

Manchester City Council Report for Resolution

Date: Health and Wellbeing Overview and Scrutiny Committee -
20 October 2011
Executive – 26 October 2011

Subject: Voluntary and Community Sector – Budget Proposals

Report of: Liz Bruce, Strategic Director for Adults, Manchester City Council

Purpose of Report

The purpose of this report is to inform Members of proposals to reduce expenditure by £2 million in the Voluntary & Community Sector which takes account of the outcome of the public consultation and the Equality Impact Assessment.

Recommendations

Members are recommended to:

- a. Agree the reduction in funding to 59 services as set out in this report
- b. Agree the commissioning programme that will result in remodelling services to achieve the best outcomes for Manchester residents whilst delivering value for money

Financial Consequences for the Revenue Budget

The budget includes savings of £1.5 m in 2011/12 rising to £2m in 2012/13. Approval of the identified recommendations will achieve the 2012/13 target in full. The revised implementation dates means that there will be a shortfall of £500k against the savings target in this financial year. This is reflected in the Global Monitoring report and being addressed through the Directorate's budget recovery action plan.

Financial Consequences for the Capital Budget

None

Contact Officers

Name: Fionnuala Stringer
Position: Assistant Director, Integration & Partnerships
Telephone: 0161 234
E-Mail: fionnuala.stringer@manchester.gov.uk

Name: Hazel Summers
Position: Head of Commissioning
Telephone: 0161 234 1327
E-Mail: h.summers@manchester.gov.uk

Background Documents (available for public inspection)

Report to Executive 16th February 2011 - Budget Proposals on Adults Directorate
Directorate for Adults Voluntary and Community Sector Consultation Document
Voluntary and Community Sector Equality Impact Assessment

Wards Affected

ALL

Community Strategy Spine	Summary of the contribution to the strategy
Performance of the economy of the region and sub region	The proposals in this report support economic growth by increasing independence and by managing demand away from statutory services and into universal settings
Reaching full potential in education and employment	The proposals in this report support Adults attaining independence and being economically and socially active
Individual and collective self esteem – mutual respect	The proposals strive to promote Adults’ independence, choice and control over their own lives
Neighbourhoods of Choice	Neighbourhood working and integrated working at a neighbourhood level supports place and neighbourhoods of choice

Implications For

Anti-Poverty	Equal Opportunities	Environment	Employment
Yes	Yes	No	No (can we discuss)

Full details are in the body of the report, along with any implications for:

Equal Opportunities Policy – Equality issues are addressed within the report. An Equality Impact Assessment (EIA) has been completed and is included as an appendix.

Risk Management – The proposals included in this report have been subjected to detailed risk analysis. Key risks and mitigation are referred to in this report.

Legal Considerations – are fully addressed and included within the report.

1. Budget overview

1.1 The budget proposals for the Directorate of Adults are set out in the report to Executive on 16 February 2011 to which Members are referred for the full detail. As agreed at Executive on 16 February and Council on 9 March the Directorate aims to achieve target savings of £39.5m over the period, 2011/12 to 2012/13.

1.2 The Directorate for Adults provides funding to the Voluntary and Community Sector of £12 million per year and in order to help achieve the target savings is proposing reductions of £2 million; this equates to a reduction of just less than 17%.

1.3 The Directorate for Adults has consulted on the methodology that will be used to inform decisions about how funding is allocated in the Voluntary & Community Sector to meet local need, including the criteria to be used when making decisions about ending or redesigning services and commissioning new services. In order to reduce expenditure by £2 million the Directorate proposes to deliver a programme of change that will result in the remodelling of services to improve the outcomes they achieve and to support customers to move towards independence.

1.4 The outcome of the consultation process and the equality impact assessment on proposals to reduce expenditure are included in this report for Members' consideration.

2. Introduction

2.1 The Directorate for Adults covers a broad agenda which supports Manchester's Community Strategy and the Council's priorities of promoting economic growth and reducing dependency.

2.2 In line with this approach to public sector reform the core strategy for the Directorate for Adults is our commitment to build capacity in communities to become more resilient and to provide services that are an alternative to statutory provision. Supporting people to become more independent and achieve their potential should both reduce the costs of dependency and reduce worklessness.

2.3 The Executive Committee approved the redefined social care offer on 14th September 2011; the proposal is to deliver a new customer journey that increases customer independence and reduces reliance on public services. Along with reablement, community based options to meet needs will be considered first as a preferred option. These services form part of a modernised social care offer, with emphasis on universal service solutions. Therefore, the funding we have retained in the Voluntary and Community Sector will be targeted to commission and develop community services for local customers in their neighbourhoods provided by local groups and volunteers.

2.4 The Directorate for Adults broader agenda moves beyond traditional social care and will deliver a more holistic, joined up vision for adults in Manchester. The vision is ambitious and includes:

- Independent healthy adults who are socially and economically included in the community
- Adults who know and enjoy the benefits of employment
- Adults who are able to parent well and provide good role models to children in early years
- Recognition that mental wellbeing is as important as the physical wellbeing
- Adults who choose a healthy lifestyle that includes regular exercise and a healthy diet
- People reaching their full potential and whose quality of life extends into their older years
- Recognition that adults have different and complex roles (parent, worker, student, volunteer, carer, role model) with different social responsibilities, which will impact on their lifestyle and health choices

2.5 We are committed to reducing worklessness and dependency on public services through a focus on prevention and early intervention. We want to align more of our services with Health, where this will achieve better services for Manchester residents and deliver increased Value for Money, and support the Voluntary Sector to develop its role in building social capital.

2.6 The Directorate has a significant contribution to make to the long term strategic leadership of the City as it addresses the critical issues of dependency and reform. We need to work more collaboratively with other agencies. The Directorate plays a key role in leading and shaping the reform of public services locally and influencing that reform at a national level. This more strategic role is reflected in our leadership work with the NHS to ensure that the wide-ranging NHS reforms wholly address the health and wellbeing of Manchester citizens.

2.7 There are a range of tools that can support this. Community Budgets and the Manchester Investment Fund will support the alignment and pooling of public sector budgets, and will enable us to target our resources on those with complex needs to reduce dependency on high cost public services. The Directorate is fully supporting this work, with an increased emphasis on early intervention and prevention, and assessment processes that gives greater focus to promoting independence, employment and productivity, and working in partnership with the Health Service and the voluntary and community services. Increasingly the Council's resources will be focused on our key statutory social care responsibilities.

2.8 The Directorate is refocusing and reducing expenditure through the following:

Leadership for reform

The Directorate will have a leadership role in redefining social care and focusing targeted services on people with complex needs to reduce dependency and therefore costs to public services. This will include working in an integrated way across public sector partners so that we align investment collectively, target evidence-based interventions and achieve better outcomes for lower costs.

Universal Services

The provision of universal services is minimal in the Directorate for Adults, as much of our business is targeted and assessed via Fair Access to Care criteria and within the statutory obligation to carry out community care assessments. We will, however make better use of community provision e.g. leisure services for people with physical disabilities.

Targeted Services

The majority of the business activity in the Directorate is targeted in order to meet statutory obligations. The budget proposals identify the need to provide sufficient resources to ensure safeguarding and protection of our most vulnerable customers. The majority of services in the Voluntary & Community Sector focus upon preventing crisis, improving outcomes and reducing reliance upon more costly and complex services by means of early intervention. We will continue to commission these services where possible in order to meet local need.

Neighbourhoods

Working at a neighbourhood level has been a key driver for the Directorate and we have restructured both the assessment and care management and commissioning functions to support the neighbourhood model. Our strategic focus of low level intervention services such as Good Neighbour Schemes will help to drive integrated delivery and commissioning at the neighbourhood level to realise greater benefits and improve outcomes for communities.

3. A Council Wide Approach to working with the Voluntary and Community Sector

3.1 The Directorate for Adults is a member of the Third Sector Strategic Co-ordination Group, The group has officer members from all directorates, and NHS Manchester as well as corporate support from finance and legal services. The remit for this group included:

- Understanding the total impact on our budget decisions on all third sector organisations before making final decisions.
- Assessing the impact on protected groups and mitigating any adverse impact.
- Working with the third sector and individual groups who we may want to commission in the future.
- The remainder of this section sets out the work that has been done to deliver on the objectives above.

3.2 Key to any decision making is the requirement to analyse the impact on protected groups when making decisions. Equality Impact Assessments (EIA's) for Supporting People, Adult Services and corporate third sector proposals along with the EIA for Youth Services have been examined through the Corporate Strategy Group to look at the cumulative impact on customers.

3.3 Therefore, throughout the process and before reaching decisions, all directorates have worked together both to share learning and to understand the totality of the impact cumulative decisions will have on protected groups as identified through the Equalities Act and to examine the mitigation. This intelligence highlighted the need in some cases for additional mitigation and this has been reflected in the individual EIA's and focussed on the impact for customers as opposed to organisations who provide services to protected groups

3.4 As well as having a strategic overview of the impact of budget reductions across the Council for each organisation, there have been discussions with colleagues from NHS Manchester to fully understand the impact of the withdrawal of funding.

4. Current provision – framework and customer base

4.1 Services funded through the Voluntary & Community Sector by Adults vary **between** those services which provide intensive support to meet the needs of customers where the Council has a statutory duty resulting from a community care assessment e.g. home care for older people **or** those services that are classified as low level interventions and commissioned to prevent or delay the need for more costly services e.g.

Funded services include:

- a) Support for Homeless people;
- b) Advocacy including a focus on safeguarding
- c) Mental health support services;
- d) Support for older people
- e) Support for people with learning disabilities;
- f) Support for people with physical disabilities,
- g) Support for people with HIV/AIDS
- h) Employment support for people with disabilities;
- i) Support for Carers services;
- j) Legal advice and information

4.2 Support is delivered by the Voluntary and Community Sector in different ways:

- It is limited to a one off requirement e.g. an advocacy or information service
- Longer term e.g. support for people with a learning disability in supported accommodation.

In delivering this support, services in the Voluntary and Community Sector have demonstrated that they:

- Prevent emergency hospital and residential care admissions,
- Support people to access employment,
- Support the delivery of statutory duties around homelessness, mental health, and social care,
- Enable Manchester residents to achieve their full potential,

- Help develop and contribute to neighbourhoods of choice.

