Budget 2016-17 Equality Impact Assessments – Service-Users

APPENDIX 4

All proposals with a potential disproportionate impact on service-users have an EIA. Impacts on staff will be assessed in a later process, linked to staff consultation.

Directorate	Service	EIA number
	Adults Assessment: Community Care Budget –Learning Disabilities, Memory and Cognition Services, Mental Health Support, Physical Support, Sensory Support	1
	Assessment and Care Management Services (Support & Intervention Team)	2
	Assessment: Hostel Accommodation	3
	Provider: Learning Disabilities Day Services	4
Adult Services	Provider: Learning Disabilities: Residential and Supported Accommodation	5
	Provider: Tower House Day Service	6
	Provider: Home Care / Independence at Home	7
	Commissioning & Contracts: St John's, Self-Directed Support, views about home care/Learning Disability services, mental health	8
	Commissioning: Community Meals	9
	Health, Safeguarding and Care: Residential, fostering, secure placements for Looked After Children	10
	Special Educational Needs and Disability (SEND)	11
Children's Services	Youth Service	12
	Early Years (Early Help) – Children's Centres	13
	Early Years – Childcare	14
	City Clean – Public Conveniences	15
Environment,	Conservation (Countryside)	16
Development & Housing	Housing Services – Housing Support	17
	Road Safety Education Budget	18

Adult Services

1. Service Area	Adult Services – Adults Assessment: Community Care Budget	2. Proposal No. 1	
3. Head of Service	Brian Doughty		
	What is the proposal?		
	Adults Assessment: Learning Disabilities, Memory & Cognition Services, Mental Health Support, Physical Support, Sensory Support – total: £3,675,000		
4. Budget Proposal	The Community Care budget is used to purchase services for a range of vulnerable people and their carers including people with a learning disability, older people, mental health issues, physical disability and those with substance misuse problems		
	Covers all client groups adopting a consistent and equitable response for all targeted review of current placements and packages of care. Make use of continuous continuous and recalibrating the Resource Allocation System (RAS) to reduce costs of care. Increased use of Assistive technology to reduce need for person based care.	mmunity assets and appropriate ing to reduce reliance on services	
5. Summary of impacts			
For people and their families there could be a perceived reduction in the level of service they re a change in provider, and approach, which can be unsettling for users and families.		•	

6. Assess level of impact	5 - The Community Care budget is used to purchase services for a range of vulnerable people and their carers including people with a learning disability, older people, mental health issues, physical disability and those with substance misuse problems
7. Key actions to reduce negative impacts	 What actions are planned to reduce/avoid negative impacts and increase positive impacts? Personalised approach and making use of community assets can increase independence and better outcomes. The Council has a statutory duty to meet assessed eligible need and this will continue. Care Act has imposed national eligibility criteria which will be implemented rigorously. Comprehensive use of the RAS will ensure equity across all client groups. Families will be supported through any change. All Carers to be offered a Carers assessment and a personal budget, in line with requirements of the care act. Maintaining level of support to Carers to ensure they are able to continue in their caring role and that the right support is available. Ensuring a person centred approach and the provision of a direct payment where appropriate. We will ensure targeted support to those who have greatest difficulty
8. Full EIA?	Not needed
9. Monitoring and	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
Evaluation	Through Resource Allocation panels and level of take up of personal budgets and direct payments. The statutory review process will also monitor impact
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
10. Cumulative impacts	Any changes in Health Service provision in the city can impact particularly on those people the community care budget supports. This will be closely monitored through the Better Care Programme and other joint planning mechanisms

1. Service Area	Adult Services - Assessment and Care Management Services	2. Proposal No. 2	
3. Head of Service	Brian Doughty		
	What is the proposal?		
	Assessment and Support and Intervention Team – total £676,000		
4. Budget Proposal	Undertake a service redesign of all assessment, care management and related function to reduce the number of staff involved. In line with the Care Act to move the balance of staffing from unqualified to qualified staff to ensure a response to those posing risks to themselves and others. This will be achieved by increased use of technology, the information portal and a new programme of supported self-assessment. Business Processes will be refined and we will be looking to others to undertake routine assessments and reviews on our behalf		
	Highlight the most significant disproportionate impacts on groups		
	Impacts identified related to protected characteristics are: Age (Older), D Other (Carers)	isability, Gender (Women) and	
5. Summary of impacts	This will impact on all staff across the service and as a consequence all users reduction in staff employed by the Council and we will commission others to do Maintaining our statutory duties to assess and review.		
Пірасіѕ	More people will be supported to self-assess and review which may be people	more challenging for some older	
	 Users of Assessment and care management services have a range of dassess and review if required 	isabilities and will be supported to	
	 The ASC workforce is predominately female Carers are significant partners in the work that we do and we will maintaundertake their role 	nin our support to then to	

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6. Assess level of impact	5 - This will impact on all staff across the service and as a consequence all users of ASC services	
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?	
7. Key actions to reduce negative impacts	 There is a statutory duty to assess and review and this will be maintained as we begin to commission others to undertake work on our behalf. Staff remaining in the service will focus on people who pose the most risk to themselves, others and the Council financially and reputational, maintain a focus on safeguarding vulnerable people, statutory duties under the Mental Health and Act and Deprivation of Liberty safeguards A consistent approach will be offered to all service users All Carers will continue to be offered a Carers Assessment and we will maintain our support services to carers 	
8. Full EIA?	Not needed	
9. Monitoring and	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?	
Evaluation	Monitored through the annual review process, customer feedback and statutory surveys	
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? The integration agenda with health will have a positive impact on these proposals. Account will be taken of other proposed changes across ASC	

1. Service Area	Adult Services – Adult Assessment	2. Proposal No. 3	
3. Head of Service	Brian Doughty		
	What is the proposal?		
	Hostel accommodation – total £280,000		
4. Budget Proposal	Benchmark current service provision and seek value for money through re-procurement		
	In house hostels provide accommodation to homeless people who are highly vulnerable.		
	Ensure Value for Money by retendering in house hostel provision and seeking greater through put of residents to more permanent accommodation		
	Highlight the most significant disproportionate impacts on groups		
5. Summary of impacts	Impacts Identified on the following groups, Disability, Gender (Men) We will be looking to improve quality of provision with no loss in service		
	 Homeless people suffer from a range of health problems There are more men than women in hostel provision. Achieving greater throughput into more permanent accommodation will have a positive impact 		
6. Assess level of impact	1 – We are looking at a change of provider not level of service available		
7. Key actions to reduce negative impacts	What actions are planned to reduce/avoid negative impacts and increase pos	•	

	 Clear specification to maintain level and quality of provision Better Care Programme designed to support the health and social care needs of the homeless population Changes proposed will not adversely impact on service available.
8. Full EIA?	Not needed
9 Monitoring and	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	Through Contract Monitoring and service specification
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?.
10. Cumulative impacts	None

1. Service Area	Adult Services - Adult Provider	2. Proposal No. 4	
3. Head of Service	Karin Divall		
	Learning Disabilities Day Services- Saving of £580,000 from a budget of £1,81	3,000.	
	Learning Disabilities Day Options is the Council's directly provided day care servidisability.	ce for people with a learning	
4. Budget Proposal	The proposal is that the Council will continue to provide people with more personalised services through the independent and voluntary sector and through the increased use of personal budgets. In the future the service will focus on providing a service only for people with complex needs and challenging behaviour whose service cannot otherwise be re-provided, or for whom personal budgets are not an option.		
	 Savings opportunities on this budget include: Supporting people to have personal budgets and to move onto more perso Supporting people to access work, apprenticeships, training and voluntary Supporting people to access opportunities in the voluntary sector Continuing to consolidate services as appropriate. 	• •	
Highlight the most significant disproportionate impacts on groups			
 Impacts identified related to protected characteristics are: Disability (LD) 5. Summary of impacts The Council has a statutory duty to meet the needs of people who are assessed as requir Care (ASC), and this includes their needs and the needs of their carers during the day wh Most day services for vulnerable people are currently provided in the independent sector. The people who will be affected are people with a learning disability. Most current service users will in the future have their care and support provided through approach and a personal budget, or through the independent or voluntary sector rather the 		ring the day where appropriate. bendent sector. byided through a personalised	

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	directly provided service. In future service users will not generally be able to choose day options provided directly by the Council Carers often rely on day options to support a family member to enable them to work or to provide respite.
6. Assess level of impact	2- There may be some impact on a limited number of people who will no longer receive services directly by the Council. Currently just over 100 people use the learning disability day services.
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
7. Key actions to reduce negative impacts	 All service users with a learning disability who have a statutory entitlement to ASC and who need accommodation provided to meet their needs, will continue to receive a personal budget and support to arrange their day service, or a building based service in the voluntary or independent sector if this is appropriate. Anyone whose needs could be met in a more personalised way will have an independent review and support to choose the way their services are received in the future. Carers will have individual assessments of their needs, where there are any service changes proposed.
8. Full EIA?	Planned – March 2016
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? Monitor increase in people on personal payments. Annual individual reviews
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? People with Learning Disabilities: there will be limited In-House service in the future. Most people will receive a service from the Private or Voluntary sector

1. Service Area	Adult Services – Adult Provider	2. Proposal No. 5	
3. Head of Service	Karin Divall		
	What is the proposal? Learning Residential and Supported Accommodation – saving of £164,000 from a budget £4,368,000 Learning Disabilities (LD) Accommodation services is the Council's directly provided residential care and supported living service for people with a learning disability. The proposal is that the Council will no longer directly provide this service but that this service will be re-provided through the independent sector. This is subject to a three month consultation. Savings opportunities on this budget include: Supporting people to have personal budgets and to move onto more personalised housing options Tendering the care and support provided and employing a new care provider to deliver this service Sale of properties that are owned by the Council but no longer needed. Consolidating some services where people have moved onto new housing options.		
4. Budget Proposal			
	Highlight the most significant disproportionate impacts on groups		
5. Summary of impacts			

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6. Assess level of impact	2- Less than 50 people; there may be some impact on a limited number of people who will receive care from the independent sector rather than the Council's in-house team.
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
7. Key actions to reduce negative impacts	 All service users with a learning disability who have a statutory entitlement to Adult Social Care and who need accommodation provided to meet their needs, will continue to receive services. There will be a three month consultation with service users to ensure that their service can continue to meet their needs. The three month consultation will include Carers advocates and their families It will also look at needs on an individual basis
8. Full EIA?	Planned – as part of the consultation process the EIA will be due in March 2016
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? Committee report to P&R and review of the consultation and subsequent full EIA
10. Cumulative	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
impacts	People with Learning Disabilities: in future it is proposed that people will receive an accommodation or housing service from the Private or Voluntary sector

1. Service Area	Adult Services – Adult Provider	2. Proposal No. 6
3. Head of Service	Karin Divall	
	What is the proposal?	
	Physical Support – Day Services: Tower House	
4. Budget Proposal	Tower House is a day service that is run for older people and disabled adults. The proposal is that, subject to consultation, this service may close and be repersonal budgets and alternative voluntary sector services, or changes made more income, or steps will be taken to reduce the costs of provision.	
	Saving of £150,000 from a budget of £299,000.	
	Savings opportunities on this budget include:	
	Highlight the most significant disproportionate impacts on groups	
	Impacts identified related to protected characteristics are: Age (older), D	risability
5. Summary of impacts	 The Council has a statutory duty to meet the needs of people who are a care, and this includes day service needs where appropriate. Most day services are currently provided in the independent sector and available within the private voluntary services. The Care Act 2014 made it a duty to provide personalised care and suppose the people who will be affected are people with a disability or who are The impacts include a more personalised approach and the opportunity 	l alternative support will be oport including personal budgets.

