, mainstream GUM and contraceptive services still exist and an increase in signposting and marketing of remaining provision is anticipated. |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | <ul style="list-style-type: none"> • The impact of the wider proposals to teenage parents, health visiting and school nursing, young people’s substance misuse and other young people focussed proposals may have a compounding effect on populations of young people. • There will be fewer sources of support and fewer appropriate services for young people to reduce or manage harm and risks. • This could lead to increases in young people who are vulnerable and who have complex needs and these needs going unmet in Torbay | |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | <ul style="list-style-type: none"> • The new models of care in the health system locally, plus the emerging Sustainable Transformation Plan (http://www.southdevonandtorbayccg.nhs.uk/about-us/sustainability-and-transformation-plan/Documents/wider-devon-stp-sustainability-and-transformation-plan.pdf) putting prevention first, is expecting more from local public health services when capacity in the system is decreasing. | |

Supporting Information and Impact Assessment

| | |
|--------------------------------|---------------------------------|
| Proposal: | Adult Substance Misuse Services |
| Executive Lead: | Councillor Derek Mills |
| Director / Assistant Director: | Caroline Dimond |

| | | | | | |
|----------|-----|-------|---------------|---------|-----------------------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Nanette Tribble / Ian Tyson |
|----------|-----|-------|---------------|---------|-----------------------------|

| Section 1: Background Information | |
|--|--|
| 1. | <p>What is the proposal / issue?</p> <p>The proposal is to reduce the budget for the Substance Misuse Service by £156,000 in 2017/18. The current budget for this provision is c£2.4m which means the proposal is a 6.5% reduction.</p> <p>In 2018/19 the proposal is to reduce the budget by a further £77,000.</p> <p>The proposed budget for 2017/18 is £2,596,000.</p> <p>While negotiations and consultation will need to take place with Torbay and South Devon NHS Foundation Trust the savings in 2017/18 could be found through the following:</p> <ul style="list-style-type: none"> • Further streamlining of the management structure • Reduction in medical sessions for the prescribing of opiate substitute therapy (i.e. methadone) • Deleting of enhanced pathways, such as for criminal justice referrals into treatment, where service users receive an enhanced level of service and the criminal justice system receives regular attendance at management meetings and specialist reports for sight of the Court • A reduction in 'patient-facing' time • Reduction in the intensity of support for people, with a potential reduction in the frequency of appointments and specialist sub-services. <p>2018/19 further reductions could be found through:</p> <ul style="list-style-type: none"> • Reduced 'patient-facing' time, which has the potential to impact on practitioner roles. • Considering the ability to deliver a further reduction in medical sessions for the prescribing of opiate substitute therapy • Consider whether certain populations can be offered safe and effective services which do not require regular or frequent contact with the treatment service. |
| 2. | <p>What is the current situation?</p> |

Drug use occurs in Torbay, as it does everywhere. Public Health England states the impact of drug use nationally is:

- £26,000 of crime is committed by each heroin or crack user not in treatment
- The annual cost of looking after children of a drug using parent is £42.5m
- 29% of all serious case reviews have drug use as a risk factor
- Every £1 spent on drug treatment saves £2.50 to society.

Alcohol use also places significant burden on local public services. Public Health England state the impact of alcohol use nationally as:

- 27% of all serious case reviews mention alcohol misuse
- Deaths from liver disease have increased 15% between 2011 and 2013
- £7 billion pounds is lost due to reduced productivity.

The Substance Misuse Service in Torbay is currently commissioned from Torbay and South Devon NHS Foundation Trust. The Service has already absorbed a £100k reduction in funding during 2016/17, which has partly been achieved by re-configuring the contracting arrangements with no direct impact on the availability of services. The service is not mandated.

The current Substance Misuse Service provides:

- Community alcohol service – an open access service where people can be referred/self-refer for treatment for their alcohol consumption. Treatment includes group work, one to one work and prescribing where clinically appropriate, and signposting into recovery and peer support groups. In addition there is support for carers and families.
- Hospital Alcohol Liaison service – a specialist hospital team designed to screen and refer patients into community treatment for their alcohol use, and increase identification of people in Torbay Hospital whose drinking is above recommended levels and detrimental to their long-term health
- Drug service – an open access service where people can come into the community team for treatment for their drug use, including use of prescription drugs, illegal drugs and novel psychoactive substances (aka 'legal highs'). Treatment includes group work (including high intensity), one to one work and prescribing where clinically appropriate and signposting into recovery and peer support groups. In addition there is support for carers and families.
- Specialist detoxification from alcohol or drug use.
- Testing for blood borne viruses e.g. HIV and vaccination against Hepatitis B.

The current commissioning and contract arrangements have opened up the possibility of safely reconfiguring the delivery of the service. The re-commissioning of the three previous contracted providers into one contract means that there is current potential to streamline medical provision, management, staffing and service delivery; some of which will impact on 'patient-facing' time in 2017/18. The further reductions in 2018/19 will almost

| | |
|-----------|---|
| | <p>certainly have an impact on patient facing time and therefore will impact on staff involved with direct care.</p> <p>The impacts of this proposal could be greater for families due to proposed reductions in other areas of public health work such as public health nursing.</p> |
| 3. | <p>What options have been considered?</p> <p>The deletion of entire elements of this contract has been considered. However, for substance misuse services to be effective, each needs to work as an integral part of the wider 'system'.</p> <p>The re-contracting arrangements in 2015/16 have paved the way for commissioners to further reduce the financial value of this service by bringing three Substance Misuse Services for adults under one Local Authority contract.</p> <p>This service will form part of the emerging vulnerable and complex adult service; scoping currently being undertaken within the local authority and involving key strategic partners (Health, Police and Probation for example).</p> |
| 4. | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>This proposal supports the following principles of the Corporate Plan:</p> <ul style="list-style-type: none"> • Use reducing resources to best effect • Reduce demand through prevention and innovation |
| 5. | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>There is the potential for the following to be potentially affected by this proposal:</p> <ul style="list-style-type: none"> • Service users • Staff in the service • Other commissioners, for example Office of Police and Crime Commissioner (OPCC) and Torbay and South Devon Clinical Commissioning Group (CCG) • Primary care colleagues in GP Practices • Torbay and South Devon NHS Foundation Trust • The general public. |
| 6. | <p>How will you propose to consult?</p> <p>It is proposed that Public Health team will consult on how to work in a more integrated and streamlined way, and to provide more cost-effective, high</p> |

| | |
|---|--|
| | <p>quality Substance Misuse Services by:</p> <ul style="list-style-type: none"> • Service users will be consulted through focus groups at existing sessions. • Facilitating access to the on-line corporate budget consultation • Focus groups with staff in the Substance Misuse Service to gauge views on how the service can work in a more integrated way and be streamlined. • Focus groups with people who have been in Substance Misuse Services in Torbay. |
| Section 2: Expected Implications and Impact Assessment | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <ul style="list-style-type: none"> • Will create financial savings for contract years 2017/18 and 2018/19 • May create redundancy liabilities, if affected post holders cannot be redeployed into wider Torbay and South Devon NHS Foundation Trust services • Risk of legal challenge to these proposals is anticipated to be on the low side as this is not a mandated service. |
| 8. | <p>What are the <u>expected</u> risks?</p> <p>Should the services have to reduce the intensity of support and/or the enhanced provisions for specific client groups (e.g. criminal justice clients) there will be a potential impact on other services which these service users often use. These include Primary Care GP Practices, Accident and Emergency Department, Police, emergency accommodation provision, and the community and voluntary sector. There may be increased use of these services, should people wishing to access Substance Misuse Services not be able to get an appointment. However, at present, there are no waiting lists to access Substance Misuse Services.</p> <p>The following potential risks have been identified at this stage:</p> <ul style="list-style-type: none"> • Service models will describe a less-intense provision of support – for example, one-to-one support being replaced by group support, or less frequent appointments/reduced specialist clinics and sub-services. • Services are likely to report reduced numbers of people successfully completing treatment – meaning people get ‘stuck’ in the system, with sustained periods of dependence on services provided in Torbay, such as housing, Safeguarding (Children’s and Adult’s), Children’s Services, opiate substitute therapy prescribing <i>etc.</i> • Reduced successful recovery rates for those in treatment, which could lead to poorer outcomes for individuals in terms of employability, independence and economic activity. Increased periods of prescribing of |