4.3 Overall, services delivered by the Voluntary and Community Sector are proven to deliver good outcomes and value for money. There is a strong evidence base to demonstrate that intervention into low level services prevent people accessing more costly services in both Health and Social Care.

4.4 Reductions in expenditure and services must therefore be carefully planned and managed to minimise the impact upon Manchester residents and local services whilst delivering the required budget reductions.

5. Consultation proposals – methodology for future investment and disinvestment

5.1 Two options were initially considered to reduce expenditure – each represents a combination of carefully managed service remodelling, service reductions and other efficiency measures. The two options considered were:

- 1) A fixed funding reduction across the whole VCS programme

Or

- 2) Differential funding reflecting the quality, performance and outcomes delivered by service providers and the needs and other support options available to different communities and customer groups.

It was considered that the first option would not allow the flexibility required to meet the needs of customers or take into account the contribution to Manchester's strategic priorities, evidence of quality, outcomes or cost effectiveness

5.2 In the consultation we therefore proposed that future funding would be more focused on the needs of specific customer groups and communities and this would be achieved by:

- Remodelling, reducing and in a small number of cases no longer providing services; and
- Redesigning, and in the longer term, commissioning and tendering with support from Corporate Procurement for services where this will improve outcomes for customers, reduce costs and further improve value for money.

5.3 We also proposed that in future funding will be allocated on the basis of the extent to which services are assessed as:

- Providing good quality services.
- Delivering good outcomes, including promoting self reliance and independence.
- Supporting delivery of strategic objectives, including Manchester's Community Strategy.
- Helping to delivering statutory duties and functions.

- Providing value for money.

5.4 These two aspects of our approach to future investment decisions – an approach which reflects the needs of customers and an assessment of quality, cost and strategic fit – formed the basis of our recent consultation with customers, service providers and other stakeholders, such as carers.

6. Consultation Process

6.1 Consultation on the proposed methodology ran from 22 March to 2 July. The procedure and process is identical to the consultation undertaken on the Supporting People reductions identified in the Supporting People report on this Executive agenda and the full consultation document is available as a background document to this report

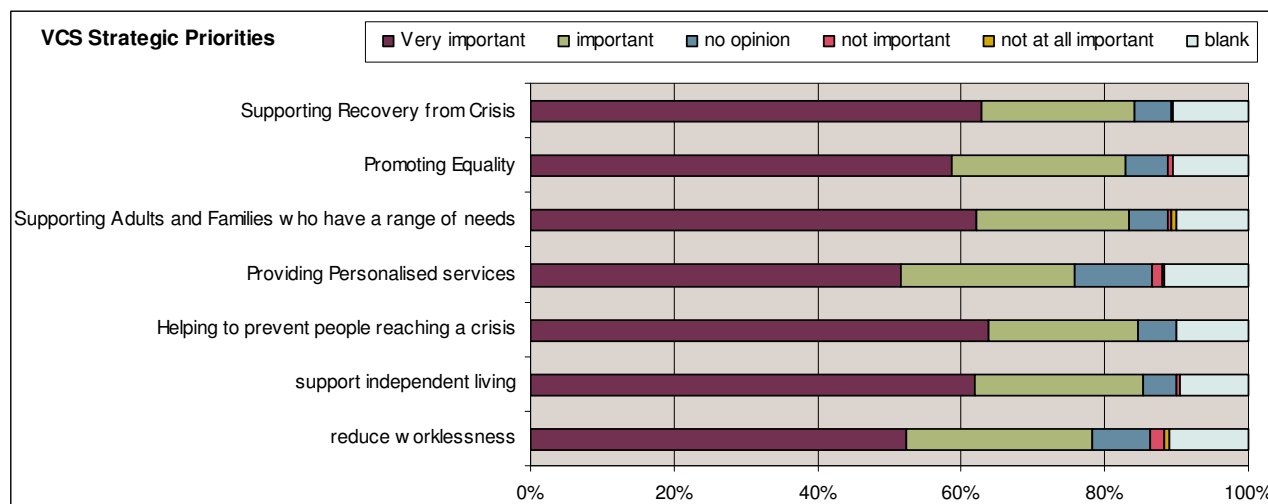
7. Consultation - key findings

7.1 In brief 1057 responses were received from customers and 59 responses from providers.

7.2 The consultation sought views on our proposals for assessing the quality and cost of each currently provided service to determine value for money and future funding priority, which would then underpin our negotiations with individual providers. Specifically, we consulted on a proposed methodology and set of measures that:

- Awarded equal weighting between assessment of quality and assessment of cost (50 marks each).
- Within the evaluation of quality, it was proposed that there would be an appraisal of Strategic Relevance and Performance. This included an assessment of the Services' contribution to delivery of the Manchester Community Strategy objectives; whether the service helped to support the delivery of a statutory duty; and, whether the service is provided within the communities they seek to support.
- Within the assessment of cost, factors considered would be whether services were available elsewhere or through other means which could be delivered more cost effectively; and, how the cost of provision and outcomes compare to providers of similar services.

7.2.1 Questions were asked on each of the methodology elements proposed. We asked customers their views on the value they placed on different strategic priorities.



Customer responses were:

- Amongst customers most support was for 'support for independent living' rated 'very important' by 61% of respondents.
- Least support was for 'personalisation' rated 'very important' by 50% of respondents.

Provider Responses

- Amongst providers there was almost equal support for 'prevention and early intervention' and 'support for independent living' with these rated 'very important' by 85.9% and 83.6% of respondents.
- Least support was for 'personalisation' which was rated 'very important' by 38.3% of respondents.

7.2.2 We asked about our proposal to prioritise future investment into the Voluntary and Community Sector. Customer responses were:

- 49% of customers supported the proposal
- 9% of customers did not support this prioritisation
- 39% were unsure

Provider Responses

- 42.4% providers supported proposals to prioritise future investment,
- Interestingly 42.4 % providers were unsure.

7.2.3 We asked whether people supported our proposals to consider quality and cost equally in making decisions about funding priorities. Customer responses were:

- 52% of customers supported our proposals that cost and quality should be treated equally,
- 28% thought that quality was more important.
- 3% thought cost was more important

Provider Responses

- 50.8% providers responded that quality and cost should be considered equally.
- 45.8% providers thought that quality was more important

7.2.4 We asked whether there should be a minimum standard of quality in order to qualify for funding. Customers responded:

- 68 % of customers were in favour of a minimum quality standard

Provider Responses

- 94.9% of providers were in favour of a minimum quality standard

7.2.5 We also asked both customers and providers whether they thought the methodology we were proposing for spending money in services would be fair across all customer groups. A significant portion of both groups were unsure 43% of customers and 69% of providers.

7.2.6 When asked if services that help to meet statutory needs should be given more priority when funding decisions are being made, 57.6% of providers said yes.

7.3 Recurring themes

7.3.1 Throughout the public consultation events a number of recurring themes emerged. Many carers in particular, referred to the fact that they were concerned that we may be closing relatively low cost services which would result in people needing more costly services e.g. low level services such as dementia cafes which presented an opportunity for carers to support one another.

7.3.2 People who had previously been homeless spoke very highly of the support they received through their service providers and of the difference they had made to helping them become independent.

7.3.3 Many people expressed how important they felt their services were in improving the quality of their lives and reducing social isolation. Groups also gave a level of advice and support when customers had problems with housing etc.

7.3.4 Many believed that investing in the Voluntary and Community sector should be given priority because there are so many people that depend on the support given by these services.

Response

We have retained all neighbourhood wellbeing groups – sometimes called Good Neighbour Schemes.

Funding to homeless services has been retained at the same level.

We have retained all dementia cafes and there has been an increase in the level of funding into Carers Individual Budgets

Services are commissioned on the basis of quality, delivery and value for money. Providers who meet these criteria have had no funding reductions.

7.4 Adjustment as a result of the Consultation

7.4.1 As a result of views expressed, we have adjusted our proposed approach to the future funding of VCS. However, the methodology has not fundamentally changed as it was endorsed by the public consultation. Therefore, we have retained:

- The 50/50 split for cost and quality when assessing services as a result of the customer feedback. The majority of customers believed that this was the fairest way of making the assessment.
- The Quality threshold unless there was a specific differential impact as a result of the analysis of the impact on protected groups.
- Weighting for services which deliver a statutory duty i.e. a service to a customer with assessed needs under Fair Access to Care, an individual who is statutory homeless, or has a statutory right to support under mental health legislation. However, within the assessment of quality we have sought to balance support for statutory services with maintaining ongoing investment in services that prevent crisis and reduce costs by intervening earlier and more effectively.
- To reduce the impact upon customers we have sought to reduce service capacity rather than ending services completely wherever this was assessed as appropriate.
- When making decisions we have looked carefully at the evidence which demonstrates the value of low level interventions such as practical assistance and support which help to prevent people accessing more costly services.

7.4.2 The decision making criteria, adjusted following consultation, has now been applied to all funded services to establish the extent to which they support delivery of the Council's strategic aims and objectives, meet local need and deliver value for money.

7.4.3 It is also important to note that through effective commissioning in this financial year the Directorate has already reduced block contracts and grants; this has resulted in early release of circa £400 000 from the total savings requirements.

8. Equality Impact Assessment (EIA)

8.1 The requirements of Section 149 of the Equality Act 2010 state that Public Bodies must have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it.

8.2 The Directorate has carried out a full and comprehensive Equality Impact Assessment of the proposals and a copy of the full EIA is appended to this report at Appendix 3. The assessment considered in detail what impact the proposals could have on the protected characteristics: age, disability, gender re-assignment, pregnancy, maternity, race, religion or belief, sex and sexual orientation as well as carers and action that will be taken to mitigate the risk of disproportionate impacts upon protected characteristics.

8.3 It is important to emphasise that these proposals will ensure that we will continue to deliver the Council's strategic aims; the Directorate for Adults will work with the Directorate for Neighbourhoods and Childrens Directorates and colleagues in NHS Manchester to help to deliver the vision. It is also important to note the importance of the Equality Impact Assessment, which has been an iterative process and has clearly informed commissioning proposals and where possible mitigated risk to protected groups.