	meet their needs. • People can choose to have a building based service but that will not be provided by the Council.
6. Assess level of impact	2- there will be some impact on approximately 80 people who currently use the Tower House Day Service.
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
7. Key actions to reduce negative	 All service users who have a statutory entitlement to ASC and who need day services provided to meet their needs, will continue to receive this service Everyone will have a review to ensure that their needs can be met with a change in day services.
impacts	 There will be a full three month consultation with all service users to identify what service will best meet their needs. The three month consultation will include Carers advocates and their families It will also look at needs on an individual basis
8. Full EIA?	Planned – as part of the consultation process the EIA will be due in March 2016
9. Monitoring and	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
Evaluation	Committee report to P&R and review of the consultation and subsequent full EIA
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
10. Cumulative impacts	People with Learning Disabilities there will be limited In-House service in the future most people will get service from the Private or Voluntary sector

1. Service Area	Adult Services – Adult Provider	2. Proposal No. 7
3. Head of Service	Karin Divall	
	What is the proposal?	
4. Budget Proposal	Physical Support: Home Care / Independence at Home Independence at Home is the Council's directly provided homecare service. This short term reablement and support to people leaving hospital. The proposal is the capacity and will be re-structured to increase morning and evening capacity. Independence at home also provides the homecare at New Larchwood extra care that the Council should stop providing this service and that this should be contract provider in line with other extra care provision in the City. Saving of £320,000 from a budget of £3,533,000. Savings opportunities on this budget include: Re-providing the care and support at New Larchwood through tendering to Reducing the staff employed in the community team during quiet parts of the "downtime". Reducing the overall numbers of staff employed.	t this service will be reduced in housing and the proposal is ted through an independent the independent sector
	Focusing on reablement Highlight the most significant disproportionate impacts on groups	
5. Summary of impacts	 Impacts identified related to protected characteristics are: Age (older), Disa Some people will receive homecare provided by the independent sector ra provided service. Some people may remain in hospital longer if there are not the services ave. If there is not adequate capacity service users may have traditional homecare. 	ther than the Council's directly railable to support them

	opportunity for reablement. The increased capacity in the evenings will provide greater capacity than there is currently available.
6. Assess level of impact	1- there may be some impact on a limited number of people (not all are our service users) who will receive care from the independent sector rather than the Council's in-house team, or remain in hospital for longer.
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
7. Key actions to reduce negative impacts	All service users who have a statutory entitlement to ASC and who need homecare provided to meet their needs, will continue to receive this service The team of a structure will increase the continue to provide the receive the receive the service.
	 The team re-structure will increase the service capacity in the morning and evenings when there is the greatest demand The service at New Larchwood will be re-provided through the Council's homecare contract
8. Full EIA?	Not needed
9. Monitoring and	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
Evaluation	Adult Services performance measures are fed into the CCG and monitored in that way
10. Cumulative	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
impacts	None

1. Service Area	Adult Services - Commissioning & Performance	2. Proposal No. 8
3. Head of Service	Anne Hagan	
	What is the proposal?	
	Commissioning and Contracts: St John's Day Centre, Self-Directed Support service/Learning disability services – total £145,000	t, views about nome care
4. Budget Proposal	Work with CCG, Public Health & other BHCC Commissioners to commission service voluntary sector in a more efficient way, and ensuring that the services commission plans & deliver good outcomes for people.	
	The majority of community & voluntary sector contracts in Adult Social Care (ASC CCG / public health. Any discussion about budgets have involved partners.	c) are jointly funded by with the
	Highlight the most significant disproportionate impacts on groups	
Impacts identified related to protected characteristics are: Age (older and younger), Disab other), carers		ounger), Disability (LD and
5. Summary of impacts	 A reduction in funding for some contracts where the needs of service users A reduction in funding in some contracts where commissioning plans have effective for commissioners in ASC, the CCG and Public Health to work tog People affected will be mainly those who use 'preventative' type services in sector. People using care services will include people who are older, people or a physical disability & mental health needs. Carers may also be impacted due to changes in services. 	changed, and where it is more gether to procure services the community & voluntary
	For 2016/17 this will impact on • People who use community meals (see separate EIA number 9) • People who use St John's Day Centre	

	 People who use Self Directed support People who are asked for their views about their home care service/Learning disability services People who have a mental health need and who access mental health prevention contracts.
6. Assess level of impact	1
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
7. Key actions to reduce negative impacts	 Commissioners from Adult Social Care/ Public Health/ Clinical Commissioning Group / BHCC will be working together to commission services that meet outcomes & achieve more efficient use of resources Service users, carers & Community & Voluntary sector would be involved in decision making. Any changes to services would be fully communicated and involve a consultation with the people using the services & the organisation concerned On-going contracts are being reviewed and discussions with providers taking place, including re-specifying contracts/contract sums to reduce possible impact where relevant. Adult Social Care will continue to commission services with an emphasis on meeting the outcomes of individuals. Services will be commissioned based on commissioning plans & reviews for services. This includes: Carers Strategy, Review of Engagement, Review of Mental Health Services, Review of Homeless Services, Review of Advocacy, Review of Learning Disability Services & Review of Community Meals Services. The Prospectus approach to funding will strengthen existing arrangements, introduce new opportunities for partnership & innovation & improve the capacity to meet emerging need. Any change in a support plan may enable a greater degree of independence for the individual, or may enable them to experience more community based activities Full ElAs will be completed where services are affected. Services funded specifically to the LGBT community are not affected by proposed changes Carers will be fully involved assessment & review processes for individuals. The needs of carers are fully considered in any assessment of an individual.
8. Full EIA?	Planned – any individual changes will have EIAs on them
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?

	Through contracts
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Commissioners are working together to consider mitigating factors. Full EIAs will be completed for the services affected.

1. Service Area	Adult Services – Community Meals	2. Proposal No. 9
3. Head of Service	Anne Hagan	
	What is the proposal?	
	Recommission the Community Meals provided by Royal Voluntary Service (RVS) enable vulnerable service users to maintain their independence through the providence they require support with receiving meals on a seven-day a week basis.	,
4. Budget Proposal	Total Budget: £105,000 Total saving: £34,000	
	RVS wish to withdraw from the contract with BHCC for the provision of meals del homes in the city. As a result the service needs to be re-commissioned to ensure a hot meal. The proposal for savings on this budget is based on the fact that the service has been declining, and Adult Social Care want to explore more cost effective the delivery of a meal in their own home.	e people have options to access number of people using this
	Highlight the most significant disproportionate impacts on groups	
	Impacts identified on the following groups Age (Older), Disability, Gender (I Religion/Belief, Carers.	Men), Ethnicity,
5. Summary of impacts	 Currently 171 people have cooked meals delivered to them by the RVS; th (only 5 people have frozen meals delivered). 	ne vast majority are delivered hot
	 The overwhelming majority of community meals are delivered to older peowith a physical disability receive approximately 4% of the meals, service used in the meals delivered and those with a learning disability receives 3% of the meals delivered and those with a learning disability received. 	sers with mental health needs ive 1%.
	 Some people who are marginalised may have mental health needs and m involved in their lives. They may allow a meal to be delivered and this enal Well check'. If this did not occur this individual is at risk of deteriorating. 	

If people are not able to access a cooked meal their physical health may suffer, and this may lead to longer term health issues, deterioration in their general condition, and they may require more social care and/or health services. The service also currently provides a 'Safe & Well check' to ensure people receiving a meal are adequately cared for, and, where appropriate if any changes are noted in the person's condition will report this to the relevant professionals via AccessPoint. Carers - If people did not receive a meal there may be an impact on their family member carers, both formal and informal. Similarly, the service provides follow-up for 'no-shows' where the door is not answered. This will include contacting relatives or reporting to Social Services. If the service was not in place there is a risk that any changes to the well being of the individual may not be reported and the person's health would deteriorate. The positive impact is that people will have more options to have their nutritional needs met. Range of meals to ethnic minority groups may not be available. 76 or 44% of people in receipt of a meal are male, with 95 or 56% female There appears to be an underrepresentation of older men receiving a community meal (only 21 of 78 over 85s representing 27%) If people did not receive a meal there may be an impact on their family member carers, both formal and informal 3 - The impact will be on a small number of people: There are currently 171 people in receipt of the service of which 80 have assessed social care needs and are in receipt of packages of care. The other people have 6. Assess level of accessed RVS outside of Adult Social Care services. Of the 80 people Adult Social Care the majority of the

impact

services (for 69 people) are home care packages. The impact on those individuals could be high if their health should deteriorate. People will be offered a range of meal options to mitigate against these risks.

7. Key actions to reduce negative **impacts**

What actions are planned to reduce/avoid negative impacts and increase positive impacts?

- People who require a social care service will continue to have their individual needs assessed. A range of options will be considered to offer people a choice of how they want their nutritional needs met.
- Where people are funding their own care: people will be offered information on a range of cost effective options to have their nutritional needs met.
- Work with Public Health/Food Partnership to make sure there is a wider range of options available for people to access healthy food alternatives
- Discussions to be held with appropriate ethnic minority groups to discuss the best means of reaching other communities and meeting their needs for meals
- Further emphasis required on obtaining information on religion at the point of access and emphasising the

	 importance of knowing this to ensure meals are culturally appropriate Work with the new providers to ensure appropriate choice of culturally appropriate meals. Ensure that carers have their own assessment to ensure their needs are being met. There will be detailed discussions with the assessment teams to ensure that all the information about services users is passed on from the RVS
8. Full EIA?	Planned: End of November 2015
0 Manitoring and	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	Community Meals Steering group will be established to take forward the commissioning of the new service and this will monitor the impact of these proposals
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
10. Cumulative impacts	The retender of the home care service will result in assessment providers working with service users to achieve their outcomes. This will include a discussion about how people will have their nutritional needs met.

Children's Services

1. Service Area	Children's Services: Health, Safeguarding and Care	2. Proposal No. 10		
3. Head of Service	Helen Gulvin			
	What is the proposal?			
4. Budget Proposal	 Residential, fostering, secure placements for Looked After Children provided by external agencies The introduction of the new model of practice in social work, adolescence service and Early Help Hub will result in a reduction of Children in Care of 11% (48 children) and a saving of £1,550,000. A different delivery of the Early Parenting Assessment Programme (EPAP) will reduce mother and baby placements by 3: a saving of £227,000 A review of all placements will result in a saving of £82,000. The introduction of new practices in recruitment and retention of in-house foster carers will improve the ratio of in-house carers to external cares generating a savings of £149,000 Using the adolescence service to establish innovative packages of care within foster placements will reduce the need for high cost residential placements resulting in cost reduction of £431,000 The predicted total savings are: £2,439,000 in 2016-17; £1,311,000 in 2017-18; £1,665,000 in 2018-19; £1,250,000 in 2019-20 			
	Highlight the most significant disproportionate impacts on groups			
5. Summary of impacts	 The impacts will be: Improved service to children and families Reduction of risk for adolescents Meeting need earlier Keeping children and young people safely within their families The council has a duty to provide the most suitable accommodation and support to meet the needs of Children in Care. It will not always be possible or the best solution to use in house carers but where it is the Council: 			

	 Can control costs Can exercise direct training, control, monitoring and support to carers. Can ensure good matching and support for children to carers NB: If overall demand rises then the proportion of placements required will increase 	
6. Assess level of impact	3	
7. Key actions to reduce negative impacts	 What actions are planned to reduce/avoid negative impacts and increase positive impacts? We have introduced a new social work model to ensure children referred to social work services receive timely and effective service that reduces risk and the need to accommodate children. Also to identify the children early who do need to be 'looked after' to prevent more damage and reduce costs of care. We are introducing a new adolescence service to work to those young people at high risk and on the eof care to; Reduce placement breakdown – whether at home or in care. 	
8. Full EIA?	Not needed	
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?	

	Monitoring of activity via the Children's Services Modernisation Board and Performance Board
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
10. Cumulative impacts	If demand by vulnerable children rises there will be a need to increase the numbers of placements to meet the ratio, which may not be achievable. The reasons for increasing demand are: • Impact of welfare reform is predicted to increase demand • Impact of poverty and homelessness is predicted to increase demand • If budget is reduced due to savings plan and demand increases then this could have serious impact on the service we are statutorily required to deliver.