| | |
|-------------------|--|
| | <p>opiate substitute therapy (such as methadone <i>etc</i>) for people, as they take longer to journey through recovery, to the point of successful drug-free discharge.</p> <ul style="list-style-type: none"> • Increased risk of prolonged criminality for people using drugs, relating to both acquisitive <i>crime</i> and vulnerability offences like domestic abuse. • Decreased responsiveness between Substance Misuse Services and other services, like criminal justice agencies, Job Centre Plus <i>etc</i>. • Potentially a reduced ability of the service to maintain existing levels of service user monitoring of treatment compliance and capacity to address concerns. This in turn could lead to an increased risk of a serious event occurring e.g. children or vulnerable adult safeguarding or death in treatment. • Existing health inequalities across Torbay could widen and could lead to early mortality in this vulnerable and complex service user group. <p>While the risks are balanced by the fact that the numbers of people using this specialist service represent a small proportion of people in Torbay, the potential risks and impacts described above could create greater demand and cost pressures for partner agencies.</p> |
| <p>9.</p> | <p>Public Services Value (Social Value) Act 2012</p> <p>The (re)procurement of services is not relevant for this report.</p> |
| <p>10.</p> | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The Torbay LA Public Health Team used a prioritisation matrix as an assurance that services were commissioned based on evidence, impact and effective efficiency.</p> <p>There are a range of guidance, recommendations and supporting documentation that underpins drug and alcohol commissioning and provision. These are summarised on the following websites:</p> <p>Public Health England: http://www.nta.nhs.uk/who-healthcare.aspx</p> <p>National Institute of Health and Clinical Excellence (drugs): https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/drug-misuse</p> <p>National Institute of Health and Clinical Excellence (alcohol): https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/alcohol</p> |
| <p>11.</p> | <p>What are key findings from the consultation you have carried out?</p> <p>Combined feedback from the general budget consultation and the public health specific budget questionnaire are shown below:</p> |

| Do you support this proposal? | Number | Percent |
|-------------------------------|------------|---------------|
| Yes | 277 | 56.6% |
| No | 185 | 37.8% |
| No answer | 27 | 5.5% |
| Total | 489 | 100.0% |

The public health specific consultation also identified that:

- 57 (89.2%) people/organisations responding would not be affected by the proposal
- 11 (15.3%) people/organisations responding would be affected by the proposal
- 4 (5.6%) people did not respond to whether they would be affected by the proposal

There was a range of individuals and organisations who submitted written responses in relation to this proposal.

1. The impact on partners and society

Feedback identified broad areas of adverse impact of this scale of funding reduction which included:

- Crime
- Antisocial behaviour / drug littering
- Domestic abuse
- Hospital admissions
- Safeguarding children
- Avoidance of drug related/accidental deaths
- Worsening of health inequalities across Torbay
- Homelessness
- Troubled families
- Tourism

Other comments included:

- Proposal could increase costs in other parts of the system e.g. mental health.
- The reduction will affect transformational work already planned and will not be able to provide an optimum/enhanced service for the criminal justice pathways into treatment provision.
- There is a potential adverse impact to the council risk share relationship with the NHS if reductions are made, as costs can be increased due to increases in crime which will present in another part of the system e.g. A&E.

2. The impact on service users

- The proposal could affect waiting times being within national target for the alcohol service.
- There could be a reduction in patient care due to reduced appointments

| | |
|-----|---|
| | <p>and support for complex people and that this could increase opiate deaths, reduce employment opportunities, increase homelessness, increase pupil absence and reoffending levels.</p> <ul style="list-style-type: none"> • Feedback received that there will be no fast track into treatment for high risk groups e.g. criminal justice. • A comment was made that people should take personal responsibility. <p>General comments were made on the public health proposals overall:</p> <ul style="list-style-type: none"> • It will damage the progress made on a 'joined up' approach to the provision of health and social care. The proposals will also be against the agreement that decisions made in one part of the system do not have unintended adverse effects in another part of the system and also on the shift from a reactive to a proactive approach to health and social care. • It will have an adverse effect on the credibility of the community service model redesign and will damage the reputations of Torbay Council and Torbay and South Devon NHS Foundation Trust. • A statement was made regarding the local authorities responsibility to continue to meet the conditions of the public health grant. • Concerns were raised regarding the proposals potential impact on the aspirations of the Sustainability and Transformation Plans (STPs) with the NHS. • A statement was made that Torbay should look to understand how other local authority area which border Torbay are able to deliver services 'smoothly' without the same issues as Torbay. |
| 12. | <p>Amendments to Proposal / Mitigating Actions</p> <p>None.</p> |

Equality Impacts

| | | | | |
|----|--|---|--|-----------------------|
| 13 | Identify the potential positive and negative impacts on specific groups | | | |
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | Those engaged with the service who have contact with children and young people and present a risk to these will be more actively engaged with to ensure young people are safeguarded. | <p>Services will not specifically target older people and these could be affected, but the level of impact is not expected to be disproportionate compared to all other ages.</p> <p>Of the drug using population who are engaged with treatment services, young adults are underrepresented only 7% aged under-25. With the services being demand-led and not specifically targeting age groups, young adults could be affected.</p> <p>Older adults form the majority of people in drug treatment with 72% of the treatment population being 35 or over. It is possible that the reducing service capacity may impact this group as a consequence of being the most prevalent age group.</p> | |

| | | | |
|--|---|---|--|
| | | <p>Pathways currently in place for the transition of young people into adult services could be impacted due to the capacity of the workforce but this should be mitigated by the assertive engagement of young people transitioning to adult services remaining in place.</p> <p>It is possible that there is some unmet treatment need in people aged 60 and over. 55.8% of alcohol attributable admissions to hospital were in people of that age group (2012 South West Public Health Observatory Report, Alcohol Attributable Admissions in Torbay) whereas only 14% of those in alcohol treatment were aged 60 and over.</p> | |
| <p>People with caring Responsibilities</p> | <p>A service for carers of substance misusers to support them whilst their care/for/loved one is in treatment will remain. Carers will continue to be involved in the design and development of the local services.</p> | <p>With an increasing number of older people with a history of long-term Opiate use, carers may be affected due to a shrinking workforce; the capacity to identify and refer those with caring responsibility to the carers service may be impacted. It will remain a specific strand of the contract which will be monitored for its effectiveness.</p> | |