8.4 In summary, these proposals will impact on some present or future customers of the Directorate for Adults. The customer base for services provided through the Voluntary and Community sector predominantly comprises people with disabilities and older people, whereas women are more likely to be in a caring role. The impact of the changes proposed will therefore be particularly experienced by older people, people with a disability, carers and women. There are a number of specific services for people from the BME Communities; however, we have developed considerable mitigation by ensuring that organisations which are the sole provider to support specific BME groups have retained a level of funding whilst any changes are negotiated going forward.

8.5 The Directorate for Adults has developed considerable mitigation of any impact elements. Most notably the increased provision in Reablement services will promote self-care and independence, and will extend the current catchment of social care customers from around 40% to 85% of new referrals to the service. This period of intensive support has been proven, both nationally and here in Manchester, to significantly reduce long term need and promote greater self reliance.

8.6 In addition the Directorate is changing its approach to commissioning; focusing on stimulating local neighbourhood development and the co-ordination of family, community, voluntary and commercial resources to help people meet their own needs in the way that they would choose, generally closer to home and using universal services where possible.

8.7 In terms of mitigating the impact on carers, the Directorate has expanded personalised support to carers over the last few years. In the last four years, the number of carers receiving a service has increased by 120% and all carers can access an assessment of their own specific needs. In situations where carers need independent representation, the Directorate now meets that need through specifically trained staff working exclusively with carers. The commissioning of carers services is being reviewed to ensure capacity for individualised budgets for carers is maintained following identification of assessed carer needs.

9. Proposals to Reduce Expenditure

9.1 Financial Implications

This section will outline the key proposals; the following table is a summary of the proposals set out in Appendices 1 and 2. The full schedule of proposed savings for each provider is attached as Appendix 1; for each customer group the table is provided at Appendix 2

Proposals – Voluntary & Community Sector	Annual Saving target
Older People	£292 710
People with HIV	£20 000
Carers	£244 629
People with learning and physical disabilities	£441 843
People with mental health problems	£248,027
Generic including Engagement and Advice Services	£287 842
Reduction of block Contracts and Grants	£464,949

9.2 It is important to reiterate that the savings proposals set out below have been arrived at as a result of an assessment against the value for money methodology outlined earlier in the report, based on consultation with stakeholders and adjusted as a result of the Equalities Impact Assessment. This will, if accepted, result in a reduction of funding of £2 million per year.

9.3 Officers have met with all providers affected by these proposals. We explained the process with the proposed recommendations made in this report and have given them the opportunity to respond to the proposals if they were of the view that the criteria had not been applied fairly or a material fact had not been taken into consideration.

Older People

Current Position

- There are currently 36 organisations in the Voluntary and Community Sector (VCS) providing 70 services focussed either exclusively or largely on older people

- Some services meet statutory needs, such as residential care or home care. These organisations are able to meet minority needs, for example for BME specific personal care, or care to provide for religious or cultural needs. They offer choice to people with Cash Individual Budgets to meet their needs,
- 21 Well-being groups provide support to approximately 1,800 customers a month, the majority of them elderly.

The proposals are:

- In line with the redefined social care offer we will be reviewing all customers who currently receive meals from specific BME providers to assess their needs and how these will be supplied in the future; this affects ten providers.

Withdraw funding from:

- Manchester Care and Repair Generation Project; this is a befriending service in East Manchester which will cease to be provided however we will work with other agencies to help support the volunteers and ensure that current customers still retain a service.
- Age Concern Ageing Well Project; this provides a service to customers in sheltered housing schemes.

Equality Mitigation Actions

The 21 well-being groups provide support to approximately 1,800 customers a month and have been retained. Funding for the dementia cafes is retained. These are crucial in providing people with both practical support and social interaction, vital for many isolated people, but also in giving people a sense of contributing positively as volunteers as well as getting help. These services will prove increasingly important as people are referred to them to supplement the statutory service offer

The needs of the very frail elderly will continue to be prioritised. It is recognised that preventive measures and support for carers can delay more intensive care at a considerable saving to statutory services.

There is also a planned increase in reablement services; this will promote self-care and independence, and will extend the current catchment of social care customers from around 40% to 85% of new referrals to the service. This period of intensive support has been proven, both nationally and here in Manchester, to significantly reduce long term need and promote greater self reliance

We will continue to work with other funding bodies to ensure more targeted investment, and less duplication.

The development of locality working will better co-ordinate the support offered from a number of agencies. Improved networks, combining voluntary input with housing or social care services, will provide more choice and support for older people within their local neighbourhoods.

9.2.2 People with Learning Disabilities and People with Physical Disabilities

Current Position

There are a wide variety of services commissioned by Adults to meet individuals' needs including:

- Homecare
- Day services
- Employment services
- Carers Services
- Supported accommodation
- Registered Care

The proposals are:

To reduce funding to:

- Breakthrough UK – this supports disabled people into employment and work related training. Customers self-identify as disabled, so this encompasses learning disabled and physically disabled groups. The Council continues to value the work of Breakthrough in the provision of the Centre for Independent Living and as a voice for disabled people both nationally and across the region.

Equality Mitigation Actions

- Mainstreaming the Right to Control pilot, this will provide customers with greater choices and control over which services they wish to access.
- Employment support services for people with disabilities will be redesigned with a focus on improved delivery to core assessed customer groups.
- Any assessed customers affected by service changes will have their support plans reviewed and alternative arrangements agreed.

9.2.3 People with HIV/AIDS

Current Position

The Directorate currently contracts with three Voluntary & Community Sector providers to support people living with and or affected by HIV, these three contracts in the main provide information and advice.

Proposed Reduction

- Reduction in funding to Barnardos who provide group work activity and information and advice to families

Equality Mitigation Actions - Disability

- HIV services will be re-commissioned in consultation with all stakeholders. This will take into account the extension of personalised individual budgets; the overall balance of investment will not be affected.
- Community Legal Advice Services are now delivered across the city via the Voluntary and Community Sector which offer advice and information to all residents across the city.
- There are HIV specific advisors who provide welfare advice provided by the Council.

9.2.4 People with mental ill health

Current Position

It is important to note that since 2002 the Directorate for Adults has shared a pooled fund arrangement with NHS Manchester's Joint Commissioning Team for the provision mental health services including those in the Voluntary and Community Sector. All reviews of this sector were carried out in partnership with NHS Manchester.

- Seven VCS organisations are jointly funded between NHS Manchester and the Directorate, these providers deliver 11 mental health services; NHS Manchester are the majority funder to these organisations in joint contractual or grant arrangements with the Directorate and therefore proposed reductions represent an overall lower funding percentage.
- Three VCS organisations are solely funded by the Directorate and deliver 10 mental health services. The range of service provision includes accommodation based services, statutory services for the Mental Health and Capacity Acts, generic mental health advice, information and signposting services covering BME organisations.

The proposals are:

Withdraw funding from:

- Turning Point – this is funding for a short term accommodation based scheme. This organisation has other contracts with NHS Manchester and Supporting People
- Black Health Agency Sahara Project – this service provides information and advice to refugees; this organisation is also funded through NHS Manchester and the Directorate for Adults for other services.
- HARP – Advice Information and Guidance Service. HARP are also funded for an Outreach service which is funded via Manchester Mental Health and Social Care Trust by the Directorate for Adults

Equality Mitigation Actions - Disability

The Directorates planned reconfiguration of mental health service pathways for accommodation based services will incorporate a supporting people referral pathway. This will better integrate and manage accommodation pathways and service throughput.

Following the Equality Impact Assessment process, adjustments in funding have been made to two providers who support BME groups in order for a reduced service to be provided.

Any assessed customers affected by service changes will have their support plans reviewed and alternative arrangements agreed.

There are specific Mental Health Advice Workers provided within the Council who specialise in welfare advice

9.2.5 Carers

Current position

The strategic direction for Carers over the last three years has been a move away from building based services which serve a small proportion of Carers across the city to Individual Budgets for Carers and services delivered in communities. Through annual carer surveys we have consistently been informed that this is what carers want, therefore over the past three years we have increased the amount of funds available for Individual Budgets' with the intention of reducing the number of commissioned services. We will also mainstream carer's services into social care provision taking into account carers views..

Between 2008 and 2011 individual budgets for carers has increased by the following:

Year	Carer Numbers	Spend
2008/09	980	£ 704 000
2009/10	2300	£1, 000, 000
2010/11	3600	£1,240,000

The proposals are to reduce funding to:

- Manchester Carers Centre, which is a building based service providing a number of services. Our strategic direction is to provide services across the city to make them accessible within their communities.

Withdraw funding from:

- Crossroads – this provides an Emergency Plan for Carers

Equality Mitigation Actions

We will continue to invest in services to ensure that carers are supported to maintain their caring role and to ensure that they have access to a support network, recognition and a voice within the city. These will be more focussed in localities to ensure carers can access services more readily.

We are still investing in 21 services in the Voluntary and Community Sector at a specifically for carers; these are:

- Community Support Groups which offer a range of one to one emotional support, information and advice, access to Carers assessments, signposting and practical support
- Advocacy Services

These services support a diverse range of Carers including those from BME Communities and amounts to £616 000. This is a reduction in spending of £300 000 for current services but in recognition of the value of carers in Manchester and in line with the strategic direction outlined above funding for Individual Budgets has increased to £1.4 million in 2011/12. This equates to an overall reduction of £140, 000.00

We have specific Carers Care Managers in the Community who champion Carers Assessments and there has been an annual increase in carers assessments

9.2.6 Homelessness Services

Current Provision

Funded services are focused on preventing homelessness and assisting rough sleepers to move off, and stay away from, the streets. Customers are socially excluded, with multiple support needs and disengaged from mainstream services. Agencies work in partnership through the multi-agency Homelessness Forum and Rough Sleepers Co-ordinating Group, with the Council providing a strategic lead.

Services include:

- Outreach and support: frontline services, working with rough sleepers on the streets to move them into accommodation in a timely and sustainable way.
- Cold weather provision: additional help and support to move people away from the streets during the winter
- Day services: assisting people to rebuild their lives through positive, meaningful activity, including training for recognised qualifications and volunteering.
- Meaningful occupation and employment: co-ordinated projects assisting customers to engage in structured activities and into readiness for work training programmes
- Young peoples services: drop-in, advice and mediation services that prevent homelessness and rough sleeping while ensuring vulnerable young people make

positive life choices, including reconciliation with family, avoidance of substance misuse, volunteering and employment

The services currently support over 500 people a year. The customer group is single people at risk of rough sleeping or homelessness of all ages, from people as young as 16 to older entrenched rough sleepers. Customer needs profiles are generally complex, with multiple issues including substance misuse, mental and physical health needs, history of offending and/or other anti-social behaviour, poor employment and accommodation history.