1. Service Area	Children Services - SEN and Disability	2. Proposal No. 11	
3. Head of Service	Regan Delf, Assistant Director Children and Adult services		
	What is the proposal?		
	Special Educational Needs and Disability (SEND)		
4. Budget Proposal	SEND proposed total reduction of £664,000 in 2016/17		
	Proposals around residential /respite/short breaks, social work, direct payments, family support .		
	Agency Disability placements total reduction of £290,000		
	Highlight the most significant disproportionate impacts on groups		
5. Summary of impacts	No disproportionate impacts identified related to protected characteristics		
	Overall the budget proposals will have no impact on the overall services received within Brighton and Hove by children and young people with SEN and Disabilities.		
	£500,000 will be achieved by the integration of provision and the costing of service provided within education health and care plans being funded via the Dedicated Schools grant. This therefore does not need to be subject to an EIA as this is just a different way of funding the same level of activity.		
	£86,000 will be achieved following a review of all contracted services within the SEN and disabled children's services which spans several contracts. The efficiencies therefore span a range of activity and there is no expectation of reduced activity ie services received directly by children, young people and families .		
	£28,000 will be achieved by the alignment of the outreach and direct payment service which will achieve a saving but will enable us to increase the direct payments available to families. This is a result of the difference in the unit costs and the cost effectiveness of providing service through direct payments.		

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	A further £50,000 will be achieved by a reduction in management capacity within the social work/early help service: we are reviewing in line with main stream social work our current practice manager grade. This will also encompass management capacity across the adult /child transition service. £290,000 reduction in agency placement costs will be achieved by creating 2 additional full time beds within Drove Road which will reduce the need for external agency places and will increase the opportunity for disabled children and young people to stay in the local area.
6. Assess level of impact	1
7. Key actions to	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
reduce negative impacts	None needed
8. Full EIA?	Not needed
9. Monitoring and	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
Evaluation	No actions needed
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
	None

1. Service Area	Children's Service - Stronger Families Youth and Communities	2. Proposal No. 12		
3. Head of Service	Chris Parfitt			
	What is the proposal?			
4. Budget Proposal	Youth Service To reduce the funding for Youth services by £400,000: this includes BHCC of CVS delivery	direct delivery and commissioned		
5. Summary of impacts	Highlight the most significant disproportionate impacts on groups			
	Impacts identified related to protected characteristics are: (Age (younger), Child Poverty			
	Data has been collected and analysed for protected characteristics and will be used to inform the planned full EIA.			
	There will be no universal youth work provision directly delivered by BHCC. Approximately 900 young people 13-19 participating in youth activities will be affected. BHCC will dispose of or reuse for different purposes Hangleton Youth Centre, Patcham Youth Centre, 67 Centre and Village Centre			
	There will be changes to commissioned contracts (for BME, disabled and LGBT young people and with CVS organisations). The exact amount and focus of funding is being clarified and so the level of impact either positive or negative has not been identified.			
	Decisions on funding have not been made regarding targeted work relating to disabled, BME and LGBT young people and there needs to be an evaluation of the current contact and decisions made following due process. The intention of the recent review is to protect funding for work with young people with protected characteristics.			
	Youth work takes place in areas of high deprivation and poverty across the demonstration and France and Areas of the city centre. Ed	•		

	young people and the most vulnerable people in our communities will be disproportionately affected.
6. Assess level of impact	5
7. Key actions to reduce negative impacts	 What actions are planned to reduce/avoid negative impacts and increase positive impacts? BHCC along with partners and stakeholders in undertaking a review of youth services. This started in April 2015 and was completed in mid-November 2015. This review will be the foundation for the design and implementation of youth work provision for the city for 2016 and beyond. Support to CVS to explore alternative funding strategies which are less / non reliant on LA funding and the development of trust and foundations for youth work with stakeholders Working on a coordinated approach across the local authority, community and voluntary sector (including uniformed and faith organisations), to construct an offer to young people, providing opportunities to take part in a wide range of sports, arts, music and other social activities. Through this offer they can develop and socialise safely with their peers, enjoy social mixing, and develop relationships with adults they trust. This can connect young people with their communities, enabling them to belong and contribute to society, including through volunteering Community based provision will have an emphasis on open access youth work and it is proposed that this will also feature community capacity building. New contract arrangements will express this Reduction on the spend on young people will reduce reach to young people and this will need to be addressed as part of the above points and reconfiguring of existing resources and creating capacity. Explore shared use of buildings, ie Children's Centres, community venues Improved service design, information and links for young people friendly activities provided by other BHCC departments and youth sectors such as uniformed and faith based groups. Explore youth centres having shared use by BHCC / CVS services, or school groups where and if possible. Also explore community asset transfer options Any review of service specification and delivery
8. Full EIA?	EIA to begin mid-November

9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?	
	New contract and service specifications and redesign of monitoring process and functions	
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?	
10. Cumulative impact	There will be other proposed reductions to services to families from other departments that may impact on families and therefore indirectly to young people in those families.	
	Impact of budget proposals for sports development and the reduction overall therefore of non-educational development opportunities for young peoples (non youth work) in the city will impact on their physical and mental well-being, general development, socialising skills.	
	The cumulative impact will not be clear until the saving plan is agreed but managers across services where possible are sharing plans.	

1. Service Area	Children's Services – Early Years and Childcare: Children's Centres	2. Proposal No. 13		
3. Head of Service	Caroline Parker			
	What is the proposal?			
	Early years (Early Help) – Children's Centres			
4. Budget Proposal	Reduction of £176,000 (10%) in addition to the removal of £670,000 temporary further Reduce the number of designated children's centres from 12 to 7 main sites. Conschildren's centres as main sites: Roundabout (Whitehawk), Moulsecoomb, Tarnet North Portslade (with reduced opening hours) and Conway Court. Retain the following Portslade (with reduced opening hours) and Patcham, West Hove at these venues and in family homes. In addition explore an on-line children's centre advice. Consult on the following proposals Continue to provide open access groups for parents with new babies. Reduce the number of drop in stay and play type groups but continue to provide open access for families identified as needing support and with child. Offer more parenting talks and discussion groups to reach more parents at longer parenting courses; Promote volunteering and community/ parent run groups. Refocus support for parental involvement to support for parents and carers and employment opportunities. Continue to provide targeted groups in the main children's centres including. Reduce the number of home visits by council staff but continue to provide the most vulnerable families. Improved support for families with young children facing multiple disadvant. Reduced children's centre funding for supported childcare places following places for two year olds. Develop Children's Centres as part of Neighbourhood Hubs.	ntinue to use the following er, Hangleton, Hollingdean, owing children's centres as and provide outreach services in e to provide information and rovide groups across the city dren under two. It an earlier stage and fewer as to access learning, training ag Bi-lingual Families Groups. Home based interventions for tage.		
5. Summary of impacts	Highlight the most significant disproportionate impacts on groups			

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• The service supports children under five and the vast majority of adults who use the service are women. Any changes in the services may therefore disproportionately impact on these groups. The proposals to reduce the number of Stav and Play type open access groups will impact Tarner. Moulsecoomb, Bevendean, Coldean, Roundabout, Conway Court, Woodingdean, Rottingdean and North Portslade. • Tarner and Conway Court have higher than average number of BME families attending these groups. Roundabout, Tarner and Moulsecoomb have higher than average numbers of families with additional needs attending these groups • A higher number of lone parents attend Roundabout, Conway Court and Tarner children's centres. A reduction in groups here may disproportionately affect these families. • Although there are other open access stay and play type groups in these areas (alternative provision), there may be a number of potential barriers to access. These include cost, travel or other barriers that may deter some families. • There will be a reduction in home visiting which will disproportionately affect families who don't attend children's centres to access services for various reasons. This will be considered as part of the consultation. 6. Assess level of 5 - The level of impact with be significant for women and young children. impact What actions are planned to reduce/avoid negative impacts and increase positive impacts? • A needs assessment has been completed to help design the revised service and consider the likely impact of changes. • The public consultation completed in 2014/15 is being used to inform the changes and a further consultation is planned to help assess the impact of the revised proposals. Changes in children's centre services will specifically impact on children under five and their families. The 7. Key actions to reduce negative proposals include continuing to offer open access baby groups and a reduced number of stay and play groups. The responses to last year's consultation said this was essential to address inequality and promote impacts social cohesion. • Council funded children's centres services will continue to support those families and children most at risk of poor outcomes including more support for families with young children facing multiple disadvantage and support for families on the cusp of needing child protection services. • Continuing to run Bilingual Families Group and the MOSAIC group and working with the Ethnic Minority Achievement Service to increase the take up of two year old places by BME groups. • Two year olds from families on out of work benefits and working families on low incomes are entitled to free part time early education places. Around 30% of two year old children are eligible.

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	 Health visitors will continue to deliver the universal elements of the Healthy Child Programme including the five universal reviews to identify needs (ante-natal, new birth, 6-8 weeks, 1 year, 2.5 years). Partnership working with health visiting ensures that the need of all early children and their families is assessed and the identified support is provided based on these needs taking into account protected characteristics. The health visitors will also be key in communicating service changes to parents, identifying families affected as well as new and future parents and signposting them to alternative services. Children's Centre staff will support parent run groups to compensate for some of the reduced service. 		
8. Full EIA?	Planned as part of the children's centre review.		
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?		
	Monitoring of the take up of children's services by protected groups.		
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?		
	Impact young children and women There may be a cumulative impact on children and families from changes to other children's services.		

1. Service Area	Children's Services - Early Years and Childcare	2. Proposal No. 14	
3. Head of Service	Caroline Parker		
	What is the proposal?		
4. Budget Proposal	 Early Years - Childcare: total £41,000 Reduce funding for childcare qualification bursaries Increase income from training courses Reduce support for childminders 		
5. Summary of impacts	Highlight the most significant disproportionate impacts on groups Impacts identified related to protected characteristics are: Age (younger) and Gender (women) Reduce funding for childcare qualification bursaries Greatest impact on women as they make up 98% of the childcare workforce (Labour Force Survey 2012-14). The reduction means that bursaries for Level 5 qualifications will no longer be offered thereby reducing progression routes in the childcare workforce. Increase income from training courses Extra income generated from childcare training has been used to purchase elearning packages. These are particularly appropriate for childminders who have very restricted ability to attend training course. Reduce support for childminders Reducing the number of staff who support childminders from 1.2 FTE to 0.6 FTE will impact on women as 98% of childminders are female (Childminding Practice in England, Research Centre/National Children's Bureau, 2010).		
6. Assess level of impact	2		

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7. Key actions to reduce negative impacts	What actions are planned to reduce/avoid negative impacts and increase positive impacts?		
	Childcare providers will be encouraged to research other funding for qualifications before accessing the early years and childcare bursary fund. For workers under 24 years old the employer should consider apprenticeship funding, which is paid directly to the training provider. Students older than 24 should consider the 24+advanced learning loan (repayments start when the salary reaches £21k).		
	Staff who support childminders will focus on those with 'Requires Improvement' Ofsted inspection judgements i.e. those who need the most support, as well as those setting up as new childminders		
8. Full EIA?	Not needed		
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?		
	Demographic profile of those taking up childcare training and bursaries will continue to be monitored. If necessary specific strategies will be put in place to ensure that negative impacts do not develop.		
	Similarly with childminding the quality of provision (in terms of the number of 'Requires Improvement' Ofsted inspection judgements) will be monitored and early intervention with new childminders stepped up where necessary and possible		
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?		
	None		

Environment, Development & Housing

1. Service Area	City Infrastructure	2. Proposal No. 15	
3. Head of Service	Richard Bradley		
	What is the proposal?		
4. Budget Proposal	Public conveniences		
	£50,000 per year saving for four years from 2016/17 onwards.		
	For 2016/17 a number of facilities will be closed and opening times will be reduced, particularly in winter on week days during term time.		
	Detail to be determined in consultation with Elected Members. Toilet Scrutiny Review will make recommendations that will need to be considered.		
	Highlight the most significant disproportionate impacts on groups		
	Groups affected: Age (all ages), Disabled People and Carers		
5. Summary of impacts	Reducing public toilet provision will have an impact on older people, young children and their parents and people with certain medical conditions or impairments such as colitis and crohn's disease who need to use the toilet more frequently and often plan their movements around the availability of public toilets, as well as carers. Closing toilets can limit people's ability to go about their daily lives. People with young children may also need to use toilet facilities more frequently, and will be particularly affected by any closures close to play areas.		
6. Assess level of impact	3		
7. Key actions to reduce negative impacts	What actions are planned to reduce/avoid negative impacts and increase pos	itive impacts?	