| | | | |
|---------------------------------|--|---|--|
| <p>People with a disability</p> | <p>The service will continue to make themselves accessible to customers with disabilities including wheelchairs etc. and other impairments such as sign language. The service provision is in part delivered by a mental health service provider due to the high rates of mental health problems in among the substance misuse population.</p> | | |
| <p>Women or men</p> | <p>The services will continue to provide access to treatment services on a basis of need not gender.</p> | <p>Men are predominant in treatment services locally, as they are throughout the country; however the proportion of women in treatment in Torbay (c36%) is slightly higher than the national average (c30%). Nationally there has been a slight increase in the proportion of females accessing the service. Services will continue to make themselves open and accessible to women although there might be less opportunities for seeing their keyworker and/or prescriber at convenient times as service capacity shrinks.</p> | |
| <p>People who are black or</p> | <p>Substance misuse services will</p> | <p>The treatment population</p> | |

| | | | |
|--|--|--|--|
| from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | continue to work with people who are black or from a minority ethnic background (BME). There are currently no known access issues to treatment in Torbay. | reflects the ethnic mix of Torbay's wider population. However, language and cultural barriers and lack of knowledge of an unknown system can inhibit people who are black and from a minority ethnic background (BME) from accessing health services. The opportunity for substance misuse services to actively seek and target this population will be limited due to reduction of resources. In mitigation substance misuse services should continue to actively promote their services in all forms that people from a different culture or with a different language can interact with. | |
| Religion or belief (including lack of belief) | No differential impact | | |
| People who are lesbian, gay or bisexual | No differential impact | | |
| People who are transgendered | No differential impact | | |
| People who are in a marriage or civil partnership | No differential impact | | |
| Women who are pregnant / on maternity leave | Women who are pregnant or have small children will continue to be a priority group | Services will continue to make themselves open and accessible, with established | |

| | | | |
|---|---|--|--|
| | to access treatment. The service provision for pregnant women is a priority as pregnancy is often a catalyst for change and will continue to be a priority group due to the harm substance misuse during pregnancy can have on an unborn child. | <p>pathways between treatment and maternity services remaining in place.</p> <p>There might be less opportunities for seeing their keyworker and/or prescriber at convenient times as service capacity shrinks.</p> | |
| Socio-economic impacts (Including impact on child poverty issues and deprivation) | The majority of service users will be from more deprived areas. There will continue to be a commissioned service focussed on getting substance misusers into training and volunteering opportunities through the community development/voluntary sector | <p>Within the substance misuse treatment population unemployment is high.</p> <p>Access to paid employment for more than 10 days in the past 28 remains a challenge for the opiate using population locally.</p> | |
| Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | | <p>Substance Misuse services have a client group that is made up of disproportionately disadvantaged people already. Cutting capacity within this service could challenge the treatment system's ability to improve life expectancy in this vulnerable group.</p> <p>This may be mitigated by contractually obliging Substance Misuse services to employ a proportionate universalism approach; providing a service to all who</p> | |

| | | | |
|----|---|---|--|
| | | need it, but prioritising resources to those who need it most. | |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | <ul style="list-style-type: none"> Proposed reductions within the Healthy Lifestyle services may mean that people will need to go tobacco free with non-specialist (or online) support. The relationship between tobacco and cannabis (or other smoked drugs) may reduce numbers of people successfully discharged from Substance Misuse services, and increase levels of people returning to treatment having relapsed. Proposed reductions within Sexual Health services may mean increased numbers of people with blood borne viruses, which may impact on Substance Misuse services. Proposed reductions within Public Health Nursing may mean increased responsibility for awareness of child safeguarding in Substance Misuse services and referrals in to Children’s and Adults Safeguarding generally. | |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | <ul style="list-style-type: none"> The new models of care in the health system locally, plus the emerging Sustainable Transformation Plan (http://www.southdevonandtorbayccg.nhs.uk/about-us/sustainability-and-transformation-plan/Documents/wider-devon-stp-sustainability-and-transformation-plan.pdf) putting prevention first, is expecting more from local public health services when capacity in the system is decreasing. | |

Supporting Information and Impact Assessment

| | |
|--------------------------------|------------------------|
| Proposal: | Public Health Nursing |
| Executive Lead: | Councillor Derek Mills |
| Director / Assistant Director: | Caroline Dimond |

| | | | | | |
|----------|-----|-------|---------------|---------|--------------------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Sue Matthews/Jude Pinder |
|----------|-----|-------|---------------|---------|--------------------------|

| Section 1: Background Information | |
|--|---|
| 1. | <p>What is the proposal / issue?</p> <p>It is proposed to reduce elements of the non-mandated public health nursing budget and redesign Health Visiting and School Nursing Services. However the service will continue to prioritise those most in need.</p> <p>It is proposed that there is a reduction in the children’s element of the public health budget of £255,000 in 2017/18 and a further £73,000 in 2018/19.</p> <p>The proposed budget for £2017/18 is £973,900.</p> <p>The proposal is comprised of:</p> <p><u>2017/18:</u></p> <ul style="list-style-type: none"> • Reduction of 3 Health Visitor posts • Reduction of 1 school staff nurse post. • The conversion of another 7 Health Visitor posts to Community Staff Nurse posts through enhancing current skill mix and ensuring a 70:30 split of skilled to unskilled staff. The community staff nurse posts would be part of the Health Visiting team and be able to deliver certain elements of health visiting work that have been allocated and delegated from the responsible Health Visitor. • Reduction of the Healthy Learning budget by 50% - £15,000 • Reduction in the Public Health contribution to Children’s Centres by £45,000 out of a current funding of £85,000 <p><u>2018/19:</u></p> <ul style="list-style-type: none"> • Reduction of 0.5 Health Visitor posts • Reduction of Healthy Learning budget by another £10,000 • Reduction of Public Health contribution to Children’s Centres by £40,000 reducing the total contribution from public health to nil. |
| 2. | <p>What is the current situation?</p> <p>The children’s element of the Public Health budget is currently made up of a number of different services which are outlined below:</p> <p><u>Health Visitors:</u></p> |

Health Visitors support families immediately after the birth of a child up until the age of 5 years old.

There are currently 54.14 Whole Time Equivalent (WTE) Health Visiting Posts.

There are currently no Community staff Nurse Posts.

The Health Visiting service is a universal service that leads and delivers the Healthy Child Programme (HCP), which is a mandated core duty of the Local Authority since transfer of Public Health duties. The mandated elements of this service are five reviews:

- Antenatal
- New Birth
- 6-8 weeks
- 1 year review
- 2.5 year review

An average Health Visitor caseload in Torbay is between 100-350 families dependent on deprivation and caseload is calculated on a national formula and guidance from regulatory bodies. The day to day the work of a health visitor will typically include:

- Prevention and promoting healthy behaviours to prevent future long term conditions
- Assessment and early identification of health and social needs
- Assessing and early identification of maternal mental health and attachment issues
- Assessing and early identification of 2 year olds & school readiness
- Providing ante-natal and post-natal support
- Supporting parents in bringing up their young children including early help
- Providing advice on feeding babies and children including breastfeeding and healthy weights
- Assessing child growth and development needs of babies and young children
- Identification and supporting of children with special needs
- Advising on behavioural management techniques
- Advising how to reduce risks and prevent accidents and reduce injuries
- Providing information on local services

Health visitors are the only service to universally to visit families' homes.

They will also provide an enhanced service for more vulnerable families to promote and maintain positive outcomes and to prevent families moving into the social care system.

School Nursing:

The school nurse service is a non-mandated universal service which also helps to deliver the Healthy Child Programme (HCP), which is a core duty of the Local Authority since transfer of Public Health duties.

School nurses work across education and health, providing a link between school, home and the community. Their aim is improve the health and wellbeing of children and young people by assessment, early identification, support and advice. They work with families and young people from five to nineteen and are usually linked to a school or group of schools.

