

Business Planning: Business Case proposal

Project Title: Additional Block Bed Tender

Committee: Adults Committee

2021-22 Saving: -£682,000

Brief Description of proposal: This proposal outlines savings associated with the purchase of an increased number of block beds. By tendering for block contracts, CCC is able to control the level of inflation, limiting the rise in care costs over a period of time. The savings are, in effect, avoided inflation costs and are forecast to be greater over a longer period of time.

The policy was approved by Adults Committee in June 2020 so this proposal is to formally recognise the associated saving in the business plan.

Date of version: 19 November 2020 BP Reference: A/R.6.185

Business Leads / Sponsors: Jo Melvin, Senior Commissioner /
Will Patten, Service Director,
Commissioning

1. Please describe what the proposed outcomes are:

The Older People's Accommodation approach was approved by Adults Committee in January 2020. The overarching aim of the approach is to obtain sufficient, affordable and high quality residential and nursing care to meet the needs of the local community.

A key factor in achieving sustainable local authority provision is reducing reliance on spot purchased care home provision through an increase in block contracted provision. This approach will be more cost effective in Cambridgeshire in the long term. A commitment to offer longer term contracts for a larger volume of block beds will also support the care home market in managing the ongoing financial pressures of the pandemic.

The proposal outlining the tender of 810 block beds and 12 planned respite beds for older people and people with a physical disability in Cambridgeshire was approved

at Adults Committee in June 2020¹. The tender process is currently underway with contracts due to be awarded at the end of January 2021. Due to commercial sensitivity concerning the ongoing block bed tender the full details of this proposal will remain undisclosed in this outline of savings.

The block bed tender aims to:

- increase the number of quality residential and nursing care beds on a block contract basis, at an affordable rate and focused on localities and care types with most demand
- mitigate long term costs pressures associated with the rising cost of spot placements
- support the financial stability of local care homes and minimise the risk of provider failure, particularly pertinent now that pressure on the care sector has been exacerbated by COVID-19
- maintain an effective, sustainable local market which continues to offer choice and competition to all requiring long term care
- enable people and their families to access quality, planned respite care in their local area whilst delivering better value for money for the council
- reduce spend on spot purchased respite placements
- signal a longer-term move away from traditional residential care home models to more creative and cost effective delivery options such as care suites. This will be informed by the outcome of the pilot in Huntingdonshire

In addition to the above outcomes, the tender aligns with Cambridgeshire County Council's corporate priorities in the following ways:

- A good quality of life for everyone
 - Re-commissioning existing care home provision will enable the Council to provide individuals with more choice and control over arrangements to meet their long term ongoing needs within high quality settings.
- Thriving places for people to live
 - Ensuring block contract capacity in the care home market will secure employment for local care workers and the ongoing financial sustainability of these organisations.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

The block bed tender is a key action within the Older People's Accommodation Strategy, approved by Adults Committee in January 2020.

The evidence base for the block bed tender was approved by Adults committee in June 2020 as part of the governance process.

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https://cambridgeshire.cmis.uk.com/ccs_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1440/Committee/3/Default.aspx.

In preparing the tender approach, commissioners undertook a full review of the Council's current bed supply and future requirements, determining the number of beds sought within each district and reflecting differences in supply and demand across the county and the ratio of block to spot beds in each district.

Finance colleagues developed inflation forecast models and commissioners applied these to the Council's future bed requirements, concluding block contracting with specific inflation terms would result in cost avoidance compared to ongoing spot purchasing. Detailed evidence of this was provided in the Adults Committee report which, due to commercial sensitivity, was not made public.

Given the comparatively low level of block provision in East Cambridgeshire, a higher percentage than other districts has been sought. Fenland is geographically vast, and beds will therefore be sought across a number of homes to ensure adequate spread. A reduced number of block beds is also recommended within Huntingdonshire to account for the success of previous tenders and the fact a care suite is being developed here. Intensive communication with the market will be undertaken to encourage all local providers to bid and secure a distribution of block bed provision that maximises choice and support to the market.

Whilst a variety of beds is required to ensure, wherever possible, people have a home for life as their needs increase, emphasis has been placed on increasing nursing and nursing dementia provision as demand for these services is rising. The proportion of residential beds sought is deliberately lower as we forecast increasing trends towards domiciliary care and away from residential care, particularly in light of COVID-19 pandemic.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

Alternative options considered when developing the commissioning strategy included:

- **Take no action** – this was discounted due to the impact of increasing care costs upon the Council's budget and the significant increase in older people requiring care forecasted in the next five to 15 years. Steps to establish a sustainable and affordable supply of care home beds is essential to the Council
- **Deliver/Make** – this was discounted as the Council does not operate any care home provision. The costs of doing so are likely to be higher than market prices. Even if considered, this option could not deliver the required beds within the timescales needed
- **Spot purchase all beds** – this was discounted as the Council's financial modelling suggested this option would be more costly and leave the Council exposed to market inflation.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

An overview of the key milestones of the procurement are summarised below. To mitigate the risk of small providers being unable to engage within this process and therefore missing an opportunity to ensure increased financial sustainability, it is proposed the tender remains open for slightly longer than usual. This will give commissioners the time to work with providers to ensure they are in a position to submit a good quality response.

High Level Timetable

| Task | Start Date | End Date | Overall Responsibility |
|---|-------------------|------------------|---|
| Tender Clarification, Evaluation and Moderation | 24 September 2020 | 6 November 2020 | Shauna Torrance, Head of Adults Commissioning |
| Stage 2: Final Submission | 23 November 2020 | 27 November 2020 | Shauna Torrance, Head of Adults Commissioning |
| Final Submission Date | 23 November 2020 | 27 November 2020 | Shauna Torrance, Head of Adults Commissioning |
| Contract Start Date | N/A | 18 January 2021 | Shauna Torrance, Head of Adults Commissioning |
| Final cost avoidance figures confirmed | N/A | March 2021 | Shauna Torrance, Head of Adults Commissioning |

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

There are no significant Equality and Diversity implications associated with this proposal.