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	 Opportunities for mitigation are limited as the proposals will result in a service reduction. Where possible toilet provision is already included in the leases of park cafes. Signage is in place to advise people of the nearest alternative provision. Alternative forms of provision such as 'Use Our Loo' scheme being explored as part of the Toilet Scrutiny recommendations but opportunities are limited as there is limited interest from businesses to open their toilets to non-customers. Introducing charging to help offset some of the savings is being considered but this will not generate enough revenue to offset the required savings in 2016/17.
8. Full EIA?	January 2016
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
	The opportunities for mitigation are very limited, and therefore the scope for monitoring is limited. No formal consultation on the proposals has taken place yet, but they will of concern, particularly to older people, disabled people and carers. Opportunities to promote the 'Can't Wait' scheme will be explored
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
10. Cumulative impacts	N/A

1. Service Area	City Parks – Conservation (Countryside)	2. Proposal No. 16
3. Head of Service	Richard Bradley	
4. Budget Proposal	What is the proposal?	
	Ranger Service: reduction in the budget of £175,000.	
	The saving target would result in the number of rangers being reduced by six, three.	leaving a more specialised team of
	Highlight the most significant disproportionate impacts on groups	
5. Summary of impacts	Impacts identified related to protected characteristics are: Age (older), Disability While there is no quantitative data on the profile of volunteers, many of them are retired and the service does engage with people with physical and mental health issues. Volunteering and being outdoors has beneficial impacts on physical and mental wellbeing. With a reduced number of rangers some community groups and volunteer activities may discontinue. The rangers focus on community engagement, organising events, consultations, coordinate volunteers to deliver a range of projects and deliver schemes funded externally through the Higher Level Stewardship Scheme (HLS). Under the proposals the team would reduce from 9 FTE to 3 with the remaining officers focussing on: • Coordinating and recruiting volunteers • Delivering externally funded work, HLS in particular • Rights of Way	
6. Assess level of impact	2	
7. Key actions to	What actions are planned to reduce/avoid negative impacts and increase	positive impacts?

reduce negative impacts	Under the proposals it is proposed to create a new post to coordinate volunteers. This post will be targeted at supporting volunteers and help direct their work. However there will be less day to day support available.	
8. Full EIA?	January 2016	
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?	
9. Monitoring and Evaluation	The remaining team will focus on increasing numbers of volunteers and volunteer opportunities. It is not possible to monitor the impacts on these groups specifically, however volunteer hours will continue to be monitored.	
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?	
10. Cumulative impacts	N/A	

1. Service Area	Environment, Development and Housing - Housing Support	2. Proposal No. 17	
3. Head of Service	Tracy John		
	What is the proposal?		
4. Budget Proposal	Housing Services – Housing Support: £144,000 Cease the dedicated housing support service from housing options and retain 2 scale 6s to continue with the income/Housing Benefit work that they do. There were 11 in the team and this was reduced to 5 including the manager at the end of September. We are now proposing to reduce the 5 to 2 front line workers realigned to credit control to focus on income collection.		
	Highlight the most significant disproportionate impacts on groups		
Impacts identified related to protected characteristics are: Disability 5. Summary of impacts The housing options service makes a budget provision (and provides) an early intervention housin service to vulnerable people placed into emergency accommodation to enable them to manage the accommodation and access essential services. By ending this provision, there may be an impact of people's health and wellbeing and increasing social isolation. There is also an increased risk of delays in identifying changes to the health and well-being of vulnerable people in emergency accommodation who fail to seek help through existing support and health which could result in increased demand for support (and the requirement for more complex/longer provision) from other agencies/departments.		nem to manage the nay be an impact on vulnerable well-being of vulnerable support and health services,	

6. Assess level of impact	4 - Impacts on very vulnerable people: the removal of the housing options housing support service for vulnerable people in emergency accommodation who have complex needs usually involving drug and alcohol addictions could result in delayed intervention and support, impacting on their health and well-being and resulting in a higher demand for reactive and emergency intervention services.		
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?		
7. Key actions to reduce negative impacts	 Refer to Access team and other teams in Adult Social Care for vulnerable adults. Refer to Children's services/Health Visitors where there are young children. Regular inspections of emergency accommodation to identify where people are failing to manage and refer to various other depts. for support or crisis intervention. Procedures will need to be amended to notify adult and children's services where there is a known support need and to raise alerts at placement stage where it is identified that there is a support need at the placement stage. Full EIA will be completed if this proposal proceeds 		
8. Full EIA?	Planned for December 2015		
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? We will monitor if there is an increase in the number of people who cannot manage in emergency accommodation and require crisis intervention.		
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? NA		

1. Service Area	Environment, Development and Housing - Transport	2. Proposal No. 18
3. Head of Service	Mark Prior	
	What is the proposal?	
4. Budget Proposal	A reduction in the Road Safety Education budget - £80,000 The council together with key partners such as, schools, colleges, Fire, Police and the Ambulance service have a coordinating campaign and education awareness strategy to reduce accidents within certain groups. Part of this work is focused on targeted particular road user such as motorbike users and young drivers who are categorised as high risk road users. The work also involves working with secondary schools in terms of road user awareness.	
5. Summary of	Highlight the most significant disproportionate impacts on groups	
impacts	Secondary school level and young drivers 14 – to 24	
6. Assess level of impact	3	
7. Key actions to	What actions are planned to reduce/avoid negative impacts and increase pos	sitive impacts?
reduce negative impacts	To be confirmed	
8. Full EIA?	Not at this stage.	
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?	

	With statistical road casualty data which the council collects. Currently, data shows that motorcycles and young male drivers make up a disproportionate number of road casualties.
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
10. Cumulative impacts	The Police have recently cut their Education Liaison Officers which means the council is currently the only body which directly engages with these groups

1. Service Area	Environment, Development and Housing - HRA – Head of Housing, HRA: Support Services Charges (Play Service)	2. Proposal No. 19	
3. Head of Service	Chris Parfitt		
	What is the proposal?		
 4. Budget Proposal Removing £131,000 funding of the Play service. (£80,000 Housing revenue / £20,000 Public He £31,000 Children's services). This will mean the closure of the BHCC Play Service 			
5. Summary of impacts	Highlight the most significant disproportionate impacts on groups Impacts identified related to protected characteristics are: Age (younger), (
	 There will be no play offer. There will be no BHCC Play Service supporting families and children through offering supported play opportunities in communities identified as in most need of support. Contact with hard to reach families will be reduced for services across children's services who use the Play service as a method of out-reach. Families in receipt of benefits will be significantly affected. No opportunities for organised play during school holidays for vulnerable communities Lower positive profile of BHCC in communities across the city. Play service to special schools and to Traveller sites will stop Overall Numbers Adults & Children Attending Playbus Sessions Apr – Sep 2015 Bevendean, Kingwood & Milner, Whitehawk, Hangleton: adults = 1297, children = 2283 Downs Park School - whole school every session over the morning		
	Summer holiday programme 2015 27 July - 28 August		

	Bevendean, Kingwood & Milner, Moulsecoomb, Whitehawk, Hangleton: adults = 454, children = 632 National play day approximate attendance adults & children 1,500		
6. Assess level of impact	3		
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?		
7. Key actions to reduce negative	 There has been investment in open play spaces across the city through the play build programme, regenerating play facilities and play grounds. There is strong evidence that positive health, mental, cognitive and social benefits can be attributed to good school based break time play interventions which are provided by most primary schools. 		
impacts	 The Play Service vehicle DAF Lorry (this is the Play Bus specially converted to deliver play actives), will need to be disposed of. This does give an opportunity of one-off income generation and also could be transferred to a local organisation for similar use to support play activities 		
	 Coordinate remaining activity across council departments to maintain an offer of play activities, culture, leisure, libraries, CVS and schools Full EIA to be completed, if proposal agreed. 		
8. Full EIA?	Planned – December 2015		
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?		
9. Monitoring and Evaluation	 Monitor that primary schools provide consistent break time play activates. Families report use of the parks and green spaces across the city. Street play is evidenced by a percentage take up across the city in communities of most need 		
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?		
	There will be other proposed reductions to services to children and families from other departments that may impact on families and therefore indirectly to young people in those families.		

1. Service Area	Housing - Income, Involvement and Improvement	2. Proposal No. 20
3. Head of Service	Tracy John	
	What is the proposal?	
	Housing - Income, Involvement and Improvement	
4. Budget Proposal	Budget savings of £131,000 are anticipated to be achieved (over 2 years) through a consultative review of resident involvement, designed to increase engagement while streamlining costs. All functions will be considered for their effectiveness eg administrative processes, grant allocations, engagement through meetings and other media, scrutiny arrangements, communications, and tenant association support arrangements. Achieving reduced expenditure, while maintaining performance on resident involvement, will help to bring BHCC	
	nearer to the median or upper quartile authorities within Housing's peer bench fund other areas of the service facing financial pressures. The specific proposals will be informed by reviewing alternative potential practice consultation with residents (eg through focus groups, email groups and Area F	tices, and the outcome of
5. Summary of impacts	Highlight the most significant disproportionate impacts on groups	
	No disproportionate impacts are identified related to protected groups.	
6. Assess level of impact	1	
7. Key actions to reduce negative impacts	What actions are planned to reduce/avoid negative impacts and increase	positive impacts?

	Specific actions cannot yet be identified, as the exact nature of the savings are not certain until consultation has taken place. However all activities and processes will be looked at with the aim of having a redesigned structure that minimises negative impacts and maximises positive ones.
8. Full EIA?	A full EIA will be prepared for specific changes to resident involvement that are decided upon following the review of the service and consultation with residents using a variety of methods.
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	As part of the review of resident involvement, metrics will be developed to measure the outputs, outcomes and impact of the service. This will form the basis for monitoring and evaluation of the changes that arise from the proposals.
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
	None

Assistant Chief Executive

1. Service Area	Communities, Equality and Third Sector Team	2. Proposal No. 21
3. Head of Service	Paula Murray	
4. Budget Proposal	What is the proposal?	
	To reduce annual funding for each of the four council workers' forums from £2,000 to £1,000. Total £4,000	
	Highlight the most significant disproportionate impacts on groups	
5. Summary of	No disproportionate impacts are identified related to protected characteristics	
impacts	Although the workers' forums are to provide a support and network for council staff in relation to their legally protected characteristics, this reduction will not adversely impact their functioning. Work to link the forums' activities and reduce costs has been going on successfully over the last year.	
6. Assess level of impact	1	
7. Key actions to	What actions are planned to reduce/avoid negative impacts and increase positive impacts?	
reduce negative impacts	None needed.	
8. Full EIA?	Not needed	
9. Monitoring and	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?	
Evaluation	Forum activity is supported by the Communities, Equality & Third Sector Team. Business plans are produced and reported on annually.	
10. Cumulative	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?	
impacts None		

1. Service Area	Assistant Chief Executive - Royal Pavilion & Museums 2. Proposal No. 22	
3. Head of Service	Janita Bagshawe	
	What is the proposal?	
4. Budget Proposal	 Royal Pavilion & Museums - £145,000 Income from cultural exemption being extended to two of the admission paying sites Reduction in staffing levels through non-replacement of vacant posts New income streams 	
	Highlight the most significant disproportionate impacts on groups	
5. Summary of impacts	No disproportionate impacts identified related to protected characteristics A move to raise income from new sources means that staff focus will shift from some aspects of community work.	
6. Assess level of impact	1 - minimal impacts on small numbers of people	
7. Key actions to reduce negative impacts	What actions are planned to reduce/avoid negative impacts and increase positive impacts?	