Proposals

Against the investment criteria these services scored very highly therefore we are not proposing to reduce these services. Services provided for homeless people have seen a significant reduction in Supporting People funding, which is the primary funder for homelessness.

Advice, Information, and Engagement Services

Current Position

Advice and Information Services

The Directorate for Adults fund a range of advice provision delivered by Community and Voluntary Sector partners. These include:

- Six Community Legal Advice Services (CLAS) across the city, providing general advice, free of charge, in Debt, Housing, Welfare Benefits, Employment, Community Care, Family. Legal Aid Services, funded by the LSC, are provided to those with more complex advice needs, in the advice areas outlined above.
- Domestic Abuse telephone Helpline, offering advice, information, telephone counselling and support to any woman who is experiencing or has previously experienced domestic abuse from a partner, ex-partner or from a family member and forced marriages.
- Immigration Advice providing a service to recently settled migrant communities in particular, providing advice to access to justice for survivors of torture, trafficking, human rights abuse and conflict as well as divided families and others who are in need and affected by immigration controls. The service provides free, confidential specialist legal immigration and asylum advice, information and representation to people seeking entry into the UK, or leave to remain.
- The Directorate also funds a provider which provides information about services available in Manchester– this is provided by the Gaddum Centre

Engagement Service

The Directorate for Adults currently funds the Local Involvement Network (LiNK) service whose remit is to provide public and patient voice to independent scrutiny of Health and Social Care provision and to identify areas for improvement. This is hosted by the Black Health Agency

The Proposals are:

Reduce Funding to:

- Independent Choices – this is a helpline for women escaping domestic abuse.
- Greater Manchester Immigration Advice Unit – this service provides Immigration advice for customers not eligible for Legal Aid across Greater Manchester. The Legal Services Commission also fund this organisation for residents eligible for Legal aid
- LiNK –We have retained a level of funding to develop Healthwatch as part of the Health reforms.

Withdraw Funding to:

- Gaddum Centre –Information Service. This organisation has a number of other contracts with the Council delivering advocacy services.

Equality Mitigation Actions

Domestic Abuse prevention and reduction is now embedded within the Directorate for Adults remit, with the location of a strategic coordinator within the Commissioning division.

A Domestic Abuse Strategy and supporting action plan are in place, and the previously diverse funding resources for domestic abuse work have been transferred to the Directorate.

There is a national 24 hour helpline for women escaping domestic abuse

The Directorate for Adults Safeguarding team now includes a dedicated Domestic Abuse Reduction Coordinator.

Progress in addressing domestic abuse and related issues such as homelessness will be reported to both the Children's and Adults Safeguarding Boards allowing a much broader and more coordinated multi agency response to issues at the strategic level, which will result in earlier identification of need and faster interventions.

MCC will continue to work in partnership with Greater Manchester Police and Probation to safeguard vulnerable adults

My Manchester provides up to date information services

The CLAS is up and running and has provided advice services to 50 000 people this year of which there were 1850 advice interventions specifically with regard to Immigration Advice.

10. Summary and Recommendations

10.1 This report has described the approaches proposed to reduce funding in the Voluntary & Community Sector by £2m in 2011/12 and 2012/13. The pace and scale of the budget proposals are significantly challenging and the Directorate has worked to ensure:

- (i) The most vulnerable customers are protected
- (ii) Where customers can do things for themselves, they are to be encouraged to do so
- (iii) Services provide time limited support to encourage people to move on.
- (iv) Capacity and support at neighbourhood level, and our neighbourhood focus is maximised

10.2 The proposals set out in this report will therefore ensure the Adults Directorate is able to realise the required savings as a result of the financial settlement, whilst ensuring we move forward with a modernised service that supports the Council's priority to reduce dependency, meets the Council's legal obligations and continues to protect and support the most vulnerable residents.

10.2 There has been an extensive consultation period and an approach to fully and actively engage with all our customers and the general public on these proposals. Although the consultation feedback on some aspects is not popular, the Directorate has adequately mitigated against equality impact issues. Implementation of the proposals will reduce the level of support available to Manchester residents in the future but this will, in so far as possible, be mitigated by reforming and improving services and the outcomes and value for money they achieve.

10.3 Recommendations

Members are recommended to:

- a. Agree the reduction in funding to 59 services as set out in this report.
- b. Agree the commissioning programme that will result in remodelling services to achieve the best outcomes for Manchester residents whilst delivering value for money

Appendix 1 Directorate for Adults proposals for reduction of funding in the Voluntary and Community Sector

N.B The final column shows the total sum of funding paid by the Directorate for Adults for **all** contracts or grants held by an organisation not just those services where a reduction has been applied.

Provider	Services	Customer Group	Proposal	Ward(s) affected	Current Annual Service Budget	Proposed annual service reduction	Total Remaining Annual Funding from DfA per organisation
42 nd Street	Support for young adults	People with Mental ill health	Withdraw funding from DfA element of the joint NHS contract	Citywide	£25,044	£6000	£19044
African Caribbean Care Group for the Elderly *	Wellbeing and outreach	Older People	Reduce funding	Ardwick, Burnage, Chorlton, Fallowfield, Gorton South, Levenshulme, Longsight, Moss Side, Old Moat, Rusholme, Whalley Range, Withington Citywide	£37,740	£15,000	£64,657
	Carers Service	Carers	Reduce funding		£17,346	£5,000	
African Caribbean Mental Health Services	Advice and information	People with Mental ill health	Reduce funding	Citywide	£21,316	£5,000	£25,149
	Carers service	Carers	Reduce funding	Citywide	£11,333	£2,500	

Age Concern	'Ageing Well' Service	Older People	Withdraw funding	Ancoats and Clayton, Bradford, City Centre, Miles Platting and Newton Heath	£29,070	£29,070	£606,896
	Counselling Service	Older People	Reduce Funding	Citywide	£38,250	£15,000	
Alzheimer's Society	Carers Breaks and group peer support	Carers	Reduce Funding	Citywide	£10,141	£4,545	£39,467
Barnardo's	HIV Support	People with HIV	Reduce Funding	Citywide	£57,413	£20,000	£62,065
Big Life Centre	Carers Support	Carers	Withdraw Funding	Citywide	£725	£725	£0
Black Health Agency	Sahara Project	People with Mental ill health	Withdraw funding	Citywide	£23,624	£23,624	£39,158
Body Positive North West	Carers Support	Carers	Reduce Funding	Citywide	£2,000	£1,000	£1,000
Breakthrough UK	Employment support for people with learning and physical disabilities	People with learning and physical disabilities	Reduce Funding	Citywide	£621,843	£421,843	£400,000
Broad African Representative Council *	Outreach	Older People	Reduce Funding	Citywide	£25,000	£10,000	£15,000
Buddhist Centre	Carers support	Carers	Withdraw Funding	Citywide	£5,025	£5,025	£0
Cheetham Al-Hilal	Elderly Men's Group	Older People	Reduction in funding	Cheetham Hill Crumpsall	£13,010	£5,000	£8,010

Creative Support	Development Service	People with Mental ill health	Withdraw Funding	Citywide	£15,025	£15,205	£3,062,047
	Referral Service	People with Mental ill health	Withdraw Funding	Citywide	£106,379	£106,379	
Crossroads	Carers Emergency Plan	Carers	Withdraw Funding	Citywide	£34,640	£34,640	£40,000
Debdale Eco Centre	'Grow your own' project	Older People	Withdraw funding	Citywide	£5,053	£5,053	£0
FC United	Match day luncheon club	Older People	Withdraw funding	Miles Platting and Newton Heath	£10,000	£10,000	£0
Gaddum Centre	Carers Advocacy Service	Carers	Reduce funding	Citywide	£24,317	£7,500	£134,607
	Over 50s Advice & Advocacy Service	Older People	Reduce funding	Citywide	£34,930	£15,000	
	Information & Advice	Generic Information Service	Withdraw funding	Citywide	£33,942	£33,942	
Greater Manchester Bangladesh Association	Centre based activities for members of Bangladeshi community	Older People	Reduce Funding	Longsight, Rusholme, Ardwick, Moss Side, Gorton South, Levenshulme	£20,000	£10,000	£10,000
Greater Manchester Immigration Aid Unit	Immigration advice	Generic Advice Service	Reduce Funding	Citywide	£121,000	£30,000	£91,000

HARP	Advice, Information & Guidance	People with Mental ill health	Withdraw Funding	Citywide	£14,428	£14,428	£96,000
Himmat	Carers Service for people with Learning disabilities	Carers	Reduction in funding	Citywide	£58,551	£10,000	£48,551
Independent Choices	Telephone advice for victims of domestic support	Advice services	Reduction in funding	Citywide	£45,190	£15,000	£30,190
Indian Senior Citizens Centre *	Advocacy for Indian elderly	Older People	Reduction in funding	Citywide	£21,730	£7,500	£72,498
	Outreach and day centre activities	Older people	Reduction in funding	Citywide	£24,672	£7,500	
Landridge	Landridge Opal - Day Support	People with Learning Disabilities	Reduction in funding	Citywide	£91,800	£20,000	£171,800
Lesbian and Gay Foundation	Outreach and Befriending Support	Carers	Withdraw funding	Citywide	£10,000	£10,000	£0
LINK	Local Involvement Network – this provides scrutiny for Health and Social Care and is hosted by the Black Health	Generic Engagement Service	Reduce Funding	Citywide	£289,000	£209,000	£80,000

	Agency						
Manchester Carers Centre	Helpline and support service for carers	Carers	Reduction in funding	Citywide	£280,221	£124,587	£155,634
Manchester Care and Repair	Falls Prevention	Older People	Reduction in Funding	Citywide	£141,000	£35,000	£244,974
	Generation Project – volunteer led befriending service for older people in North Manchester	Older People	Withdraw of funding	Miles Platting and Newton Heath, Ancoats and Clayton, City Centre, Bradford, Moston, Crumpsall, Cheetham Hill, Charlestown, Harpurhey, Higher Blackley	£59,861	£59,861	
Minehead Users Committee	Carers support	Carers	Withdraw Funding	Citywide	£5,520	£5,520	£0
Norcure Care Group	Neighbourhood Care Group	Older People	Withdraw Funding	Northenden	£7,250	£7,250	£0
Openshaw Users Committee	Carers support	Carers	Withdraw Funding	Citywide	£4,180	£4,180	£0
Respect for All	Carers service	Carers	Withdraw Funding	Citywide	£3,769	£3,769	£0
SMTR Active Therapy Team	Carers support	Carers	Withdraw Funding	Citywide	£10,967	£2,500	£8,467