There are currently 5.85 WTE school staff nurse posts for 30 primary schools.

A school staff nurse in Torbay will have a caseload of 2-3 primary schools that they support. The day to day the work of a school nurse will typically include:

- Building resilience and improving emotional health and wellbeing
- Keeping children and young people safe, managing risk and reducing harm
- Maximising achievement and learning by support and advice
- Supporting additional health needs
- Transition and preparing for adulthood
- Carrying out health assessments
- Home visits to families in need
- Providing health education, advice, and signposting to other sources of information
- Providing immunisation clinics
- Advising and supporting schools with their public health agendas for example healthy eating advice, stop smoking programmes.

They also advise on common childhood conditions such as asthma, diabetes and eczema, working closely with general practitioners, health visitors and other health and social care staff. safeguarding and service coordination

Healthy Learning:

Health learning provides a support and signposting service that Public Health offer for schools, Early Year settings and further education settings to ensure that children are healthy and have the tools to ensure that they understand their own health and wellbeing. This is a non-mandated service.

Children's Centres:

Children's Centres aim to improve outcomes for young children and their families to reduce inequalities, particularly for those families in greatest need of support. The core purpose of children's Centres is to support families with:

- child development and school readiness
- parenting aspirations and parenting skills
- child and family health and life chances.

Children's Centres in Torbay are based within our most deprived communities. Currently Public Health contributes £85,000 to Torbay Children's Centres to support the delivery of universal and targeted services.

| | |
|--|---|
| 3. | <p>What options have been considered?</p> <p>The other options considered:</p> <ul style="list-style-type: none"> Reducing the budget of other non-mandated services such as the school nursing service completely. However, this would potentially mean that there would be no support, advice or early intervention from school nurses to school age children leading to a potential impact on education, Education, CAMHS, primary care, A&E and social care. |
| 4. | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>This proposal supports the following principle of the Corporate Plan:</p> <ul style="list-style-type: none"> Use reducing resources to best effect. |
| 5. | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>There is the potential for the following to be affected by this proposal:</p> <ul style="list-style-type: none"> Pregnant mothers Families with children 0-19 Children's services including social care Children's Centres Early years settings, schools and further education settings GP's and primary care, acute health services, maternity services, Child Adolescent Mental Health Service (CAMHS), Clinical Commissioning Group, and substance misuse services |
| 6. | <p>How will you propose to consult?</p> <p>Consultation will take place as part of the general consultation on the budget proposals. However, specific consultation will also be carried out on this proposal with service users and partners through a range of mechanisms.</p> <ul style="list-style-type: none"> Focus groups and Online consultations One-to-one surveys. Discussions with partner organisations and other key stakeholders |
| <p>Section 2: Expected Implications and Impact Assessment</p> | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>There is the potential that the reduction in these services will lead to a greater</p> |

| | |
|------------------|---|
| | <p>demand for other health services and children's services potentially resulting in additional cost pressures within these services.</p> <p>There could be a redundancy liability which will need to be addressed.</p> |
| <p>8.</p> | <p>What are the <u>expected</u> risks?</p> <p>The potential risks and impacts to each service are set out below:</p> <p><u>Health Visitors:</u></p> <p>The reduction in 3.5 health visiting posts and a conversion of a further 7 health visiting posts to community staff nurses could potentially the following impacts:</p> <ul style="list-style-type: none"> • It is expected that Health Visitors will undertake the first three of the mandated reviews (antenatal, new birth and 6-8 week). This may also mean that some reviews will not be able to take place in the home setting or they will have to be completed by another member of the team (community staff nurse). Whilst mandated reviews will continue in some form, the supporting follow up work could potentially be reduced meaning that some families could be escalated to statutory services. • Reduced ability for concerns to be identified as early as possible as Health Visitors may make less home visits and only have contact with families for mandatory checks. They are the only service universally to visit families' homes • Reduced capacity to offer enhanced service to more vulnerable families, which could potentially mean they enter the social care system or are at risk of poorer outcomes. • Potential that a reduced capacity to promote of immunisations could lead to a reduction in the take up of immunisations as health visitors may not be seeing families so often. • Potential that there is a reduced capacity to support families already in the social care system i.e. where it is agreed health visiting support could improve outcomes and reduce the length of time a child is subject to a child protection plan. • There is a national shortage of qualified staff nurses and therefore there is the potential that the proposal to covert health visiting posts to community staff nurses may not be implemented within the required time frame of 12 months. <p>It should be noted that those in most need or considered most vulnerable will continue to be prioritised.</p> <p><u>School Nursing:</u></p> <p>The reduction in school nurse service could potentially lead to:</p> <ul style="list-style-type: none"> • Reduced capacity ability for school nurses to offer support and advice to primary schools. • Increased caseload for remaining school nurses potentially resulting in a reduced service to schools and pupils. • Potential that there is reduced capacity to support vulnerable pupils in |

| | |
|-------------------|--|
| | <p>primary schools leading to a potential increase in CAMHS / social care referrals / caseload.</p> <ul style="list-style-type: none"> • There may an impact on secondary schools as school nurses in these settings may be required at times to undertake work with vulnerable pupils in primary schools. • New primary schools may not have a named school nurse service and will potentially receive a reduced service. <p>Both Health Visiting and school nursing work with parents, children and young people with emotional health issues and therefore a reduction in the service will potentially impact on the ability to support families and children to prevent an escalation of problems requiring more specialist support</p> <p><u>Healthy Learning:</u></p> <ul style="list-style-type: none"> • Reduced support and signposting for schools, Early Year settings and Further Education to ensure that children are healthy and have the tools to ensure that they understand their own health and wellbeing. <p><u>Children’s Centres:</u></p> <ul style="list-style-type: none"> • There is the potential impact that the reduction in the Public Health contribution to nil over 2 years may mean that Children’s Centres have to review their services and may stop offering some universal and / or targeted services to vulnerable families. • Any change in Children’s Centre services may potentially impact on the demand for other services such as social care services. |
| <p>9.</p> | <p>Public Services Value (Social Value) Act 2012</p> <p>The (re)procurement of services is not relevant for this report</p> |
| <p>10.</p> | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The Torbay LA Public Health Team used a prioritisation matrix as an assurance that services were commissioned based on evidence, impact and effective efficiency. (Appendix 1).</p> <p>There is a national formal review of Health Visiting mandation that was due for publication this Autumn. To date still waiting the publication and no firm knowledge of the content and recommendations of the report are known at this stage.</p> <p>A review of Public Health England and Local Government Association guidance on transference of commissioning responsibilities to the Local Authority.</p> <p>A review of research on skill mix ratios to ensure that an optimum and safe service is delivered.</p> |

A review of the rationale for the Health Visiting service (both mandated and non-mandated) and the role that Health Visiting and Children’s Centres currently undertake, including:

- The *1001 Critical Days* report that highlights the importance of intervening early in the 1001 critical days between conception to age 2, to enhance the outcomes for children.
- The Chief Medical Officer’s Annual Report 2012 *Our Children Deserve Better: Prevention Pays* which evidences that events that occur as a foetus and in early life play a fundamental part in later life, and indeed in the lives of future generations. The report also states that there is an expected 6-10% annual expected rate of return on investment to be achieved by investing in interventions early in life.
- Unicef’s 2012 report ‘Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK’ discusses the economic benefit of increasing breastfeeding rates - something health visitors are key in supporting mothers.
- Social return on investment studies show that investing £1 in maternal mental health gives a return of between £1.37 to £9.20.