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	 Most community work is externally funded but this funding may be reduced: find new sources of funding for the work. Programmes for specific characteristic groups will continue to be targeted but may reduce in capacity due to external budgets being realigned to support income generation: ensure all targeted engagement projects continue to offer a range of activities, albeit it on a potentially smaller scale. Work in partnership where possible to pool resources, 	
8. Full EIA?	Not needed	
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?	
9. Monitoring and Evaluation	Regular monitoring of work to engage community groups is submitted to the Arts Council who fund this work	
10. Cumulative	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?	
impacts	None	

1. Service Area	Assistant Chief Executive – Libraries – Hove Library	2. Proposal No. 23	
3. Head of Service	Sally McMahon		
	What is the proposal?		
4. Budget Proposal	Hove Library move Investigate the potential of combining Hove Library and Hove Museum into a new cultural centre for Hove, located at Hove Museum, where there is space and more freedom to extend the building as part of Phase two savings proposals to be implemented in 2017/2018 This would deliver an estimated saving of £297,600: • £190,000 on staffing • £100,000 on bookfund • £7,600 on operational costs.		
5. Summary of impacts	Highlight the most significant disproportionate impacts on groups No disproportionate impacts are identified related to protected characteristics Hove Museum is an approximate five minute walk from the current Hove Library and on the same bus routes There is capacity to extend the building to make it more accessible and customer friendly. Capacity in the current Hove Library is limited due to its shape and Grade 2 listed building status Cumulative and individual negative impacts on equalities groups are limited Availability of less volume of stock may impact on people on low income is this entails them needing to pay to reserve more items Availability of less volume of stock may impact on people on low income if this entails them needing to pay to reserve more items Modern more accessible customer friendly building possible Availability of less volume of stock may impact on people on low income if this entails them needing to pay		

	to reserve more items	
6. Assess level of impact	1	
7. Key actions to reduce negative impacts	 Engage with local people including the Fed: Centre for Independent Living Maintain concessions on charges for people on low income Maximise customer led stock provision 	
8. Full EIA?	Planned – as the proposals are developed and firmed up	
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? Process of community engagement, including assessment of equality issues. All information will contribute to EIA as above.	
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? In order to maximise the positive potential to deliver an accessible and community focused new Hove Cultural Centre, taking on board range of local feelings and concerns we will proactively engage with and involve local community to develop new Hove Cultural centre over the next 18 months	

3. Head of Service What is the proposal? Libraries Extra and opening hours Implement Libraries Extra and related operational and opening hours changes across community libraries including remodelling of Hollingbury and Westdene Libraries; from July 2016 to deliver net savings of £375 2016/17 and £99,000 in 2017/18. The key elements of this are: • Enable longer hours of access across most community libraries by standardising hours and staffing coverage and combining staffed and unstaffed access hours via Libraries Extra. • Libraries Extra offers controlled, secure and self-service access to unstaffed libraries and is currently being piloted at Portslade and Woodingdean Libraries.	1. Service Area	Assistant Chief Executive – Libraries: Libraries Extra 2. Proposal No. 24				
Libraries Extra and opening hours Implement Libraries Extra and related operational and opening hours changes across community libraries including remodelling of Hollingbury and Westdene Libraries; from July 2016 to deliver net savings of £375 2016/17 and £99,000 in 2017/18. The key elements of this are: • Enable longer hours of access across most community libraries by standardising hours and staffing coverage and combining staffed and unstaffed access hours via Libraries Extra. • Libraries Extra offers controlled, secure and self-service access to unstaffed libraries and is currently being piloted at Portslade and Woodingdean Libraries.	3. Head of Service	Sally McMahon				
 Implement Libraries Extra and related operational and opening hours changes across community libraries including remodelling of Hollingbury and Westdene Libraries; from July 2016 to deliver net savings of £375 2016/17 and £99,000 in 2017/18. The key elements of this are: Enable longer hours of access across most community libraries by standardising hours and staffing coverage and combining staffed and unstaffed access hours via Libraries Extra. Libraries Extra offers controlled, secure and self-service access to unstaffed libraries and is currently being piloted at Portslade and Woodingdean Libraries. 		What is the proposal?				
 including remodelling of Hollingbury and Westdene Libraries; from July 2016 to deliver net savings of £375 2016/17 and £99,000 in 2017/18. The key elements of this are: Enable longer hours of access across most community libraries by standardising hours and staffing coverage and combining staffed and unstaffed access hours via Libraries Extra. Libraries Extra offers controlled, secure and self-service access to unstaffed libraries and is currently being piloted at Portslade and Woodingdean Libraries. 		Libraries Extra and opening hours				
 Move Hollingbury Library to co-locate with Hollingbury Children's Centre with a small community collection focused on needs of young children and families. This would be unstaffed and an 'honesty loan service would operate on a community outreach collection model. Remove or reduce in size Westdene Library to enable an additional classroom to be made available Westdene Primary School. If a small facility remains it will have Libraries Extra access and or volunt to support public use. Introduce new operational staffing model across community libraries based on more standard full-tin working and single staffing in community libraries with appropriate health and safety cover via Librar Extra technology. This would include Patcham Library's opening hours increasing from the current three day 21 staffed hours to a total of 49 hours- 33 staffed across five days including Saturday and Sunday and 16 hou unstaffed via Libraries Extra This overall proposal would deliver a total of 592 opening hours, 7 days a week from Jubilee, Hove a community libraries- 350 staffed, 242 unstaffed. These figures do not include any hours of access to remodelled Hollingbury and Westdene services There are currently 362 staffed hours across the current network of 14 Libraries and 34 total Libraries 	4. Budget Proposal	 including remodelling of Hollingbury and Westdene Libraries; from July 2016 to 2016/17 and £99,000 in 2017/18. The key elements of this are: Enable longer hours of access across most community libraries by standar coverage and combining staffed and unstaffed access hours via Libraries. Libraries Extra offers controlled, secure and self-service access to unstaff being piloted at Portslade and Woodingdean Libraries. Move Hollingbury Library to co-locate with Hollingbury Children's Centre of collection focused on needs of young children and families. This would be loan service would operate on a community outreach collection model. Remove or reduce in size Westdene Library to enable an additional class Westdene Primary School. If a small facility remains it will have Libraries to support public use. Introduce new operational staffing model across community libraries base working and single staffing in community libraries with appropriate health Extra technology. This would include Patcham Library's opening hours increasing from the hours to a total of 49 hours- 33 staffed across five days including Saturdar unstaffed via Libraries Extra This overall proposal would deliver a total of 592 opening hours, 7 days a community libraries- 350 staffed, 242 unstaffed. These figures do not include modelled Hollingbury and Westdene services 	ardising hours and staffing Extra. fed libraries and is currently with a small community e unstaffed and an 'honesty book' froom to be made available to Extra access and or volunteers and safety cover via Libraries current three day 21 staffed ay and Sunday and 16 hours week from Jubilee, Hove and 9 ude any hours of access to the			

Key background information

	Hollingbury Library catchment area profile	Westdene Library catchment area profile
Age profile and user	High proportion of children	Relatively high proportion of people aged 65 or over
Car owners	79%	82%
Active borrowers aged 0-12	42%	56%
Use another Brighton &	57% - 27% of them use Patcham	37% - 12% of them use Patcham
Hove Library	Library	Library
Distance from Patcham	1 mile away from Hollingbury Library:	1.3 miles away from Westdene
Library	20 minute walk or 4 minute drive. The	Library: 26 min walk or a 5 minute
	5 and 5A bus service to near	drive. It is on the 5 and 5A bus routes:
	Patcham Library is a ten minute walk	the stop on London Road is a 15
	to the stop at the end of Carden	minute walk from Westdene Library
	Avenue.	
	Hollingbury Children's centre is a four	
	minute walk from Hollingbury Library	

Increased Opening Hours

The overall model will increase total library opening hours from 396 (362 staffed and 34 unstaffed) to 592 (350 staffed and 242 unstaffed) - a 49.5% increase. This includes increasing staffed Saturday and Sunday opening from the current total of 78 hours to 96.5 hours – a 24% increase including a total of 9 libraries offering Sunday opening (Hove and Jubilee and 7 community libraries). Currently just Jubilee offers Sunday opening.

This increase in hours and choice will benefit a wide range of people.

5. Summary of impacts

Highlight the most significant disproportionate impacts on groups

Impacts identified related to protected characteristics are: (Age (older), Disability and Carers	
	Age People of all ages in Hollingbury and Westdene may need to travel to Patcham to access a full library service Older people in Westdene may be concerned at the lack of a staffed service (relating to the Libraries Extra unstaffed service)
	In terms of current overall library opening hours 52% respondents aged 75 and over recently surveyed did not find current library opening hours satisfactory
	<u>Disability</u> People with mobility issues in Hollingbury and Westdene may find it difficult to travel to Patcham
	Other In terms of current overall library opening hours 62% respondents with caring responsibilities recently surveyed did not find current library opening hours satisfactory
6. Assess level of impact	2
What actions are planned to reduce/avoid negative impacts and increase positive impacts?	
7. Key actions to	 Develop most effective collection available at Hollingbury Children's Centre through community engagement Promote and market increased opening hours at Patcham
reduce negative impacts	 Develop community input, involvement and use of Libraries Extra option in Westdene via community ope days and develop community group use and support for the service Ensure the increased opening hours are positively marketed and promoted both in terms of staffed hours and community input and support for unstaffed Libraries Extra hours Ensure the availability of the Library Home Delivery service is actively promoted to any such eligible
8. Full EIA?	Planned - As part of process following public consultation on library service review

	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	As above
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
10. Cumulative impacts	Current review of Children's Centres by Children's Services may impact on the availability of Hollingbury Children's Centre for a library collection.