Talbot House	Support for carers of people with learning disabilities	Carers	Reduction in Funding	Citywide	£156,658	£20,000	£156,179
The Roby	Mental health support for South Asian men and women	People with Mental ill health	Reduction in Funding	Citywide	£16,320	£5,000	£11,320
Time Out North	Carers support group	Carers	Withdrawal of funding	Citywide	£780	£780	£0
Tree of Life	Carers support	Carers	Withdrawal of funding	Citywide	£1,358	£1,358	£12,280
Turning Point	Wilbraham Road Accommodation based scheme	People with Mental ill health	Reduction in Funding	Citywide	£57,182	£10,000	£104,784
	Moss Lane East accommodation	People with Mental ill health	Withdrawal of funding	Citywide	£62,400	£62,400	
Venture Arts	Participatory arts project for people with learning disabilities	people with learning disabilities	Reduction in Funding	Citywide	£14,072	£5,000	£9,072
Younger Onset Dementia	Carers support group	Carers	Withdrawal of funding	Citywide	£1,000	£1,000	£0

** Please also see Appendix 1B*

Appendix 1B - BME Meals for Older People

Provider	Services	Proposal	Comment	Ward(s) affected	Current Annual Service Budget	Proposed annual service reduction
African Community of Greater Manchester	Luncheon Club/Delivered Meals	Reduce funding	All customers will be assessed in line with the Council's redefined social care offer	Citywide	£13,178	£4,660
African Caribbean Care Group for the Elderly	Luncheon Club & Delivered Meals	Reduce funding	All customers will be assessed in line with the Council's redefined social care offer	Ardwick, Burnage, Chorlton, Fallowfield, Gorton South, Levenshulme, Longsight, Moss Side, Old Moat, Rusholme, Whalley Range, Withington	£19,468	£11,722
Ashiana	Meals on Wheels	Reduce Funding	All customers will be assessed in line with the Council's redefined social care offer	Brooklands, Chorlton, Chorlton Park, Didsbury East, Didsbury West,	£22,625	£676

				Fallowfield, Hulme, Levenshulme, Longsight, Moss Side, Old Moat, Rusholme, Sharston, Whalley Range, Withington, Woodhouse Park		
Association of Ukrainians in Great Britain	Luncheon Club	Reduce Funding	All customers will be assessed in line with the Council's redefined social care offer	Cheetham Hill Crumpsall	£3,214	£1,071
Broad African Representative Council	Luncheon Club	Reduce Funding	All customers will be assessed in line with the Council's redefined social care offer	Citywide	£6,512	£1,216
Church of God Prophecy	Luncheon Club	Reduce Funding	All customers will be assessed in line with the Council's redefined social care offer	Citywide	£9,963	£2,423

Indian Senior Citizens	Luncheon Club & Delivered Meals	Reduction in funding	All customers will be assessed in line with the Council's redefined social care offer	Citywide	£17,739	£10,712
Manchester Jewish Community Care	Luncheon Club & Delivered Meals	Reduction in Funding	All customers will be assessed in line with the Council's redefined social care offer This organisation holds another contract for providing day services to older people from the Jewish Community	Cheetham Hill Crumpsall	£8,295	£1,928
North Manchester Black Health Forum	Luncheon Club & Delivered Meals	Reduction in Funding	All customers will be assessed in line with the Council's redefined social care offer This organisation is also funded by the DfA for	Cheetham Hill Crumpsall	£6,428	£2,142

			Centre based activities			
Wai Yin	Luncheon Club and delivered meals	Reduction in Funding	All customers will be assessed in line with the Council's redefined social care offer This organisation holds three other contracts with DfA	Citywide	£32,662	£11,916

Appendix 2 Proposed Reductions by Customer Group

Older People		
Provider	Service	Proposed Annual Reduction
African Caribbean Care Group	Welbeing and Outreach	£15,000
Age Concern	Ageing Well Service	£29,070
Age Concern	Counselling Service	£15,000
Broad African Representative Council	Outreach	£10,000
Cheetham al Hilal	Elderly Mens Group	£8,010
Debdale Eco Centre	Grow your own	£5,053
FC United	Match Day Luncheon Club	£20,000
Gaddum Centre	Over 50's Advice and Advocacy Service	£15,000
GM Bangladesh Assoc	Centre based activities for members of Bangladeshi community	£10,000
Indian Senior Citizens	Advocacy	£7,500
Indian Senior Citizens	Outreach and Day centre Activities	£7,500
Manchester Care and Repair	Falls Prevention	£35,000
Manchester Care and Repair	Generation Project	£59,861
Norcare Care Group	Neighbourhood Care Group	£7,250
Older People BME Meals		
African Community GM	Luncheon Club	£4,660
African Caribbean Care Group	Luncheon Club	£11,722
Ashiana	Meals on Wheels	£676
Association of Ukrainians	Luncheon Club	£1,071
Broad African Representative Council	Luncheon Club	£1,216
Church of God Prophecy	Luncheon Club	£2,423
Indian Senior Citizens	Luncheon Club & Meals on wheels	£10,712
Manchester Jewish Community Care	Luncheon Club & Meals on wheels	£1,928
North Manchester Black Health Forum	Luncheon Club & Meals on wheels	£2,142
Wai Yin	Luncheon Club & Meals on wheels	£11,916
Older People	Total Reduction	£292,710
People with HIV		
Barnardos	HIV Support	£20,000

Carers Support		
African Caribbean Care Group	Carers Service	£5,000
African Caribbean Mental Health Services	Carers Service	£2,500
Alzheimers Society	Carers Breaks and Group Peer Support	£4,545
Big Life Centre	Carers Support	£725
Body Positive North West	Carers Support	£1,000
Buddhist Centre	Carers Breaks	£5,025
Crossroads	Carers Emergency Plan	£34,640
Gaddum Centre	Carers Advocacy service	£7,500
Himmat	Carers Service	£10,000
Lesbian and Gay Foundation	Outreach	£10,000
manchester carers centre	Support for Carers	£124,587
Minehead Users Committee	Carers Support	£5,520
Openshaw Users Committee	Carers Support	£4,180
respect for all	Carers Support	£3,769
SMTR Active Therapy Team	Carers Support	£2,500
Talbot House	Support for Carers of people with Learning Disabilities	£20,000
Time Out North	Carers Support	£780
Tree of Life	Carers Support	£1,358
Younger Onset Dementia	Carers Support	£1,000
	Total Reduction	£244,629
People With Physical and Learning Disabilities		
Landridge	Landridge Opal	£20,000
Breakthrough Uk	Employment Service	£421,843
	Total Reduction	£441,843
People with Mental Health Problems		
African Caribbean Mental Health Services	Advice and Information	£5,000
42nd Street	Support for Young Adults	£6,000
Black Health Agency	Sahara Project	£23,624
Creative Support	Development Service	£15,205
Creative Support	Referral Service	£106,370
HARP	Advice, Information & Guidance	£14,428
The Roby	Mental Health Support	£5,000
Turning Point	Wilbraham Supported Housing	£10,000

Turning Point	Moss Lane East Supported Housing	£62,400
	Total Reduction	£248,027
Advice, Information & Engagement		
Gaddum Centre	Information & Advice Service	£33,842
LINK	Local Involvement Network	£209,000
Independent Choices	Helpline	£15,000
GMIAU	Immigration Advice	£30,000
		£287,842

Appendix 3 Demonstrating Outcomes of Equality Analysis

EQUALITY IMPACT ASSESSMENT - Voluntary & Community Sector Investment (ADULTS)

Directorate:	Directorate for Adults	Is this a new or existing policy/service/function?	Existing	Officer responsible for the assessment:	Paul Johnston
Section:	Business & Quality	Date of Assessment:	February 2011 to October 2011	Lead manager responsible for the assessment:	Hazel Summers

Name of the policy/service/function to be assessed:	Voluntary and Community Sector Investment (VCS)	Date of completion:	5 October 2011	Date passed to OI&SI team: Date published:	
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RELEVANCE TEMPLATE

For more information on ‘relevance’ please see ‘Step 2’ of the guidance document

Is a Full EIA required?

Yes ✓ No

Please explain how you have reached your ‘relevance’ conclusion

Summary of Relevance Assessment: -

Through its strategic commissioning function the Directorate for Adults commissions a range of services from voluntary and community organisations, charities and social enterprises. These organisations share the Council’s strategic objectives and values and are willing to enter into a contractual or grant-based agreement to work with the Directorate in support of statutory responsibilities to customers with assessed social care needs and in the areas of engagement, prevention and early intervention.

Following the comprehensive spending review the Directorate’s budget has been reduced by £39.5 million over the next two financial years. As a consequence the value of this programme is to be reduced by £2 million in 2011/12. It has therefore been necessary to review and reduce this investment. This equality impact analysis is concerned with the higher level implications of that budget decision.

The programme has been extensively utilised to commission services which extend the reach of the Directorate’s mainstream services in respect of hard to reach or disadvantaged communities or to purchase the specialist services of partner organisations. As a consequence a significant proportion of the programme is focused upon specific ethnic, disability, gender and age-related customer groups. Thus by definition the beneficiaries of this programme are in large part drawn from groups which have a protected characteristic, particularly in respect of age, disability and race. Religious, cultural issues, gender and sexual orientation are also a consideration in respect of a small number of services.

Whilst it is clear that the decommissioning of services will have a negative impact on customers, this assessment relates to any differential impact that this will have on equality groups and takes due regard to the impact this may have and any necessary steps to mitigate this. Differential impact, within the context of this assessment, refers to impact potentially affecting the end-users of services, rather than the impact on the organisations providing the services.