Nationally it is recognised that outcomes for families with children under the care of the substance misuse service in Torbay are better than the national average (Diagnostic Outcomes Monitoring Executive Summary, PHE, Q4)

11. What are key findings from the consultation you have carried out?

Combined feedback from the general budget questionnaire and the public health specific questionnaire is shown below:

| Do you support this proposal? | Number | Percent |
|-------------------------------|------------|---------------|
| Yes | 237 | 48.5% |
| No | 223 | 45.6% |
| No answer | 29 | 5.9% |
| Total | 489 | 100.0% |

The public health specific consultation also identified that:

- 47 (65.3%) people/organisations responding would not be affected by the proposal
- 21 (29.2%) people/organisations responding would be affected by the proposal
- 4 (5.6%) people did not respond to whether they would be affected by the proposal

| | |
|-------------------|---|
| | <p>There were three main themes from the consultation feedback:</p> <p>1. The importance of prevention and visibility The reduction would impact on the number of home visits for children aged 0-2 year and making them less visible. This could increase the risk of harm to children (especially around safeguarding), failure to identify maternal mental health concerns at an early stage therefore increasing costs to mental health services and reducing identification of risk of domestic violence. If it is a non-universal service then things may be missed support and advice.</p> <p>2. Impact on service users Reductions in school nursing will make them less visible and reduce opportunities for young people to access them. Professionals have raised the point that reductions will impact on individual service users and wider population e.g. increasing unplanned pregnancy. A comment was made that the proposals will impact on future generations and increasing cost to the Government and that we should invest our children.</p> <p>3. Impact on local authority and partners Concern is raised on the impact of reducing specialist posts on the generic school nursing workforce and that this could affect performance. Concern regarding the impact on a small team and an increase in workload which could impair the ability of staff to meet statutory functions. The reductions will have an adverse impact on partnership working with children’s services and children centres.</p> <p>General comments were made on the public health proposals overall:</p> <ul style="list-style-type: none"> • It will damage the progress made on a ‘joined up’ approach to the provision of health and social care. The proposals will also be against the agreement that decisions made in one part of the system do not have unintended adverse effects in another part of the system and also on the shift from a reactive to a proactive approach to health and social care. • It will have an adverse effect on the credibility of the community service model redesign and will damage the reputations of Torbay Council and Torbay and South Devon NHS Foundation Trust. • A statement was made regarding the local authorities responsibility to continue to meet the conditions of the public health grant. • Concerns were raised regarding the proposals potential impact on the aspirations of the Sustainability and Transformation Plans (STPs) with the NHS. • A statement was made that Torbay should look to understand how other local authority area which border Torbay are able to deliver services ‘smoothly’ without the same issues as Torbay. |
| <p>12.</p> | <p>Amendments to Proposal / Mitigating Actions</p> <p>None</p> |

Equality Impacts

| | | | | |
|----|--|---|---|-----------------------|
| 13 | Identify the potential positive and negative impacts on specific groups | | | |
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | The most vulnerable young people, including teenage parents, will continue to be targeted under the principal of proportionate universalism – where everyone will receive a service but will receive a slightly different service dependent on individual need. | <p>Young people who are not easily identifiable as vulnerable could receive either no service or a reduced service. The young person will have to identify themselves to the school nursing service.</p> <p>There will be a reliance on young people having the confidence and articulation to identify themselves to the school nursing service which may mean less are able to do so. The school nursing service will need to be visible and actively promote themselves so that young people know how to access them but may not have the capacity to ensure that this happens.</p> <p>There will be reduced resources available for supporting schools with PSHE.</p> | |

| | | | |
|--|---|---|--|
| | | <p>To mitigate this, schools will be directed to local and national online resources.</p> <p>Teenage parents could be disproportionately affected due to the proposed reductions in both health visiting and Children’s Centres. Research shows that teenage parents are least likely to access support due to concerns over judgements being made by older parents. Specific teenage services will now be part of the generic workforce.</p> <p>To mitigate this, teenage parents will need to be part of the targeted population.</p> | |
| <p>People with caring Responsibilities</p> | <p>Young carers will continue to be targeted.</p> | <p>Young carers may not be so easily identified by the school nurse service as often young carers do not recognise this role within themselves.</p> <p>To mitigate this, the school nursing service will need to be visible and actively promote themselves so that young carers know how to access them but may not have the capacity to ensure that this happens.</p> | |

| | | | |
|---------------------------------|---|---|--|
| <p>People with a disability</p> | <p>Children and young people with an Education Health Plan will continue to be targeted.</p> <p>Parents with an identifiable disability will continue to be targeted on need.</p> | <p>There may be a delay in School Nursing input to Educational Health Care Plans due to capacity. This may delay needs and interventions being implemented.</p> <p>Health plans for children and young people with health conditions such as asthma may be delayed due to capacity issues.</p> <p>To mitigate this, the school nursing service will need to prioritise children with special needs.</p> <p>Schools may not have up-to-date health information on children and young people due to school nurses having to cover more schools with a reduced workforce.</p> <p>Training for school staff on conditions and treatment e.g. EpiPen pen training for allergies may be delayed due to capacity.</p> <p>To mitigate this, schools will need to negotiate and access required support from other health professionals e.g.</p> | |
|---------------------------------|---|---|--|

| | | | |
|---------------------|---|---|--|
| | | <p>practice nurses. There may be a cost to this alternative provision.</p> <p>Parents whose disability is not easily identifiable or becomes apparent in-between mandatory reviews may not be targeted in the most appropriate way to meet their needs</p> <p>To mitigate this Health Visitors and schools nurses will need to actively promote their services to all parents and children but may not have the capacity to ensure that this happens.</p> | |
| <p>Women or men</p> | <p>Health visitors and school nurses will continue to work with both mothers and fathers on a targeted basis.</p> | <p>Research shows that men are least likely to be actively engaged in accessing health services. The reduction of capacity in both health visiting, Children’s Centres and school nursing will mean a reduced ability by the services to seek out and engage men.</p> <p>In mitigation the services should actively promote means for men to source health and parenting information.</p> <p>There will be fewer</p> | |

| | | | |
|--|---|--|--|
| | | <p>opportunities through universal visiting and groups to identify mothers and fathers that are socially isolated.</p> <p>In mitigation the services should actively promote opportunities for parents to become engaged but may not have the capacity to ensure that this happens.</p> | |
| <p>People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i></p> | <p>Health visitors and school nurses will continue to work with people who are black and from a minority ethnic background (BME).</p> <p>Health visitors and school nurses will continue to target work on identifying health needs with Gypsy/Roma populations as appropriate.</p> | <p>Language and cultural barriers and lack of knowledge of an unknown system can inhibit people who are black and from a minority ethnic background (BME) from accessing health services. The opportunity for health visitors and schools nurses to actively seek and target this population may be limited due to reduction of resources.</p> <p>In mitigation health visitors and school nurses should actively promote their services in all forms that people from a different culture or with a different language can interact with.</p> | |
| <p>Religion or belief (including lack of belief)</p> | <p>No differential impact</p> | | |