Public Health

1. Service Area	Public Health - Substance Misuse	2. Proposal No. 25	
3. Head of Service	Tom Scanlon		
	What is the proposal?		
	Substance Misuse: community services (Pavilions) and residential rehabilitation (SFT and BHT)		
4. Budget Proposal	The following savings are proposed for 2016/17:		
 Community substance misuse services (Pavilions) - £200,000 against overall budget of £4 Residential rehabilitation – 20% budget reduction (Savings of approximately £138,000 against overall budget of £690,000) 			
	Highlight the most significant disproportionate impacts on groups		
Impacts identified on the following groups: Age (older and younger), Disability, Gender (men)		isability, Gender (men)	
	Community - Reducing capacity in the community substance misuse service level of support provided to clients,	e would be expected to impact on the	
5. Summary of impacts	Residential rehabilitation - Providers may have to reduce the level of suppor programme.	t to clients at certain phases of the	
	 In recent years there has been a focus on encouraging individuals from Continuing innovative ways of interacting with these individuals may lead to ensure that their services are accessible providers have targets on increasing the number of BME and LGBT in work will continue regardless of budget reductions. 	be challenging. to communities of interest, and some	
	 The re-tendered substance misuse service had as a focal point the diagnosis service (for people with a dual substance misuse and ment 		

	 identified to ensure adequate staffing capacity is in place to meet the demand for services. Providers may state that a reduction in funding directly impacts on the ability to deliver this integrated service. Historically more men than women access substance misuse services. Providers need to work to engage greater numbers of women. Any reduction of funding could impact on this work. People with substance misuse issues often have associated issues e.g. victim or perpetrator of domestic / sexual violence, be inadequately housed / sleeping rough, have children who are considered to be at risk, etc. Reductions in funding and associated support, might have a negative impact on these areas.
6. Assess level of impact	2
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
7. Key actions to reduce negative impacts	Community – Commissioners will work with providers to prioritise areas for service delivery e.g. improved access generally, and for all protected groups. Work with providers to ensure that outreach work is maintained, and make use of 'satellite' sites for partner agencies, so that improved access can continue. Residential rehabilitation – Commissioners will work with providers to renegotiate contracts that provide the best service for city residents. Existing service improvement is working to ensure that only appropriate service users, who are adequately prepared for residential rehabilitation, are referred. There may be a slightly longer wait for service users going forward.
8. Full EIA?	When the re-tender for community substance misuse services was undertaken (approximately June 2014) an EIA was undertaken. EIAs will be undertaken when service redesign/re-tender work for residential rehabilitation is undertaken: April 2016 (EIA completed in 2014 for Adult Drug and Alcohol Treatment Services.)
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	Quarterly contract reviews are held with all service providers. Performance reports (both national and local) will be discussed at these meetings and the impact will be monitored there.
10. Cumulative	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
impacts	None

1. Service Area	Public Health - Sexual Health	2. Proposal No. 26
3. Head of Service	Stephen Nicholson, Peter Wilkinson	
	What is the proposal?	
 Sexual health 4. Budget Proposal Savings of £126,000 will be realised from sexual health and HIV social care service integrating clinical service provision Re-designing sexual health promotion for students and men who have sex with a contract of the contract of the		with men
5. Summary of impacts	Highlight the most significant disproportionate impacts on groups Impacts identified related to protected characteristics are: Age (younger), Gender (men) Reduced capacity in HIV prevention and sexual health promotion could lead to increase in the incidence and prevalence of Sexually Transmitted Infections including HIV Younger people (under 25) are disproportionately affected by poor sexual health. Reducing sexual health promotion and screening for STIs at the University of Brighton could impact negatively on this group Men who have sex with men (MSM) are disproportionately affected by poor sexual health including HIV. A reduction in access to information, advice and resources to promote good sexual health and safer sex could result in increased incidence of STIs and HIV	
6. Assess level of impact	2	

7. Key actions to reduce negative impacts	What actions are planned to reduce/avoid negative impacts and increase positive impacts?	
	Service re-design to ensure the most efficient and cost effective services are delivered within available budget	
8. Full EIA?	Not needed – service redesign will use EIA completed in 2015	
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?	
9. Monitoring and Evaluation	 Contract monitoring data Sexual health service activity STI rates Chlamydia screening coverage and detection rates 	
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? None	

1. Service Area	Public Health Miscellaneous – TAKEPART and Best of Health events	2. Proposal No. 27
3. Head of Service	Tom Scanlon	1
	What is the proposal?	
	Obesity and Physical Activity: TAKEPART: reduce the budget from £30,00 And Public Health Miscellaneous – Learning Disability (LD) health event 'from £3,000 to £2,000	
4. Budget Proposal	Reduce the funding for the annual TAKEPART 2-week festival, celebrating a physical activity across the city and providing diverse accessible activities to er	
	The total cost for TAKEPART 2015 was approximately £30,000 (£5,528 of exte £48,000 of in-kind support). The plan is to reduce the budget to £25,000 from 2 infrastructure, health and safety and communication. Activities for residents are	2016/17. Main costs are
	2. Reduce funding for annual Best of Health learning disability one day event: of try activities and services. It also supports mainstream services to improve acc	1 1
	Highlight the most significant disproportionate impacts on groups	
5. Summary of impacts	Impacts identified related to protected characteristics are: Age (older and younger), Disability (LD), Gender (men and women), Ethnicity	
	TAKEPART will still go ahead: there will be a reduction in publicity materials, a activities delivered. Residents experiencing the highest levels of inequality, bar the least active communities are likely to be most affected.	
	Best of Health will still go ahead, but there may be a reduction in opportunity for continue new activities.	or people with LD to try and

6. Assess level of impact	2
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
7. Key actions to reduce negative impacts	 Impacts identified on the following groups: Age, Disabled people Best of Health will go ahead: options are being explored to reduce cost of venue and activities provided. TAKEPART will go ahead and continue to work in collaboration and try to mitigate the impact of the budget reduction by sourcing external funding. Using alternative approaches to disseminate information about the TAKEPART festival and inclusive opportunities to take part. Ongoing work to source external funding.
8. Full EIA?	Not needed
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
	Participation in both events is monitored and data for next year will be compared against last year.
9. Monitoring and Evaluation	Data from Best of Health 2015: 170 people attended in 2015; 89 people attended for the first time; 11 organisations provided 14 different healthy activities; 19 services provided an interactive information stand Data from TAKEPART 2015:
	•174 events and activities took place across the city, 62% of which were free at the point of access. Estimated attendance across all festival events: 24,000 (not including Paddle Round the Pier)
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
10. Cumulative impacts	Reduction in TAKEPART promotional materials may reduce the number of people with LD living in the community who find out about Best of Health.

1. Service Area	Public Health - Intelligence	2. Proposal No. 28
3. Head of Service	Alistair Hill, Public Health Consultant	
	What is the proposal?	
4. Budget Proposal	Public Health Intelligence Team	
4. Budget Proposal	Reduce needs assessment and intelligence budget from £35,000 to £25,000. The small projects and intelligence and purchase information related products to supplementary Assessment.	
	Highlight the most significant disproportionate impacts on groups	
	No disproportionate impacts identified related to protected characteristics	
5. Summary of impacts	No direct impact, but potentially reducing information on groups by protected chaplanning and targeting of services	racteristic may adversely affect
	The Joint Strategic Needs Assessment includes a focus on reducing inequality as providing evidence on outcomes in these groups so all groups are potentially affective.	
6. Assess level of impact	1	
7. Key actions to reduce negative impacts	What actions are planned to reduce/avoid negative impacts and increase pos	sitive impacts?
	The 2016/17 work programme will be prioritised and these priorities will be delive resources. Our prioritisation process will aim to avoid a disproportionate impact of	

8. Full EIA?	Not needed
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	Our JSNA and work programme will maintain a strong focus on inequality and promoting equality. This will be demonstrated by the priorities and outputs of the programme (including JSNA updates and full needs assessments and report contents. This programme is overseen by the City Needs Assessment Group and accountable to the Health and Wellbeing Board.
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
	None

1. Service Area	Public Health Miscellaneous – Nutrition	2. Proposal No. 29
3. Head of Service	Kerry Clarke	
What is the proposal?		
	Public Health miscellaneous - Nutrition	
	Public Health (PH) secured two years Big Lottery funding to commission The You projects to improve emotional health and wellbeing (from October 2013 to 15). In were extended with PH funding from October 15 to March 16, based on need.	
4. Budget Proposal	 a. Peer led group work programmes in school attached to emotional h Downslink. (stress management & 5 ways to well being) b. Delivery of life coach work to the value of £3,000 by Impact – Initiat around 40 workshops a year. 	
	This extension ends in March 2016 resulting in: • Stopping the peer led workshops in secondary schools and community se • Integrating effective elements of the life coach within counselling arrangen	
	Highlight the most significant disproportionate impacts on groups	
	Impacts identified related to protected characteristics are: Age (younger), I and also younger People in care, domestic violence	Disability, Sexual orientation,
5. Summary of impacts	No capacity in emotional health and wellbeing peer led prevention could mean y Do not manage their exam stress as effectively Do not use self-management approaches to improve wellbeing.	oung people:
	Young people who have experienced mental health issues cannot use their expe	rience to support others.
	Some groups are disproportionately affected by poor emotional health and wellbe	eing: under 25s, young women,

	LGBT people, younger people in care, those affected by domestic/sexual violence. Reducing early intervention and skills development to manage health themselves, could impact negatively on this group
6. Assess level of impact	3
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
7. Key actions to reduce negative impacts	 Build the most efficient and cost effective elements of the life coach offer into existing contract agreements with Impact Initiatives. Service redesign of the youth work agreement will include the workshop functions but without peer led delivery, and consider approaching schools to pay for the workshops Review the effectiveness of this approach to make an informed commissioning decision to integrate within
	the CCG transformation plan or redesign of youth work.
8. Full EIA?	Not needed
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	Contract monitoring data Safe and Well at School Survey Service user evaluations
10. Cumulative	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
impacts	None

1. Service Area	Public Health Miscellaneous: community safety and social exclusion	2. Proposal No. 30a
3. Head of Service	Alistair Hill, Public Health Consultant	
	What is the proposal?	
4. Budget Proposal	Public Health Miscellaneous: community safety and social exclusion	
	Six month pilot of street medicine nursing in 2015/16 will end 31 March 2016. C Trust Hostels Collaborative Team (commissioned by CCG) will end 31 March 20	
	Highlight the most significant disproportionate impacts on groups	
	Impacts identified on the following groups: Age (younger), Disabled People Reassignment, Sexual orientation (LGB)	le, Gender (men), Gender
5. Summary of impacts	 Age distribution of homeless population is younger than the overall popul High rate of physical and mental ill health in the homeless population 80% of single homeless are male 	lation
	 Evidence shows that there is a high risk of homelessness in young Trans 	s people an LGB young people
	Funding for nursing support for homeless will be discontinued. This change will be addressed in planning for CCG/LA commissioning for 2016/17 as part of the Better Care initiative.	
6. Assess level of impact	2 – if funding <u>not</u> picked up by CCG.	
7. Key actions to	What actions are planned to reduce/avoid negative impacts and increase po	ositive impacts?
reduce negative impacts	Council is working with the CCG to develop a business case for funding from 20 functions.	016 that will include both these

8. Full EIA?	Not needed
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
	Monitored via Better Care action plan
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
	Reduction in funding for homeless services within Adult Social Care.

1. Service Area	Public Health – Healthy Neighbourhood Fund and Community Health Fund 2. Proposal No. 30b
3. Head of Service	Dr Peter Wilkinson
4. Budget Proposal	What is the proposal?
	Miscellaneous Public Health: Community safety and Social Exclusion Reduction in funding from 16/17: Healthy Neighbourhood Fund (HNF) – by £18,285 (from £68,000) Community Health Fund (CHF) – by £15,000 (from £65,000)
	Highlight the most significant disproportionate impacts on groups
5. Summary of impacts	No disproportionate impacts identified related to protected characteristics There will be a proportionate reduction in funding available to community groups to take forward health projects and reduced funding to community development providers (mainly overhead costs). The funding criteria are linked to targeting excluded and marginalised groups (intergenerational projects, older people, geographical areas, people who are on a reduced budget, mental health and healthy ageing).
6. Assess level of impact	2
7. Key actions to reduce negative impacts	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
	 Discussion with the providers around potential impacts will be undertaken. Collaboration with colleagues in Communities, Equalities and Third Sector Team to mitigate impacts Review the criteria and targeted areas

8. Full EIA	Not needed
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	 PH presence on the Communities, Equalities and Third Sector Commissioning Prospectus, to influence its delivery of health activities and achieving outcomes. Ongoing contract reviews for the HNF and CHF
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
10. Cumulative impacts	Potential impact on the CETS funded commissioned Community Development (CD) provision, as HNF and CHF support the CD work both in terms of encouraging engagement and activity. The funding also includes an element of management overhead costs of the provider organisations.