The relevance assessment has identified the policy as having relevance to the following protected characteristic/s (please tick below):

Age Disability Race Gender (inc. Gender Reassignment, Pregnancy and Maternity) Sexual Orientation Religion or Belief (or lack of religion or belief) Marriage or Civil Partnership Carers

Date of assessment : as at 08/09/2011 Version 0.17

Equality Impact Assessment Template

Your relevance assessment has identified an EIA should be undertaken – Please read the guidance before completing this section

Section 1- About your service / policy / function

<p>1 Briefly describe the key delivery objectives of the policy/service/function being assessed</p>	<p>Investment in the Voluntary & Community Sector (VCS) supports a broad range of services including accommodation, engagement, advice & signposting, advocacy, counselling, day support, social groups, home improvement, falls prevention, lunch clubs, carer support and specialist HIV services. The Directorate also contributes to Drug and Alcohol services.</p> <p>An analysis of equality impacts has taken place in respect of each sector which will be subject to budget reductions:</p> <ul style="list-style-type: none">* Services to support carers* Homelessness services* Learning disability services* Mental health services* Services for older people* Physical disability & HIV services* Advice, advocacy & engagement services <p>Directorate for Adults' Commissioning Policy is based upon statutory requirements and the Council's established strategic priorities which emphasise the importance of all individuals reaching their full potential and enjoying longer, happier and healthier lives. Over recent years commissioning policy has been increasingly shaped by the development of statutory equality duties and the drive to reduce health inequalities experienced across communities, along with data aggregated from the needs assessment process and the individual decisions of customers with personalised budgets.</p> <p>Investment into the VCS supports 186 Services and the value of contracts/grants range from over £1 million to £750. At all levels compliance with the Council's financial regulations and value for money are key considerations. Over recent years larger scale funding has followed a competitive tendering</p>
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	<p>process whilst in other lower financial value cases a grant based system has been utilised, particularly where innovation and community partnership is a key driver. In all matters the Council seeks transparency and a test of good value through competition or benchmarking and the relationship with service providers is structured through a contract grant agreement. However, monitoring arrangements are generally proportionate to value and risk, with a lighter touch for monitoring of lower level grants/services.</p> <p>Through this funding stream the Directorate for Adults supports a wide variety of organisations, national charities, local charities, community groups, organised service user groups and social enterprises. Many organisations are focussed upon specific disability or health related issues, ethnic or community groups, domestic violence, sexuality or carer support groups.</p> <p>The Council has been keen to engage with the Voluntary Sector and in the majority of cases the Council has entered into partnership on the basis of the particular expertise and access to disadvantaged groups which the organisation provides, supporting individuals who may otherwise experience difficulty in accessing mainstream services and widening the Directorates service offer to address culturally sensitive support needs.</p> <p>This policy has been reinforced by market-led policy reforms such as the personalisation programme supported by the Department of Health. Such reforms have sought to extend choice by drawing in more independent service providers and by encouraging greater levels of co- production between the individual, the community and state.</p>
<p>2 What are the desired outcomes from this policy/service/function?</p>	<p>The purpose of this review is to re-position the VCS investment within a reduced budget envelope and a consistent outcomes-based framework. Each sector has been reviewed and integrated within a new over- arching programme reflecting the current objectives of the Manchester Community Strategy and the priorities of the Directorate for Adults 2011 Business Plan.</p> <p>The Community Strategy has been developed by the Council through the Manchester Partnership with input from a range of partner organisations and residents. The Manchester Partnership is the framework through which partners, business, voluntary and community organisations and individuals can work together to achieve common goals. The Directorate for Adults strategic priorities and</p>

	<p>business plans are built upon this foundation. Through the VCS the Directorate is seeking to engage the voluntary and community sector to work with the Council in achieving the following consistent set of outcomes across all funding streams.</p> <ul style="list-style-type: none">• Tackling worklessness• Preventing dependence and supporting independence and self-determination• Prevention and early intervention• Personalisation• Supporting families and adults with complex needs• Supporting recovery from crisis• Promotion of equality <p>All services within the programme have been reviewed. Extensive public consultation has taken place in respect of the design of the criteria which was broken down into Strategic Relevance, evidence based commissioning, performance and cost, (value for money).</p> <p>Strategic relevance has been determined by taking a range of factors into account:-</p> <ul style="list-style-type: none">• Does the service contribute to Manchester’s Community Strategy?• Does the service support a statutory duty i.e. a service to a customer with assessed needs under Fair Access to Care or a Homelessness duty under the Housing Act 1996 as amended by the Homelessness Act 2002?• What evidence exists to support ongoing investment in services? For example evidence of potential cost benefits or the effectiveness of interventions. <p>Value for money has been determined by:</p> <ul style="list-style-type: none">• Analysis of response to consultation on how we will evaluate funding allocation and assessing both quality of service and value for money.• Assessing if services are available elsewhere, or through other means which can be delivered more cost effectively.• Comparing the cost of provision to providers of similar services against outcomes.• Inviting providers to propose savings within their organisations, such as reshaping delivery structures to cut costs and continue service delivery.
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Section 2 – Understanding your customer

<p>3. Do you currently monitor the service/policy/function by the adjacent protected characteristics?</p>	<p>Protected Characteristics</p>	<p>Y/N</p>	<p>If no, please explain why this is the case and / or note action to prioritise the gathering of this equality data in your action plan</p>						
	Race	Y	<ul style="list-style-type: none"> The MICARE care management software framework collects data in respect of assessed customers only. Commissioned services are required to comply with individual monitoring arrangements. Minimal data is collected in respect of lower value, open access preventive services as this would not be proportionate to the service. 						
	Gender	Y							
	Disability	Y							
	Sexuality	N							
	Age	Y							
	Religion or belief	Y							
	Marriage/civil partnership	Y							
	Carers	Yes							
<p>4. What information has been analysed to inform the content of this EIA? What were the findings?</p> <p>Please include details of any data compiled by the service, any research that has been undertaken, any engagement that was carried out etc.</p> <p>Please specify whether this was existing information or was specifically in relation to this equality analysis and EIA process</p>	<ul style="list-style-type: none"> MICARE data reports Contract Monitoring Reports Service level output data submitted by providers The Manchester Joint Strategic Needs Assessment (JSNA) An extensive community and stakeholder consultation exercise has taken place between the 22nd March and 2nd July 2011 in respect of the criteria which have been used to review and re-define this programme Directorate for Adults Business Plan 2011/14 Commissioning intentions in respect of Homelessness Services Learning Disability Services, Physical Disability, Older People, Long Term Conditions, HIV & Sensory Impairment and Carer Support Services Manchester’s Mental Health and Well-being Commissioning Strategy 2009-2014 Through the Directorate’s investment in 112 VCS organisations, 186 partnership services are delivered. Whilst monitoring reports do not capture all services funded via this programme an analysis of returns year to date indicates that 91614 customer interventions took place. This figure is broken down across the following sectors, (NB year end dates vary). <table border="1" data-bbox="728 1273 2123 1394"> <thead> <tr> <th>Sector</th> <th>Customers</th> </tr> </thead> <tbody> <tr> <td>Carer Support</td> <td>6321</td> </tr> <tr> <td>Learning Disability</td> <td>1063</td> </tr> </tbody> </table>			Sector	Customers	Carer Support	6321	Learning Disability	1063
Sector	Customers								
Carer Support	6321								
Learning Disability	1063								

	Mental Health	2882
	Older People	13593
	Physical Disabilities & HIV	2537
	Advice ,advocacy and engagement	65218*
	Total	91614
	* Includes 61908 customer interventions in respect of Community Legal Advice Services (CLAS).	
	<ul style="list-style-type: none"> • During the corresponding period the Directorate’s assessed services provided a statutory support package to 7194 customers, broken down as follows:- 	
	Age/Disability	5702
	Learning disability	1062
	Mental Health	323
	Substance Misuse	81
	Other	26
	Total	7194
	<ul style="list-style-type: none"> • These figures illustrate how VCS investment substantially extends the reach of statutory services 	

Section 3 – Delivery of a customer focussed service / policy / function

5. Could the policy/service have a	Y	N	What evidence or data exists to support your analysis?
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<p>differential impact relating to race equality?</p>	<p>Yes</p>	<ul style="list-style-type: none"> • VCS investment has been extensively utilised to extend the reach of social care services to minority and ethnic communities and to provide ethnically sensitive services in line with statutory duties upon the council. An extensive range of research highlights the barriers experienced by ethnic communities seeking to access health and social care services. • Within current VCS investment, 45 out of 188 services, (23%), are specifically commissioned to address the needs of black and ethnic minority communities, whilst 38% of customers are drawn from black and minority ethnic (BME) groups, thus illustrating the significance of this investment and the potential impact of reductions. • The Office for National Statistics estimates that BME groups make up 26.2% of the Manchester population, whilst MICARE identifies that only 13% of assessed customers are drawn from BME communities. This again emphasises the important role played by VCS service provision. • Data from the Mental Health and Social Care Trust indicates that 21.6% of customers are drawn from the BME community.
<p>If the impact is negative what solutions will be introduced?</p>	<ul style="list-style-type: none"> • Whilst many specific services were originally commissioned to address particular needs not served by mainstream services, as a result of policy and workforce development all council services have developed considerably in respect of their ability and experience in dealing with matters relating to ethnic, cultural and religious diversity. • This process will continue with an enhanced focus upon the development of service models which are personalised in line with the Directorate’s overall business plan. • DfA will support individuals to access culturally specific services where that is their preferred choice. • A review and re-commissioning of advocacy services will be brought forward with a view to providing a consistent service offer across all customer groups in partnership with BME community organisations. • There has been an adjustment in funding for BME groups focusing on mental health services from the BME Community. Supporting People and mainstream social care investment in these services also provides some mitigation. • There will be one point of access for customers accessing Supporting People mental 	

	<p>health services; this will focus on individual need and will ensure that we will prioritise customers in the greatest need.</p> <ul style="list-style-type: none"> • DfA will be supporting providers to adapt their business models to changing social care market requirements. • This analysis has adjusted the reductions in services so that organisations which are the sole provider to support specific BME groups have retained a level of funding whilst any changes are negotiated going forward • Any assessed customers affected by service changes will have their support plan reviewed and alternative arrangements agreed. • Five Community Engagement Workers will be recruited with an increased focus on community engagement and the development of advice and information capacity across community organisations, thus meeting the strategic commissioning priorities of reducing dependence and improving health • Many of the services provided have been linked to the provision of advice and information and these are now provided citywide through the Community Legal Advice Services (CLAS). 			
If the impact is positive how will this be safeguarded?	N/A			
Which business plans or equality action plans have these been transferred to? E.g. Equalities Delivery Plan, Business Objectives Delivery Plan, Workforce Delivery Plan etc	These actions, together with completion dates and responsible officers are contained in the Action Plan at the end of this EIA and will form part of the Directorate’s Business Plan Equality Delivery Plan.			
6. Could the policy/service have a	<table border="1"> <tr> <td data-bbox="768 1042 913 1106">Y</td> <td data-bbox="925 1042 1014 1106">N</td> <td data-bbox="1025 1042 2096 1106">What evidence or data exists to support your analysis?</td> </tr> </table>	Y	N	What evidence or data exists to support your analysis?
Y	N	What evidence or data exists to support your analysis?		