| | | | |
|--|---|---|--|
| <p>People who are lesbian, gay or bisexual</p> | <p>No differential impact</p> | | |
| <p>People who are transgendered</p> | <p>No differential impact</p> | | |
| <p>People who are in a marriage or civil partnership</p> | <p>No differential impact</p> | | |
| <p>Women who are pregnant / on maternity leave</p> | <p>Pregnant women will continue to receive the mandated review at 28 weeks</p> | <p>The delivery of the 28 week review may be delivered differently, for example in a clinic rather than home, to women who have not been identified as requiring to be targeted.</p> <p>In mitigation pregnant women already identified by the midwife as having extra needs will be targeted by the health visiting service.</p> | |
| <p>Socio-economic impacts (Including impact on child poverty issues and deprivation)</p> | <p>Families, children and young people will continue to be targeted based on socio-economic needs e.g. deprivation, child poverty etc. This will mean that those most in need will receive a greater part of the service.</p> | <p>The ability for health visitors, Children’s Centres and school nurses to identify need based on social economic needs could be reduced due to capacity issues and mandated reviews being undertaken in a clinic situation rather than a home environment.</p> <p>Research shows that people</p> | |

| | | | |
|--|--|---|--|
| | | <p>from deprived communities are less likely to access support due to a number of reasons including costs to do so and other issues taking priority.</p> <p>In mitigation health visitors and school nurses will target services based on a robust Family Health Needs Assessment that should be able to identify socio-economic issues, though these are only undertaken at the start of the service engagement and if it is known that circumstances have changed. Therefore for some families who do not seek out the service their needs might not be identified.</p> | |
| <p>Public Health impacts (How will your proposal impact on the general health of the population of Torbay)</p> | <p>Families, children and young people will continue to have their health needs met in a targeted approach meaning that those most in need will receive a greater part of the service.</p> | <p>The general health of the population of parents, children and young people could be affected by the reduced capacity of health visiting and school nursing not being able to identify those most in need and not being able to deliver health promotion interventions.</p> <p>In mitigation families, children and young people will be signposted to online support and advice.</p> | |

| | | |
|----|---|---|
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | The proposed reduction in youth services and other reductions in Children’s Services. The proposed reduction in sexual health services specifically aimed at young people, for example outreach team and young people clinics. |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | The new models of care in the health system locally, plus the emerging Sustainable Transformation Plan (http://www.southdevonandtorbayccg.nhs.uk/about-us/sustainability-and-transformation-plan/Documents/wider-devon-stp-sustainability-and-transformation-plan.pdf) putting prevention first, is expecting more from local public health services when capacity in the system is decreasing. |

Supporting Information and Impact Assessment

| | |
|--------------------------------|----------------------------------|
| Proposal: | Reduce food safety interventions |
| Executive Lead: | Cllr Manning |
| Director / Assistant Director: | Fran Hughes |

| | | | | | |
|----------|-----|-------|---------------|---------|-------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Fran Hughes |
|----------|-----|-------|---------------|---------|-------------|

Section 1: Background Information

| | |
|-----------|---|
| 1. | <p>What is the proposal / issue?</p> <p>The proposal is to reduce the Food Safety budget by a total of £46k in 2017/18. This proposal will mean a reducing the number of Food Safety Officers from 5.81 to 4.81 (A reduction of 1 FTE).</p> <p>The Food Safety Officer Post in question is currently funded by the Public Health Grant but as this grant is being reduced the funding for this post will cease.</p> <p>The Food Safety Service is a statutory service that is audited by the Food Standards Agency. The proposal to reduce the number of Food Safety Officers will see a reduction in food safety inspections undertaken as well as a reduction in the frequency of inspections. This will mean that there will be an overall reduced ability to respond to food safety emergencies.</p> <p>Consequently there are other risks associated with this proposal, namely;</p> <ul style="list-style-type: none"> - Potential intervention by the Food Standards Agency, - Potential reputational damage to the Council i.e. as a result of an outbreak of food borne infection which could have been prevented by an intervention from the council. <p>This proposal also means that there would be an overall lack of resilience in this service going forward.</p> <p>While there are risks associated with this proposal recent changes to the Food Standards Agency requirements may mitigate these reductions. It is also expected that the Food Standards Agency will report on a range of alternative delivery models which may assist local authorities in the delivery of services later in the year.</p> |
| 2. | <p>What is the current situation?</p> <p>The council's food safety service currently comprises 5.81FTE plus a principal officer (7 people).</p> <p>These members of staff undertake a variety of statutory duties specified in the</p> |

| | |
|---|---|
| | Food Safety Act and approved codes of practice to protect public safety, health and welfare, food hygiene, food standards and investigation of infectious disease. |
| 3. | <p>What options have been considered?</p> <p>As one of the posts is funded by the Public Health Grant, then the reduction in funding will result in the loss of a post. There is no alternative means of funding this post currently as the council is unable to charge for the delivery of its statutory duties.</p> |
| 4. | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>Ambitions: Prosperous and Healthy Torbay</p> <p>Principles:</p> <ul style="list-style-type: none"> • Use reducing resources to best effect • Reduce demand through prevention and innovation • Integrated and joined up approach <p>Targeted actions:</p> <ul style="list-style-type: none"> • Promoting healthy lifestyles across Torbay • Ensuring Torbay remains an attractive and safe place to live and visit |
| 5. | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>The proposal has the potential to affect businesses and the wider community of Torbay as well as the Food Safety Team employed by the council.</p> |
| 6. | <p>How will you propose to consult?</p> <p>Consultation on this proposal will be undertaken as part of the general budget consultation. Questionnaires will be made available to members of the public online and in paper.</p> |
| Section 2: Expected Implications and Impact Assessment | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>The Council is required to fulfil the requirements set out by the Food Standards Agency in respect of delivering its statutory duties under the Food Safety Act and associated Codes of Practice. As a result of the proposed reduction in funding from a post within the service will be lost. This reduction has the</p> |

| | <p>potential to limit the capacity of the team to fulfil a full range of services. It will also reduce the amount of public health and nutritional work which the team provides on behalf of the public health team.</p> <p>There are risks associated with the reduction of this service; however, recent changes to the Food Standards agency requirements may mitigate these reductions. It is also expected that the Food Standards Agency will provide a range of alternative measures to assist local authorities in the delivery of services later in the year.</p> | | | | | | | | | | | | | | | |
|-------------------------------|---|-------------------------------|--------|---------|-----|-----|-------|----|-----|-------|-----------|----|------|--------------|------------|--|
| 8. | <p>What are the <u>expected</u> risks?</p> <ul style="list-style-type: none"> • Reduction in the amount of food hygiene and food standards work undertaken • Risk of challenge from the Food Standards Agency should there be a substantial reduction in levels of intervention • Lack of resilience within the team and ability to keep pace with demand | | | | | | | | | | | | | | | |
| 9. | <p>Public Services Value (Social Value) Act 2012</p> <p>No impact</p> | | | | | | | | | | | | | | | |
| 10. | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>Staff consultation has been undertaken.</p> | | | | | | | | | | | | | | | |
| 11. | <p>What are key findings from the consultation you have carried out?</p> <p>Feedback from the general budget consultation regarding this proposal is shown below:</p> <p>Q20) Food Safety Interventions:</p> <table border="1"> <thead> <tr> <th>Do you support this proposal?</th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>169</td> <td>40.5%</td> </tr> <tr> <td>No</td> <td>225</td> <td>54.0%</td> </tr> <tr> <td>No answer</td> <td>23</td> <td>5.5%</td> </tr> <tr> <td>Total</td> <td>417</td> <td></td> </tr> </tbody> </table> <p>Changes to the way the proposal will implemented were identified from the staff consultation.</p> | Do you support this proposal? | Number | Percent | Yes | 169 | 40.5% | No | 225 | 54.0% | No answer | 23 | 5.5% | Total | 417 | |
| Do you support this proposal? | Number | Percent | | | | | | | | | | | | | | |
| Yes | 169 | 40.5% | | | | | | | | | | | | | | |
| No | 225 | 54.0% | | | | | | | | | | | | | | |
| No answer | 23 | 5.5% | | | | | | | | | | | | | | |
| Total | 417 | | | | | | | | | | | | | | | |

| | |
|------------|--|
| 12. | Amendments to Proposal / Mitigating Actions As a result of the staff consultation, there has been a change to the way in which the proposal will be implemented. Although there will be an overall reduction in officers undertaking dedicated food safety work, the skills of that individual will not be lost and the post will be redeployed elsewhere within the Community Safety Team. Further work will also be undertaken during 2017/18 to ensure that officers retain the essential skills which they need to be able to work across a number of disciplines. |
|------------|--|