1. Service Area	Public Health Miscellaneous - Cancer health promotion	2. Proposal No. 31		
3. Head of Service	Nicola Rosenberg			
4. Budget Proposal	What is the proposal?			
	Public Health Miscellaneous: Cancer Health Promotion			
	The commissioned cancer health promotion programme is being redesigned and re-procured for start date April 2016. We are putting together a business case to request joint funding from the CCG of £50,000 thereby reducing Public Health budget by £50,000 per year.			
	Brighton and Hove has a significantly worse under 75 mortality rate from cancer than the England average and is poorly performing in all 3 cancer screening programmes. Cancer is the main cause of death within the city both for all age mortality and under 75 years (premature) mortality.			
5. Summary of impacts	Highlight the most significant disproportionate impacts on groups			
	Impacts identified related to protected characteristics are: Gender (men)			
	The cancer health promotion contract targets groups vulnerable to cancer and with low awareness of the signs and symptoms of cancer, including those living in deprived areas. If joint funding is secured through the CCG there will be no cut to the budget and therefore it will be possible to maintain the same level of service.			
	Men are particularly less likely to attend screening and have lower awareness of signs and symptoms			
6. Assess level of impact	2: If funding is <u>not</u> secured from the CCG.			
7. Key actions to reduce negative impacts	What actions are planned to reduce/avoid negative impacts and increase positive impacts?			

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	Impacts identified on the following groups: Age (50-70), Disabled People, Ethnicity, Gender (men), Gender Reassignment, Religion/Belief, Sexual orientation	
	 There will be less activities available to increase awareness. Requesting joint funding through the CCG Redesign of the service, to be more efficient and more targeted, responding to recent research in the city 	
	on cancer awareness and barriers to uptake of screening services.	
8. Full EIA?	To be published by end of April 2016	
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?	
	Improved monitoring through the new service and data collection and analysis regarding which groups are being reached.	
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?	
10. Cumulative impacts	The Public Health directorate and the CCG are joining up all the services they commission in GP practices (these are called Locally Commissioned Services - LCS). The new contract provides a significant opportunity for more joined up service delivery of cancer health promotion efforts with practices. For the first time there will be a cancer LCS that complements the cancer health promotion work delivered through the public health commissioned contract.	

1. Service Area	Public Health – Carers East Brighton & Specialist Counselling	2. Proposal No. 32
3. Head of Service	Dr Peter Wilkinson	
	What is the proposal?	
4. Budget Proposal	Miscellaneous Public Health: Carers East Brighton	
	Contract has come to the end of its funding period. Not being recommissioned.	Saving of £44,000 pa
	Highlight the most significant disproportionate impacts on groups	
5. Summary of impacts	No disproportionate impacts identified related to protected characteristics There should be no impact on carers as this has been part of the wider Carers St Review. The counselling element will be taken up by the Wellbeing Service and Brighton will be absorbed within the wider Carers commission.	
6. Assess level of impact	1	
What actions are planned to reduce/avoid negative impacts and increase positive		sitive impacts?
7. Key actions to reduce negative impacts	Counselling will be undertaken by the Wellbeing Service and efforts will be made service is aware of the needs of carers and that carers access the service. The serighton will be covered jointly by the Adult Social Care Carers Support team and commissioned as part of the Carers Commission from 2017.	support for Carers in East
8. Full EIA?	Not needed	

	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	Public Health will continue to be represented on the Carers Strategy Group. Public Health will work with the Wellbeing Service to ensure carers can access the service.
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
	None

1. Service Area	Public Health – Standing Tall – Falls prevention	2. Proposal No. 33
3. Head of Service	Dr Peter Wilkinson	
	What is the proposal?	
4. Budget Proposal	Public Health Miscellaneous: Falls prevention	
	To cease funding the Standing Tall programme, a 'follow on' exercise programm	е.
	Highlight the most significant disproportionate impacts on groups	
5. Summary of impacts	Limited disproportionate impacts identified The overall aim is to develop a falls prevention service which includes increased provision of evidence based exercise programmes to prevent or delay people's f	
	is primarily aimed at older people who have already fallen. There will be an impa (approximately 30 -40 people per year).	act on these people
6. Assess level of impact	2 - 3	
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?	
7. Key actions to reduce negative impacts	Public Health has undertaken a Falls Prevention Needs Assessment. Findings of partners on 14 th October and an action plan is being developed. This is likely to prevention of falls, with better and increased access to community based physical resilience to falling as well as improved referral into community services by hosp have fallen.	include an increase in primary al activity which improves

8. Full EIA?	Not needed
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	Monitoring increase in primary prevention of falls, with better and increased access to community based physical activity which improves resilience to falling
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
10. Cumulative impacts	None

1. Service Area	Public Health - public mental health	2. Proposal No. 34
3. Head of Service	Dr Peter Wilkinson	
What is the proposal?		
4. Budget Proposal	Public Health Miscellaneous: mental health training budget	
	A reduction in the training budget by £5000 (from £40,000 to £35,000).	
Highlight the most significant disproportionate impacts on groups No disproportionate impacts identified related to protected characteristics The reduction in training will not affect courses on suicide and self-harm prevention, but will courses available on emotional wellbeing and mental health awareness and consequently to frontline staff. These courses are for frontline community and voluntary staff (approx. 140 pt with higher risk groups, including some relating to protected characteristics.		
		tion, but will reduce the number of nsequently the number of trained
6. Assess level of impact	1	
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?	
7. Key actions to reduce negative impacts	 Trainees complete the Council equalities monitoring form and also comp with which they work. Contract monitoring will include review of any imbalance in the groups w this. Action will be taken to promote the courses to maximise attendance. 	

8. Full EIA?	Not needed
9. Monitoring and	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
Evaluation	As above
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
	None

1. Service Area	Public Health - Regulatory Services	2. Proposal No. 35
3. Head of Service	Tim Nichols	
4. Budget Proposal	What is the proposal?	
	Environmental Health and Licensing: Animal Welfare and Pest Control - £9	5,000
	 Outsource dog kennelling and outsource animal welfare Commercialise wildlife management service 	
	Consider stopping a service or offering a skeleton service	
	Highlight the most significant disproportionate impacts on groups	
5. Summary of impacts	No disproportionate impacts identified related to protected characteristics	
	Regulatory services are less used by more privileged/financially secure. The charging regime that may put off those on limited income who may instead tolerate living with rodents and insect pests.	
6. Assess level of impact	1	
7. Key actions to reduce negative impacts	What actions are planned to reduce/avoid negative impacts and increase po-	sitive impacts?
	We will consider introduce a manageable way of offering concessionary rates in 2016-17.	
8. Full EIA?	Not needed	

9. Monitoring and Evaluation 10. Cumulative impacts	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?	
	Income and requests for service	
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?	
	None known	

1. Service Area	Public Health - Community Safety: Crime & Disorder Partnership Management	2. Proposal No. 36
3. Head of Service	Peter Castleton	
	What is the proposal?	
4. Budget Proposal	Community Safety: Crime & Disorder Partnership Management	
	Reduction in core community safety services that support wider community safety work saving £62,000	
Highlight the most significant disproportionate impacts on groups		
5. Summary of impacts	Impacts identified on the following groups: Disabled People, Ethnicity/Reassignment, Religion & Belief, Sexual orientation Support to deliver resolution to hate incidents relating to disability, ethnicity, restatus and sexual orientation and cases of domestic and sexual violence is rehave to spend more time on back office functions resulting in reduced capacitation.	religion and belief, gender, trans educed meaning front line workers
6. Assess level of impact	4	
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?	
7. Key actions to reduce negative impacts	Increased community collaboration and co-operation to help bridge the gap of resource. Work is in train to engage with communities affected to help them be enable communities to provide more direct support to victims. Some communities sustaining than others. For example the LGBT Community Safety Forum is not the Harassment Forum by contrast still receives considerable support from the contrast still receives.	be more self-sustaining and to nities are closer to being self- now entirely self-sufficient, the Racial

8. Full EIA?	Planned in May 2016
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	Through EIA, performance reports relating to relevant areas and subjective assessment of trust and confidence and community tension
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
10. Cumulative impacts	Diminishing resources in Children's Services, Adult Social Care and Housing will have a further negative impact. A good deal of community safety work is related to prevention. This ensures that there are fewer victims and also reduces demand for services that support victims or who have to take action to safeguard victims or bring prosecutions as a result of crime and disorder.

1. Service Area	Public Health - Community Safety: Casework Team	2. Proposal No. 37
3. Head of Service	Peter Castleton	
	What is the proposal?	
4. Budget Proposal	Community Safety – Casework Team	
	Reduction in Community Safety Casework Team capacity by one post from 6 to 5 posts: £36,000	
	Highlight the most significant disproportionate impacts on groups	
5. Summary of impacts	Impacts identified on the following groups: Disabled people, Ethnicity/Race Religion or Belief, Sexual orientation Support to deliver direct interventions to reduce risk and harm and bring resolution reduced by 20%. The team deal with a broad range of cases and prioritise cases where the most reduced to the community Safety Casework Team provides direct support to victims and perfects, religiously motivated, transphobic and homophobic incidents. A reduction are raised and fewer cases will be addressed	on to hate incident cases is isk and harm is evident. erpetrators of disability hate,
6. Assess level of impact	4	
7. Key actions to	What actions are planned to reduce/avoid negative impacts and increase pos	sitive impacts?
reduce negative impacts	Increased community collaboration and communication to manage expectations in train to engage with communities effected to help them be more self-sustaining provide more direct support to victims.	<u> </u>

8. Full EIA?	Planned May 2016
O. Manitarina and	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	Through EIA, performance reports relating to relevant areas and subjective assessment of trust and confidence and community tension
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
10. Cumulative impacts	Diminishing resources in the police, Children's Services, ASC and Housing will have a further negative impact. These partners have varying levels of responsibility for managing hate incidents and are likely to be reducing services.

1. Service Area	Public Health - Community Safety: Neighbourhood Liaison	2. Proposal No. 38	
3. Head of Service	Peter Castleton		
	What is the proposal?		
4. Budget Proposal	Community Safety: Neighbourhood Liaison Reduction in Community Safety Neighbourhood Liaison Service - £30,000. Posts work directly with community community substance misuse		
	Highlight the most significant disproportionate impacts on groups		
5. Summary of impacts	No disproportionate impacts identified related to protected characteristics Support to deliver direct support to communities impacted upon by substance misuse is reduced to Communities most impacted upon generally are in neighbourhoods with higher levels of deprivations.		
6. Assess level of impact	2		
7. Key actions to	What actions are planned to reduce/avoid negative impacts and increase po	ositive impacts?	
reduce negative impacts	Increased community collaboration and communication to manage expectations regarding service levels. Work is in train to engage with communities affected to help them be more self-sustaining		
8. Full EIA?	Not needed		
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your groups over the coming year (or more)?	mitigating actions on these	

	Drugs litter reporting will be monitored. Misuse of Drugs Act prosecutions to be monitored	
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?	
10. Cumulative impacts	None	

Finance & Resources and Law

1. Service Area	Finance & Resources - Life Events: Bereavement Services	2. Proposal No. 39	
3. Head of Service	Paul Holloway		
	What is the proposal?		
4. Budget Proposal Life Events: Crematorium (fees and charges) - £50,000			
	Introduction of new income streams and a review of existing fees and charges		
	Highlight the most significant disproportionate impacts on groups		
5. Summary of impacts	No disproportionate impacts identified related to protected characteristics Increase in Bereavement Services fees and charges to correctly reflect costs of provision and ensure realistic fees are charged.		
	Whilst there are proposed increases across the board, protection still remains around services for children up to 16 years of age, and low cost services remain available to simply cover costs of service provision.		
6. Assess level of impact	1		
7. Key actions to	What actions are planned to reduce/avoid negative impacts and increase positive impacts?		
reduce negative impacts	Benchmarking with other local authorities and competitors will take place to ensur	re we remain competitive	

8. Full EIA?	We will aim for April 2016
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	Service provision is monitored regularly in terms of numbers of services used by customers, both in terms of cremations and burials provided. Income targets are monitored monthly, to correspond with provision of service. Continual engagement with Funeral Directors (main customer) and bereaved customers will quickly identify impacts of cremations, burials, including demand for times of cremation and burial services, and also other products available, such as memorialisation.
10. Cumulative	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
impacts	None