<p>differential impact on disability equality?</p>	<p>Yes</p>	<ul style="list-style-type: none"> • The Office for National Statistics and MCC Corporate Research (2008) found 56,630 adults in the city have a disability, which equates to 13.9% of the city's adult population, whilst the JSNA indicates that 32% of Manchester residents report that they suffer from a long term illness or disability. • The Institute of Public Care predicts an incidence of 54,385 Manchester residents with a common mental disorder in 2010 rising to 60,544 in 2025. JSNA data drawn from GP registers indicates that 5,200 patients are diagnosed with a severe mental illness. A recent review of the epidemiology of mental illness suggests that there are between 1,700 and 4,000 people with severe symptoms living in Manchester, because of the socio-economic profile of the city incidence is likely to be towards the upper end of this range. • MICARE identifies that 98% (7,087) of assessed customers have a disability or long term condition relating to their physical or mental health or learning disability. • In 2010/11 we can identify that 12,511 customers with a disability or long term health condition, or their carers, received a service from the VCS. This represents 14.2% of the recorded outputs however when the needs of older people are taken into consideration and CLAS referrals included this is likely to be a significant under representation. • Thus we can see how this programme enhances the reach of the Directorate's support into the community and reduces dependence upon statutory support services.
<p>If the impact is negative what solutions will be introduced?</p>	<ul style="list-style-type: none"> • The Directorate for Adults will remain focussed on its wider objective of extending personalisation, choice and the right to control which have found wide acceptance and support across the disability sector. • Integrated commissioning with Health is a key work area for the Directorate. Earlier health interventions, improved support for self care and improved management of long term conditions will, in conjunction with low level care or support, result in more sustained independence, crisis prevention and less reliance on more expensive hospital, residential or 	

	<p>nursing care. Integrated commissioning, including more community based services, will also result in fewer and shorter hospital admissions, and faster, better coordinated and more sustainable discharge pathways back to the community.</p> <ul style="list-style-type: none">• In addition, a shared clinical view will support improved and more effective risk management.• The capacity of Reablement services will be increased to enable all new customers experiencing a crisis to return to, or remain in, their home rather than move into residential or nursing care. This will particularly benefit new customers experiencing health-related crises which may previously have impacted on their ability to remain independent. In addition, where identified as appropriate in their annual community care review, existing customers will also access the Reablement service. This service will help people to live independently for longer and maximise capacity by increasing throughput and diverting demand for Supporting People funded services. This is a free service, provided for 6 weeks, and there is strong evidence that this early, intense intervention is successful at reducing, or delaying increase in, need.• In addition, two ‘transition’ units in sheltered housing schemes enable customers in receipt of the Reablement service to be assessed for independent living supported by equipment and assistive technology.• DfA will continue funding Home Improvement Agencies in the city. Better use will be made of individual funding streams to combine to provide two citywide services.• The Directorate will commission specific home care services for people with learning disabilities, dementia and mental health problems which will provide another, better, option for some customers• We will continue to working with Health partners to improve the management of Long Term Conditions and self-care health programmes.• The “Right to Control Pilot” will be mainstreamed along with the wider investment in brokerage support services; this will provide customers with greater choices and control of which services they wish to access. Advocacy investment will be rationalised across all customer groups to ensure even, user friendly access.• HIV services will be redesigned and re-commissioned in consultation with the Disability Partnership and NHS Manchester to avoid duplication and ensure better outcomes.
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	<ul style="list-style-type: none"> • We will work with providers to adapt their business models to changing social care market requirements. • Any assessed customers affected by service changes will have their support plan reviewed and alternative arrangements agreed with an increased focus on Cash Individual Budgets • The proportion of the budget focussed on mental health needs has been maintained at 11.5% in line with the recognition within the Directorate Business Plan that “mental wellbeing is as important a physical wellbeing”. • A single point of access will be established for people with mental health issues who need access to Supporting People accommodation services. This will prioritise individual need, prioritise people in need and focus on recovery. • Proposals for a specialist mental health homecare service have been integrated within current procurement intentions • There has been an adjustment as a result of this analysis in order to consider employment support services for people with disabilities. These will be redesigned and procured with a focus on improved delivery to core assessed customer groups in order to reduce dependency, improve the quality of life and reduce costs. • We will carry out a needs analysis on an annual basis 		
If the impact is positive how will this be safeguarded?	N/A		
Which business plans or equality action plans have these been transferred to? E.g. Equalities Delivery Plan, Business Objectives Delivery Plan, Workforce Delivery Plan etc	These actions, together with completion dates and responsible officers are contained in the Action Plan at the end of this EIA and will form part of the Directorate’s Business Plan Equality Delivery Plan.		
7. Could the policy/service have a	Y	N	What evidence or data exists to support your analysis?

<p>differential impact relating to equality for Gender? IMPORTANT: note that analysis here includes analysis of impacts relating to gender reassignment and pregnancy and maternity</p>	<p>Yes</p>	<ul style="list-style-type: none"> • VCS investment currently supports two gender specific services; however women are disproportionately represented within a number of Carer and BME projects. • Service monitoring and national research indicates that men are poorly engaged with programmes designed to address health and wellbeing need.
<p>If the impact is negative what solutions will be introduced?</p>	<ul style="list-style-type: none"> • Manchester’s JSNA (2008-13) states that the population of men is projected to increase at a slightly greater rate than women. In 2006 there were 2.0% more men than women. The difference between men and women in the population is projected to rise to 6.0% by 2010 and 10.0% by 2016 (Resident population projections for Manchester 2006-2016). • The ONS Mid 2010 Population Estimates Analysis Tool estimates that Manchester’s 2010 mid year population is 498,799 with: Males – 256,995 (51.52%) Females – 241,784 (48.48%). • Domestic Abuse prevention and reduction is now embedded within the Directorate for Adults remit, with the location of a strategic coordinator within the Commissioning division. • A Domestic Abuse Strategy and supporting action plan are in place, and the previously diverse funding resources for domestic abuse work have been transferred to the Directorate. • The DfA Safeguarding team now includes a dedicated Domestic Abuse Reduction Coordinator. • Progress in addressing domestic abuse and related issues such as homelessness will be reported to both the Children’s and Adults Safeguarding Boards allowing a much broader and more coordinated multi agency response to issues at the strategic level, which will result in earlier identification of need and faster interventions. • The City Council will continue to work in partnership with other agencies including the Police and Probation Service to address domestic abuse and to safeguard vulnerable adults. • Supporting People funds a service for men who are experiencing Domestic Abuse • Supporting People funds a number of services for women escaping Domestic Abuse and whilst there has been a reduction in funding the bed spaces have not been reduced in 	

	<p>Refuges.</p> <ul style="list-style-type: none"> • There is an Independent Advocacy Service in place. • Workforce Development will promote the extension of Domestic Violence training workshops to the voluntary and community sector. • DfA will be supporting providers to adapt their business models to changing social care market requirements. • Any assessed customers affected by service changes will have their support plan reviewed and alternative arrangements agreed. • DfA will be updating the needs analysis on an annual basis. 		
<p>If the impact is positive how will this be safeguarded?</p>	<p>N/A</p>		
<p>Which business plans or equality action plans have these been transferred to? E.g. Equalities Delivery Plan, Business Objectives Delivery Plan, Workforce Delivery Plan etc</p>	<p>These actions, together with completion dates and responsible officers are contained in the Action Plan at the end of this EIA and will form part of the Directorate’s Business Plan Equality Delivery Plan.</p>		
<p>8. Could the policy/service have a</p>	<p>Y</p>	<p>N</p>	<p>What evidence or data exists to support your analysis?</p>

<p>differential impact relating to age equality?</p>	<p>Yes</p>	<ul style="list-style-type: none"> • The ONS Mid 2010 Population Estimates Analysis Tool estimates that Manchester’s 2010 mid year population is 498,799 with: Males – 256,995 (51.52%) Females – 241.784 (48.48%). • This data source estimates for 2010 that the number of people aged over 50 years of age is approximately 109,306 (21.91% of the total population) • The JSNA indicates that older people (65+) make up 13% of the Manchester community and represent the largest identifiable group of customers within this programme. • Currently 70 services are focussed principally but not exclusively upon older people and age cuts across all significant protected groups. Six projects are specific to children and families in respect of Learning Disability and HIV. • This reflects a consistent approach to working in partnership with community organisations to ensure that people are supported to live a healthy, active and happy life, socially integrated, contributing as well as receiving support from the community. • The demographics structure of the population is changing and the distribution of financial resources is also required to change. Increasing numbers of people are entering traditional retirement age with good health that must be encouraged and supported to live an active independent life, without dependency on local authority and state provision. • However significant numbers are also living on into their eighties and beyond although more frequently beset with complex problems of ill-health, dementia and frailty. There are also significant numbers of younger people with complex long term conditions now surviving into old age but with complex care needs.
<p>If the impact is negative what solutions will be introduced?</p>	<ul style="list-style-type: none"> • There is a re-definition of older age and the role that individuals, families and the local community must play in reducing dependency levels. • Assessed services are being re-designed on an integrated basis to focus on those older 	