Equality Impacts

| | | | | |
|----|--|------------------------|---|-----------------------|
| 13 | Identify the potential positive and negative impacts on specific groups | | | |
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | | No differential impact | |
| | People with caring Responsibilities | | No differential impact | |
| | People with a disability | | No differential impact | |
| | Women or men | | No differential impact | |
| | People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | | No differential impact | |
| | Religion or belief (including lack of belief) | | No differential impact | |
| | People who are lesbian, gay or bisexual | | No differential impact | |
| | People who are transgendered | | No differential impact | |
| | People who are in a marriage or civil partnership | | No differential impact | |
| | Women who are pregnant / on maternity leave | | No differential impact | |
| | Socio-economic impacts (Including impact on child | | No differential impact | |

| | | |
|----|---|------------------------|
| | poverty issues and deprivation) | |
| | Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | No differential impact |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | None identified |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | None identified |

Supporting Information and Impact Assessment

| | |
|--------------------------------|----------------------|
| Proposal: | Road Safety Services |
| Executive Lead: | Cllr Excell |
| Director / Assistant Director: | Fran Hughes |

| | | | | | |
|----------|-----|-------|---------------|---------|-------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Fran Hughes |
|----------|-----|-------|---------------|---------|-------------|

Section 1: Background Information

| | |
|-----------|---|
| 1. | <p>What is the proposal / issue?</p> <p>The proposal is to reduce the Road Safety budget by £68,000 if additional income cannot be generated to fund this service.</p> <p>If additional income cannot be generated then this would result in the cessation of funding to the Road Safety Officer posts (2FTE). There is no statutory duty to provide Road Safety Officers and the Council can choose the level at which it provides road safety services.</p> <p>Road Safety Officers provide a range of road safety education and early interventions to reduce the risk of serious injury and deaths on the road.</p> <p>The Road Safety staff also line-manage the school crossing patrol service, therefore as a result of this proposal an alternative management structure would be required.</p> <p>School Crossing Patrols for Academy Schools are currently paid for by the academies and it was agreed that this would be at full cost recovery during the 2016/17 budget. However, the management costs had not been included in the costs to academy schools. This will now be remedied and the service to academy schools will operate at full cost recovery as previously agreed.</p> <p>Each local Highway Authority has a legal requirement under s39 of the 1988 Road Traffic Act (9) to prepare and carry out a programme of measures designed to improve road safety for all road users and to carry out evidence based interventions to reduce collisions. This can be delivered through engineering works and signposting to other information.</p> |
| 2. | <p>What is the current situation?</p> <p>The Council currently employs 3 staff in Road Safety (2FTE). These staff deliver Road Safety interventions to the public and schools to provide a range of education and early interventions to reduce the risk of serious injury and deaths on the road. These staff also line manage the school crossing patrol service.</p> <p>There is no statutory duty for the Council to provide the service in this way.</p> |

| | |
|--|---|
| 3. | <p>What options have been considered?</p> <p>The Council can chose the level at which is provides road safety services.</p> <p>In order for the service to be sustainable the primary consideration is to identify a source of income for this service so that it can continue. In order to be sustainable the service will also need to prioritise the interventions which it delivers to ensure that it is focused on tangible, measurable outcomes. One of the income options would be for schools to buy back this service from the Council, at full cost recovery.</p> |
| 4. | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>Ambitions: Prosperous and Healthy Torbay</p> <p>Principles:</p> <ul style="list-style-type: none"> • Use reducing resources to best effect • Reduce demand through prevention and innovation <p>Targeted actions:</p> <ul style="list-style-type: none"> • Protecting all children and giving them the best start in life • Promoting healthy lifestyles across Torbay • Protecting and supporting vulnerable adults |
| 5. | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>Those affected by the proposals will be the general public, schools, community groups and other stakeholders involved in a variety of road safety partnerships.</p> |
| 6. | <p>How will you propose to consult?</p> <p>The consultation will include specific key partner/stakeholder consultation. This proposal will also be consulted upon as part of the wider budget setting process. Online and paper questionnaires will be made available to members of the public.</p> |
| <p>Section 2: Expected Implications and Impact Assessment</p> | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>If external funding cannot be secured from schools, or other stakeholders then the implications will be that the 2FTE posts will be at risk of redundancy, and Road Safety interventions by the council will cease.</p> |

| 8. | <p>What are the <u>expected</u> risks?</p> <ul style="list-style-type: none"> • Reputational damage • Risk of road safety performance being eroded • Cost recovery model not achievable • Loss of road safety staff | | | | | | | | | | | | | | | |
|-------------------------------|--|-------------------------------|--------|---------|-----|-----|-------|----|-----|-------|-----------|----|------|--------------|------------|---------------|
| 9. | <p>Public Services Value (Social Value) Act 2012</p> <p>N/A</p> | | | | | | | | | | | | | | | |
| 10. | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>Staff consultation, the Mayors overall budget consultation and direct approaches to schools who are beneficiaries of the service.</p> | | | | | | | | | | | | | | | |
| 11. | <p>What are key findings from the consultation you have carried out?</p> <p>There was no sustainable source of funding found for this service within the timescales given. The staff consultation clearly identified that reducing the budget by the full amount would create an operational problem in the management of the school crossing patrols.</p> <p>Feedback from the general budget consultation is shown below:</p> <p>Q23 Road Safety Services:</p> <table border="1" data-bbox="563 1339 1189 1608"> <thead> <tr> <th>Do you support this proposal?</th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>226</td> <td>54.2%</td> </tr> <tr> <td>No</td> <td>163</td> <td>39.1%</td> </tr> <tr> <td>No answer</td> <td>28</td> <td>6.7%</td> </tr> <tr> <td>Total</td> <td>417</td> <td>100.0%</td> </tr> </tbody> </table> | Do you support this proposal? | Number | Percent | Yes | 226 | 54.2% | No | 163 | 39.1% | No answer | 28 | 6.7% | Total | 417 | 100.0% |
| Do you support this proposal? | Number | Percent | | | | | | | | | | | | | | |
| Yes | 226 | 54.2% | | | | | | | | | | | | | | |
| No | 163 | 39.1% | | | | | | | | | | | | | | |
| No answer | 28 | 6.7% | | | | | | | | | | | | | | |
| Total | 417 | 100.0% | | | | | | | | | | | | | | |
| 12. | <p>Amendments to Proposal / Mitigating Actions</p> <p>It is recommended that to in order to ensure continuity in management that the 0.5 FTE Road Safety Assistant Post is retained within the structure specifically to manage school crossing patrols and that the costs of this service is recharged to the Academy Schools who use the service in line with the decision made in 2016/17. This will be an increase of £720 per Academy School.</p> | | | | | | | | | | | | | | | |