1. Service Area	Finance & Resources - Life Events: Registration Services	2. Proposal No. 40	
3. Head of Service	Paul Holloway		
	What is the proposal?		
4. Budget Proposal	Life Events: Registrars (fees and charges) - £5,000		
	Introduction of new income streams and a review of existing fees and charges		
	Highlight the most significant disproportionate impacts on groups		
5. Summary of impacts No disproportionate impact identified related to protected characteristics Increase in Registration Services fees and charges to correctly reflect costs of provision are charged. Whilst there are proposed increases across the board, lower cost statutory services recustomers.		of provision and ensure realistic fees	
6. Assess level of impact	1		
7 Kanadiana ta	What actions are planned to reduce/avoid negative impacts and increase positive impacts?		
7. Key actions to reduce negative impacts	Benchmarking with other local authorities and competitors will take place to	ensure we remain competitive	

8. Full EIA?	We will aim for April 2016
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	Service provision is monitored regularly in terms of numbers of services used by customers. Income targets are monitored monthly, to correspond with provision of service. Continual engagement with customers will quickly identify impacts of fee changes, including demand for times and locations of ceremonies, as well as numbers of statutory services provided in Registry Office, for statutory fee.
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
10. Cumulative impacts	Continue to provide high quality registration services, fulfilling statutory obligations, and introducing new products and services in the non-statutory area of the service to maximise income generation

1. Service Area	Finance & Resources – Revenues & Benefits	2. Proposal No. 41	
3. Head of Service	Graham Bourne		
	What is the proposal?		
4. Budget Proposal	 Revenues & Benefits – benefits administration (administration of HB and CTR awards –staffing reduction) - £163,000 For 2016/17 the proposals are for a reduction of 6 posts and a reduction of £10k in the overtime budget used to mitigate workload peaks. The Benefits function is statutory but the combination of a reducing caseload and efficiencies give the opportunity for savings to be made. The service continues to review its processes to maximise its use of resources. The reduction in workload, and the nature of the workload being transferred to the DWP as part of the introduction of Universal Credit provides opportunity to reduce cost while maintaining service standards. The full proposals are for the deletion of a total of 30.5 posts over the 4 year period with the most significant number being in 18/19 by which time Universal Credit should be significantly established. 		
5. Summary of impacts	No disproportionate impacts identified related to protected characteristics Any reduction in Benefit Administration capacity has the potential to impact on the speed and quality of the service and therefore must be delivered with improved efficiency in place. The Benefit customer base naturally encompasses those on low incomes and a high proportion of vulnerable customers. This specific change may reduce the overall availability of the service but not to the relative disadvantage of any group or characteristic in comparison to another.		
6. Assess level of impact	2		

	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
7. Key actions to reduce negative impacts	 As with any change in the benefits service there has been careful consideration in the proposals to the impact on service capacity. Not only are there customer implications in under resourcing the service or not having resilience to deal with increases in demand, but significant financial repercussions that could be counter-productive to the saving intent and impact on other council services. The service has a continual programme that focuses on the rationalisation of existing resources to maximise the value of first contact with the customer and minimise double handling, error and cost. This work encompasses the intelligent use of technology in terms of automated communication with other benefit agencies and online claiming. In 2015/16 the service has applied new workflows and is currently operating on a staff budget underspend that, while not at the magnitude required to deliver the full saving, bodes well for a successful delivery of the proposal next year. There is an unknown factor in terms of the potential impact on customer demand of future welfare reform proposals. This position is being monitored and any emerging pressures will be reported.
8. Full EIA?	Not needed
	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
9. Monitoring and Evaluation	The performance of the team is monitored through key financial and performance indicators. The resource costs of the service are monitored through TBM. The broader welfare reform impacts are monitored by the services Welfare Reform project team.
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?

The delay to the introduction of Universal Credit means that the service has had to delay its preparatory plans which has made resource management difficult. The proposed changes to the Council's Council Tax Reduction scheme may increase demand on the service at the same time as these proposals are being introduced.

A similar peak in demand may occur when Universal Credit does pick up pace (probably April 2017 onwards). The transfer to Universal Credit will provide an opportunity to move customers onto a new model that would be more effective in supporting customers to access and sustain work to improve their income and social inclusion.

The delay in introducing the operational structure around Universal Credit and any further welfare reform changes may place additional administrative burden on the Council in the interim. This may manifest in extra demand on the Council's discretionary funds, a significant proportion of which are administered by the Revenues and Benefits Service. It is against this backdrop that the service will make the budget savings.

1. Service Area	Finance & Resources – Revenues & Benefits	2. Proposal No. 42	
3. Head of Service	Graham Bourne		
	What is the proposal?		
4. Budget Proposal	Revenues & Benefits: discretionary Awards (Council Tax Base – CTR scheme) The central government grant for the Local Council Tax Reduction Scheme is reducing year on year and placing financial pressure on the Council. It is proposed to introduce a revised local scheme to reduce some of this pressure and offset the expected extra expenditure that will fall onto the scheme when Government welfare reforms kick in from 2016. These proposals only affect working age recipients of Council Tax Reduction. Those of pensionable age are not affected. This proposal will produce a net saving of £300,000 for 16/17. As a separate proposal but impacting the same group—there is a proposal to reduce the permanent element of the discretionary set aside to support the local Council Tax Reduction Scheme to proportionate levels. (Reduced from £150,000 to £100,000 for 16/17)		
Highlight the most significant disproportionate impacts on gr			
	Impacts identified on the following groups: Age (working age), Disability, Gender, Gender Rea Child poverty		
5. Summary of impacts	The impact will be on low income groups many of whom will also be affect 2015/2016. Some groups such as Transgender and Disabled people sho proportion of benefit dependency.		
	The proposal is subject to full consultation process which is due to conclude be delivered at the end of this consultation process (draft attached)	de on 20 October 2015. A full EIA will	

	The discretionary fund spend for 15/16 is projected to be £120,000 and the proposal for 16/17 is that the budget be limited to £100,000.
6. Assess level of impact	3 - The proposal is subject to a full equality impact assessment as part of the consultation process
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
7. Key actions to reduce negative impacts	The council has a discretionary fund set aside to assist those in hardship or vulnerability. For the people affected by these changes this would mean they would have to pay a higher amount of Council Tax than they do now. Since the introduction of CTR the Revenues and Benefits team have run a specific debt prevention team which is designed to work with people before they accrue arrears in order to prevent further costs. The team also administers a discretionary fund which can provide a short term increase in the amount of CTR a person receives to help them through a particularly difficult time. Additionally the council has set up and funded MoneyWorks to help residents save money, make money and manage their money better. The services are for anyone who is struggling to make ends meet and incorporates community and voluntary services throughout the city. While the council has a discretionary fund set aside to assist those in hardship or vulnerability this is subject to a reduction in the permanent amount available. This can be managed by the more stringent application of qualifying criteria and length of awards, in keeping with similar controls being applied to Discretionary Housing Payments to make the fund stretch further and be more cost effective. There is a pressure valve for these discretions in that welfare reform funds can be diverted to supplement these budgets. However this decision is only likely to be made if there was an identified strategic priority in doing so.
8. Full EIA?	Planned for completion after the consultation ends on 20 Oct 15
9. Monitoring and	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
Evaluation	The Welfare Reform project team will monitor this and other changes in welfare provision

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Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?

10. Cumulative impacts

Low income families and individuals will be impacted by government proposals for welfare reform (if they are enacted) which may reduce their income. As mitigation other government proposals may improve access to sustainable or more higher paid work, and further proposals may part or wholly offset any income loss through adjustments in income tax liability.

The local housing market is a significant pressure on those on low incomes and affordability is a significant local issue.

1. Service Area	Finance & Resources - Property & Design	2. Proposal No. 43	
3. Head of Service	Angela Dymott		
	What is the proposal?		
4. Budget Proposal	 Workstyles: Workstyles Programme Management Savings proposed of £330,000 for 2016-17 against a current net budget of £3,972,000 – a reduction of 18%. The key saving opportunities on this budget include: 1. Completion of phase 3 of our Workstyles Modernisation programme. 2. Modernisation of the council's internal postal service through the introduction of e-post services. Cancellation of the out-sourced 'The Bikes the Business' courier services contract. 3. Introduction of a concierge service to amalgamate the reception and security staff roles at main civic offices. 4. Re-tendering of our corporate waste and recycling contract to benefit further from economies of scale. 5. Reducing the reactive maintenance budget to ensure that only priority repairs to address health & safety issues and avoiding further deterioration in our buildings are undertaken. Reduction in our term maintenance budgets (testing & servicing of electrical/mechanical assets and water hygiene) through re-procurement and contract management. Reduction in our planned maintenance budgets by prioritising expenditure as set out in our Building Maintenance Strategy. 6. An increase in fee income for our traded services including building surveying, architectural & energy & water management services through increased commissions and an extension of the services offered. 7. Increased rental income from our commercial property portfolios. 		
5. Summary of impacts	Highlight the most significant disproportionate impacts on groups		

	 No disproportionate impact related to protected characteristics identified, except for: 1. The ability for staff to work more flexibly in an improved working environment facilitated by the Workstyles project will impact positively on business service reviews enabling improved productivity in the remaining services and staff in scope together with improved customer interaction through better access arrangements for citizens. EIAs are completed on all Workstyles team moves. 5. The reduction in the planned maintenance budget will have little immediate impact on the five year programme but will add to the required maintenance backlog. 	
6. Assess level of impact	1	
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?	
	No disproportionate impacts identified related to protected characteristics	
7. Key actions to reduce negative impacts	 Workstyles Phase 3 will improve customer and services access through all channels of communication and will support service delivery changes for staff in scope. The reductions in reactive, term & planned maintenance budgets will be monitored through the asset management process. The impact on the public should be negligible as priority areas as well as health & safety issues will be allocated appropriate maintenance resources. P&D will continue to use the support of the in-house Technical Access Officer to assess planned maintenance proposals and identify and mitigate any potential disproportionate impacts on relevant groups. 	
8. Full EIA?	Over-arching EIA for Workstyles Phase 3 project – Completed. Individual service areas in scope of Workstyles Phase 3 – Planned or in progress to 7. Full EIA not needed	
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?	
	Monitoring of the Workstyles programme is undertaken by the Workstyles programme management team and the Workstyles Programme Board.	
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? None	

1. Service Area	Corporate Services	2. Proposal No. 44	
3. Head of Service	James Hengeveld		
	What is the proposal?		
4. Budget Proposal	Concessionary bus fare: discretionary scheme Remove the discretionary entitlement to concessionary travel for older and disabled people between 9am-9.30am and 11pm-3.59am on weekdays. It is estimated this will generate a saving between £40,000 and £160,000 in 2016/17 depending on the number of people who shift their journey time to still take free travel in the statutory time period. Currently 45,339 people hold concessionary bus passes. 39,500 people because of their age and 5,839 because they are disabled people. (NB: when a disabled person reaches the age threshold their pass is issued as an older person's pass.)		
5. Summary of impacts	No disproportionate impacts identified related to protected characteristics The discretionary scheme of concessionary bus fares only applies to older and disabled people and therefore they may experience disadvantage as result of the proposed changes. However, the proposal still means that provision meets the statutory minimum for the service. Data shows that the numbers of people using their pass during the hours between 11pm-3.59am are relatively low. More people use their pass before 9.30am, but the proposed reduction at that time is only 30 minutes. The changes will not apply at the weekends. No additional impact is identified as a result of impairment type or specific age range.		
6. Assess level of impact	1		

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7. Key actions to reduce negative impacts	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
	None needed.
8. Full EIA?	Not needed
9. Monitoring and Evaluation	How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?
	Monitoring the number of concessionary trips undertaken
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?
	None