	<p>people with the highest needs. Earlier health interventions, improved support for self care and improved management of long term conditions will, in conjunction with low level care or support, result in more sustained independence, crisis prevention and less reliance on more expensive hospital, residential or nursing care. Integrated commissioning, including more community based services, will also result in fewer and shorter hospital admissions, and faster, better coordinated and more sustainable discharge pathways back to the community.</p> <ul style="list-style-type: none"> • Overall funding for direct provision of services for older people within the Directorate is over £32 million including VCS funding to ensure the needs of the most vulnerable are safeguarded. • Within the Directorate’s overall budget, focus will continue upon reducing the cost of dependency and intervention “upstream” in order to keep people healthy and independent. The balance of spend and commissioning policy will continue to reflect a bias towards this end. An additional investment of £948K will be made in the extension of reablement services and we will continue to invest in low level preventative services that have an evidence base to show their cost benefit and effectiveness. • As a consequence of the above, the impact upon VCS services for older people has been moderated and held at a 10.3% reduction. • Any assessed customers affected by service changes will have their support plan reviewed and alternative arrangements agreed. • The DfA Wellbeing Grant allocation in 2012 will be needs and evidence based, and funding will support strategic priorities of improved health and greater independence. • Services to families and children with complex needs will be protected and enhanced via the Manchester Investment Fund. • Need will continue to be assessed on an annual basis
<p>If the impact is positive how will this be safeguarded?</p>	<p>N/A</p>
<p>Which business plans or equality action plans have these been transferred to?</p>	<p>These actions, together with completion dates and responsible officers are contained in the Action Plan at the end of this EIA and will form part of the Directorate’s Business Plan Equality Delivery Plan.</p>

<p>9. Could the policy/service have a differential impact relating to sexual orientation equality?</p>	<p>Y Yes</p>	<p>N</p>	<p>What evidence or data exists to support your analysis?</p> <ul style="list-style-type: none"> • Whilst HIV is not specific to sexual orientation, in 2009 Manchester had 1790 individuals accessing HIV services within the city; in 2008 prevalence of HIV within the city was estimated at 378 per 100000 population, 4 times the prevalence in the rest of the North West. • 1253 customers took advantage of support provided by the 3 HIV services within this programme. • One grant is specifically directed to a Befriending Service for older LGBT customers.
<p>If the impact is negative what solutions will be introduced?</p>	<ul style="list-style-type: none"> • HIV services will be re-commissioned in consultation with all stakeholders. This will take into account the extension of personalised individual budgets; the overall balance of investment will not be affected. • Continued support from Workforce Development and forward commissioning policy will ensure that mainstream services continue to develop capacity to address all diversities and to extend the objectives of personalisation, choice and control. • Services withdrawn have been linked to Advice and Information services but Community Legal Advice Services are now delivered across the city via the Voluntary and Community Sector which offer advice and information to all residents across the city. • There are also HIV specific advisors provided by the Council and these will focus on specialist HIV services • We will mitigate any service reductions by working with NHS Manchester to focus investment in the future. • We have retained funding for a service for LGBTQ young people with mental ill health • Any assessed customers affected by service changes which have their support plan reviewed and alternative arrangements agreed. • Services to families and children with complex needs will be protected and enhanced via the Manchester Investment Fund. • Need will be analysed on an annual basis 		
<p>If the impact is positive how will this be</p>			

safeguarded?			
Which business plans or equality action plans have these been transferred to? E.g. Equalities Delivery Plan, Business Objectives Delivery Plan, Workforce Delivery Plan etc	These actions, together with completion dates and responsible officers are contained in the Action Plan at the end of this EIA and will form part of the Directorate's Business Plan Equality Delivery Plan.		
10. Could the policy/service have a differential impact relating to equality in religion and belief (or lack of religion or belief) ?	Y	N	What evidence or data exists to support your analysis?
		No	•Commissioning policy focuses on the development of services that are sensitive to ethnic and cultural needs, issues of religion and belief are addressed within the context of race and ethnicity.
If the impact is negative what solutions will be introduced?			
If the impact is positive how will this be safeguarded?	N/A		
Which business plans or equality action plans have these been transferred to? E.g. Equalities Delivery Plan, Business Objectives Delivery Plan, Workforce Delivery Plan etc			
11. Could the policy/service <i>cause discrimination</i> in relation to marriage and civil partnership ?	Y	N	What evidence or data exists to support your analysis?
		No	No services are commissioned which might cause discrimination in relation to marriage or civil partnership.
If the impact is negative what solutions will be introduced?	N/A		
If the impact is positive how will this be safeguarded?	N/A		
Which business plans or equality			

<p>action plans have these been transferred to? E.g. Equalities Delivery Plan, Business Objectives Delivery Plan, Workforce Delivery Plan etc</p>			
<p>12. Could the policy/service have a differential impact relating to Carer equality?</p>	Y	N	<p>What evidence or data exists to support your analysis?</p> <ul style="list-style-type: none"> • For the purpose of the EIA we will use information about carers recorded on MICARE (Manchester Social Care Recording System). • The number of adults cared for by informal carers who were in receipt of a carers assessment in 2009/10 was 3161. In 2010/11, 4699 carers assessments were carried out, with 4145 resulting in some form of service support. • The Manchester JSNA (2008/13) reports that according to 2001 census detail, 34,500 people in Manchester provide unpaid care (equivalent to 8.8% of the population). Estimates from Carers UK suggest that 1 in 8 people are carers, this equates to 55,000 Manchester residents. • The JSNA also indicates that carer breakdown is the biggest single factor for people presenting to social care services. • VCS investment currently supports 6,321 carers via 40 services in partnership with 36 organisations.
<p>If the impact is negative what solutions will be introduced?</p>	<ul style="list-style-type: none"> • There has been a progressive reduction in investment over the past two years reflecting a strategic shift in the balance of expenditure between commissioned services and personalised carers individual budgets which provide access to greater flexibility and choice, as an alternative to support services which are pre-purchased by block contracts or grants. This transition has resulted in contracts being unable to provide value for money as carers move away from previous commissioned services to purchasing services directly utilising their cash individual budget allocation. The DfA have worked with existing providers of carer service's to position them to respond to this emerging market. In 2010/11, 3,583 carers received an individual carer's budget, an expenditure of £1,239,360 and there is an increased budget for 2011/12. • The DfA carers assessment will continue to be holistic; scope will be widened to ensure carers: 		

	<ul style="list-style-type: none"> ○ Are enabled to fulfil employment and educational potential ○ Are able to enjoy and participate in family and community life ○ Are supported to remain mentally and physically well. • Some commissioned services are under-used and Carers, through an annual survey have regularly expressed the opinion that they have a preference for individual budgets. This budget has been increased. • Efficiencies and savings have been identified within the wider carers support programme which will be utilised to moderate the impact on services within the VCS sector. • An adjustment to investment has been made to this sector in order to develop services in the community and build capacity for targeted groups e.g. carers who care for people with mental health problems. • In consultation with stakeholder groups forward commissioning policy will reflect the continued transition to individualised budgets and commissioned services which are more focussed, specific to health conditions as opposed to the generic needs of carers. • Our aim is to mitigate any service reductions by working with our partner organisations in the community as we wish to invest more into either targeted or carers services within the locality, • We will continue to invest in services to ensure that carers are supported to maintain their caring role and that they have a voice in the city through new models of investment which will ensure that carers services are more accessible citywide • Carers also access low level well being services which are available citywide • Within the Community Legal Advice Services specification Carers are a targeted group for legal and general welfare advice
<p>If the impact is positive how will this be protected?</p>	<p>N/A</p>
<p>Which business plans or equality action plans have these been transferred to? E.g. Equalities Delivery Plan, Business Objectives Delivery Plan, Workforce Delivery Plan etc</p>	<p>These actions, together with completion dates and responsible officers are contained in the Action Plan at the end of this EIA and will form part of the Directorate’s Business Plan Equality Delivery Plan.</p> <p>.</p>

EIA Action Plan

Service / Directorate Equalities lead: Diane Eaton


Strategic Director: Liz Bruce

Corporate Service Inclusion Team lead: James Hand

Actions Identified from EIA	Target date for completion	Responsible Officer	Is this action identified in your business plan and / or Equality Delivery Plan (Yes / No / n/a)	Comments
Continued workforce development support for all Directorate staff in recognising and addressing the needs of diverse communities	On-going	Caroline Powell	Yes	Assimilated into Directorate Training Plan
Continued roll-out and development of Individual Budgets, Supported Brokerage and Right to Control	Ongoing	Diane Eaton	Yes	
Maintain investment into low level services through well being grants in local neighbourhoods.	March 2012	Hazel Summers	Yes	
Workforce Development to promote extension of Domestic Violence training workshops to the voluntary and community sector.	Ongoing	Caroline Powell	Yes	Assimilated into Directorate Training Plan
Reinvestment into Employment for people with learning and physical disabilities and people with mental health problems	On going	Hazel Summers	Yes	We will be working with Manchester College to develop work readiness and to provide placements opportunities for

Actions Identified from EIA	Target date for completion	Responsible Officer	Is this action identified in your business plan and / or Equality Delivery Plan (Yes / No / n/a)	Comments
				people with disabilities utilising the independent sector.
Redesign and reinvestment into Carers services both targeted and local	April 2012	Hazel Summers	Yes	We aim to provide more localised and targeted services to support carers in their communities by way of revised grant processes and open competitive tenders.
Redesign and reinvestment into HIV services	April 2013	Hazel Summers	Yes	We will be working with NHS Manchester to define and commission the future service delivery model.
Review and re-commissioning of advocacy services	September 2012	Hazel Summers	Yes	We will be working with BME and wider community organisations
Develop one point of access for Supporting People Mental Health Services	May 2012	Hazel Summers	Yes	
Integrate market development and commissioning of mental health service within homecare commissioning programme	April 2012	Nathan Atkinson/Hazel Summers	Yes	
Appointment of five community engagement workers to develop VCS advice and information capacity	November 2012	Kathy Weaver	Yes	

Section 4 – Director level sign off

Name:	Liz Bruce	Date:	5 th October 2011
Directorate:	Strategic Director for Adults	Signature:	

Glossary:

JSNA - The Public involvement in Health Act 2007 requires local authorities and primary care trusts to cooperate in the production of a Joint Strategic Needs Assessment which analyses the future health, care and wellbeing needs of the local population and should inform forward health and social care commissioning.

Right to control - This is a new right for disabled people designed to provide more choice and control over social care, housing and employment support, this includes the right to take cash payment to buy services and equipment.