Equality Impacts

| | | | | |
|----|--|-------------------------|---|-----------------------|
| 13 | Identify the potential positive and negative impacts on specific groups | | | |
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | | There would be less capacity to deliver road safety education and early interventions to children and young people. | |
| | People with caring Responsibilities | No differential impact. | | |
| | People with a disability | No differential impact. | | |
| | Women or men | No differential impact | | |
| | People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | No differential impact. | | |
| | Religion or belief (including lack of belief) | No differential impact. | | |
| | People who are lesbian, gay or bisexual | No differential impact | | |
| | People who are transgendered | No differential impact | | |
| | People who are in a marriage or civil partnership | No differential impact | | |
| | Women who are pregnant / on maternity leave | No differential impact | | |

| | | | | |
|----|---|------------------------|--|--|
| | Socio-economic impacts (Including impact on child poverty issues and deprivation) | No differential impact | | |
| | Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | | There will be no early intervention delivered by the council on road safety issues which may have an impact on public health outcomes. | |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | None identified | | |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | None identified | | |

Supporting Information and Impact Assessment

| | |
|--------------------------------|----------------|
| Proposal: | Street Wardens |
| Executive Lead: | Cllr Excell |
| Director / Assistant Director: | Fran Hughes |

| | | | | | |
|----------|-----|-------|---------------|---------|-------------|
| Version: | 3.0 | Date: | February 2017 | Author: | Fran Hughes |
|----------|-----|-------|---------------|---------|-------------|

| Section 1: Background Information | |
|--|--|
| 1. | <p>What is the proposal / issue?</p> <p>The proposal is to cease the delivery of the Street Warden Service. It is proposed to reduce the Street Wardens budget by £22k resulting in the reduction of 1 Street Warden Post. There are currently four street warden posts, two are temporary posts which are currently vacant and two are permanent posts which are currently filled.</p> <p>The two vacant posts will be deleted. Of the two filled posts one will be removed and the remaining post will be transferred into the Community safety Operation Team to assist in demand management. This therefore means that the Council will no longer provide a dedicated Street Warden service.</p> <p>The Street Warden Service is not a statutory function of the Council.</p> |
| 2. | <p>What is the current situation?</p> <p>There are currently four Street Warden Posts. Two posts are funded from base budget and two posts received transitional funding for 12 months following last year's budget discussions this funding ceases in March 2017. The two permanent posts are filled and the two temporary posts have been vacant since summer 2016.</p> <p>Currently the service is operating with one Warden covering Torquay Town Centre areas, and the other warden providing a reduced service across the wards of Foxhole, Watcombe and Hele. These areas have traditionally had Street Wardens due to their levels of need and deprivation compared to the rest of Torbay.</p> |
| 3. | <p>What options have been considered?</p> <p>The Street Warden service has been reducing over a number of years. As a discretionary service of the council it has been discussed as part of numerous budgets, most recently the February 2016 budget.</p> <p>Options for sustainability of this service with funding from other sources has been considered and discounted in previous years as no viable source of long</p> |

| | |
|---|--|
| | term funding has been identified. |
| 4. | <p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>Ambitions: Prosperous and Healthy Torbay</p> <p>Principles:</p> <ul style="list-style-type: none"> • Reduce demand through prevention and innovation <p>Targeted actions:</p> <ul style="list-style-type: none"> • Ensuring Torbay remains an attractive and safe place to live and visit • Protecting and supporting vulnerable adults |
| 5. | <p>Who will be affected by this proposal and who do you need to consult with?</p> <p>This proposal will affect all those living and working in the wards of Tormohun (Town Centre), Watcombe, Foxhole and Hele and the Street Warden Team. The wider range of partners including the police and other services operating in the localities will also be affected.</p> |
| 6. | <p>How will you propose to consult?</p> <p>The consultation will include specific key partner/stakeholder consultation. This proposal will also be consulted upon as part of the wider budget setting process, questionnaires will be made available online and paper copies will be provided.</p> |
| Section 2: Expected Implications and Impact Assessment | |
| 7. | <p>What are the <u>expected</u> financial and legal implications?</p> <p>The Street Wardens are a discretionary service of the council, and therefore there are no legal implications in ceasing the service.</p> |
| 8. | <p>What are the <u>expected</u> risks?</p> <ul style="list-style-type: none"> • Reputational damage to the Council • Areas of deprivation not receiving an enhanced service • Increasing antisocial behaviour in some areas • Reduction in intelligence about vulnerability and other areas of concern from localities |
| | |

| 9. | <p>Public Services Value (Social Value) Act 2012</p> <p>N/A</p> | | | | | | | | | | | | | | | |
|-------------------------------|---|-------------------------------|--------|---------|-----|-----|-------|----|-----|-------|-----------|----|------|--------------|------------|---------------|
| 10. | <p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The proposal was developed using demand data for services within the Street Wardens remit and the Community Safety Partnership Strategic Assessment.</p> | | | | | | | | | | | | | | | |
| 11. | <p>What are key findings from the consultation you have carried out?</p> <p>Consultation from the overall public consultation undertaken supports the reduction in the scheme. There have been no adverse comments received from partners in respect of the proposal.</p> <p>Feedback from general budget consultation is shown below.</p> <p>Q24) Street Wardens:</p> <table border="1" data-bbox="563 965 1190 1234"> <thead> <tr> <th>Do you support this proposal?</th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>227</td> <td>54.4%</td> </tr> <tr> <td>No</td> <td>163</td> <td>39.1%</td> </tr> <tr> <td>No answer</td> <td>27</td> <td>6.5%</td> </tr> <tr> <td>Total</td> <td>417</td> <td>100.0%</td> </tr> </tbody> </table> | Do you support this proposal? | Number | Percent | Yes | 227 | 54.4% | No | 163 | 39.1% | No answer | 27 | 6.5% | Total | 417 | 100.0% |
| Do you support this proposal? | Number | Percent | | | | | | | | | | | | | | |
| Yes | 227 | 54.4% | | | | | | | | | | | | | | |
| No | 163 | 39.1% | | | | | | | | | | | | | | |
| No answer | 27 | 6.5% | | | | | | | | | | | | | | |
| Total | 417 | 100.0% | | | | | | | | | | | | | | |
| 12. | <p>Amendments to Proposal / Mitigating Actions</p> <p>None</p> | | | | | | | | | | | | | | | |

Equality Impacts

| | | | | |
|----|--|-------------------------|--|-----------------------|
| 13 | Identify the potential positive and negative impacts on specific groups | | | |
| | | Positive Impact | Negative Impact & Mitigating Actions | Neutral Impact |
| | Older or younger people | | The Street Wardens help both older and younger people feel safe around the Town Centre and in the wards mentioned above. A reduction in this service could potentially mean that older and younger people feel less safe in their communities. | |
| | People with caring Responsibilities | No differential impact | | |
| | People with a disability | No differential impact | | |
| | Women or men | No differential impact | | |
| | People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i> | No differential impact | | |
| | Religion or belief (including lack of belief) | No differential impact | | |
| | People who are lesbian, gay or bisexual | No differential impact | | |
| | People who are transgendered | No differential impact | | |
| | People who are in a | No differential impact. | | |

| | | | |
|----|---|------------------------|--|
| | marriage or civil partnership | | |
| | Women who are pregnant / on maternity leave | No differential impact | |
| | Socio-economic impacts (Including impact on child poverty issues and deprivation) | | The Wards affected will be those in areas of highest deprivation. |
| | Public Health impacts (How will your proposal impact on the general health of the population of Torbay) | | This is the loss of a service to the population in the most deprived wards in Torbay and could have a negative impact on public health outcomes. |
| 14 | Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above) | None identified | |
| 15 | Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above) | None identified | |