The proposal will ensure the Council is able to source high quality residential care from across the market at an affordable price and ultimately ensure people continue to access affordable, quality, choice-based care.

By procuring an increased number of block beds the Council is also supporting the sustainability of the local care home market which has been adversely affected by COVID-19. This will help to protect existing care home residents who have been disproportionately affected by COVID-19 and protect jobs within the local care workforce in a time of economic recession.

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

By block contracting beds the Council can control the level of inflation, limiting the rise in care costs over a period of time. New block beds will have maximum of 3% annual uplift; whereas spot rates in the market have risen by an average of 10% per annum since 2016, reducing to 7% in 2020/1 and forecast to reduce to 6.7% in 2021/22.

Increasing block contract arrangements with providers will mitigate against the financial risk associated with rising spot prices and will help to meet pre-existing budget commitment. The risk of inflation flattening after 2025/25 is mitigated through the use of a break clause at year 5.

Savings for future years have been estimated and approved at Adults Committee, though these will need refining each year. The saving proposed for 2021/22 has been calculated at £682,000. This is an estimation as the true figure cannot be calculated until the tender award is completed and all beds activated.

The estimate is based upon realistic 'good scenario' assumptions about the tender outcome. However, the tender may deliver a lower level of savings due to several variable factors such as:

- Higher than forecasted void levels arising from temporary care home closures due to COVID-19 cases or a general reduction in people seeking residential care due to anxieties about contracting COVID-19
- Higher than forecast numbers of spot placements which convert to a block contract as part of the tender, adding potential cost initially
- Fewer than forecast bed numbers activated during the financial year

Accordingly, a 'dampener' has been applied to the estimated savings figure to mitigate the above variables.

| Saving Estimation | £000 |
|---|-------------|
| Original saving (as stated in the June 2020) | -412 |
| Correction of original saving from further calculations | 230 |
| Additional saving around spot -> block effect | -818 |
| Dampening | 318 |
| New revised saving for 2021/22 | -682 |

Non-Financial Benefit

All non-financial benefits are offered in section 1 above.

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

The risks below have already been signed off at Committee in June 2020 and will continue to be monitored via the implementation work.

| Risk | Mitigation | RAG (should the risk occur) | Overall Responsibility |
|--|--|-----------------------------|--|
| <p>Small providers are unsuccessful/do not bid due to COVID-19 pressures and therefore do not benefit from increased financial security. Block beds are awarded to larger providers and several small providers exit the market as a result, reducing competition and driving up prices.</p> | <p>Ensure tender is accessible to all providers:</p> <ul style="list-style-type: none"> • Intensive market engagement to find out what and how we can support them • Light touch procurement to minimise work involved for providers. • Ensure distribution of block beds across all providers the market • Set limits on max beds per setting | <p>Amber</p> | <p>Shauna Torrance, Head of Adults Commissioning</p> |
| <p>Risks arising from mass blocking:</p> <p>a. Risk of monopoly and associated increases in price and risk to the Council in the event of provider failure</p> | <p>Limit number of beds each provider can bid for.</p> <p>Effective void management:</p> <ul style="list-style-type: none"> • Flexible use terms to use voids for short term emergency | <p>Amber</p> | <p>Shauna Torrance, Head of Adults Commissioning</p> |

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| <p>b. Reduction of choice / continued spot purchasing Increased voids.</p> | <p>placements or unplanned respite</p> <ul style="list-style-type: none"> • Strict processes to utilise block provision flexibly and avoid spot purchasing. | | |
| <p>Risk of over-commissioning / fall in demand</p> | <p>Minimal notice period of c.6 months to allow decommissioning or rapid shift to care suite model if opportunities become available</p> <p>Quarterly review of block utilisation</p> <p>Requirement to convert to care suite model where feasible (whole homes/wings only).</p> | <p>Green</p> | <p>Shauna Torrance, Head of Adults Commissioning / Leesa Murray, Head of Brokerage</p> |
| <p>Ceiling rates are affordable to the LA but unattractive to the market resulting in fewer bids and beds</p> | <p>Set annual uplift calculation so the market are aware of longer term income and can plan against the risk of increased costs associated with inflation and the national living wage.</p> | <p>Green</p> | <p>Shauna Torrance, Head of Adults Commissioning</p> |
| <p>Annual uplift linked to National Living Wage and CPI (but capped at 3%) is not sufficient to meet inflationary costs</p> | <p>View as sharing inflation risk with providers, requiring efficiencies from them too. Potential to vary contractual uplift to give a higher amount is possible.</p> | <p>Green</p> | <p>Shauna Torrance, Head of Adults Commissioning</p> |
| <p>Cost of 28 day minimum Health Protection Agency closures following COVID-19 outbreak in mass blocked setting</p> | <p>Ensure distribution of block beds across all providers in the market - set limits on max beds per setting. Maintain robust Contract & Quality support to Care Homes to prevent</p> | <p>Amber</p> | <p>Shauna Torrance, Head of Adults Commissioning / Leesa Murray, Head of Brokerage</p> |

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| | outbreaks in subsequent waves | | |
| This will not address immediate sustainability issues beyond the 10% resilience payment already committed. Feedback suggests this a particular pressure within homes with low spot placement fees where self-funder placements have reduced. | Consideration is being given to extending the current resilience fund beyond June 2020. | Green | Shauna Torrance, Head of Adults Commissioning |

8. Scope - What is within scope? What is outside of scope?

The accommodation approach also aims to investigate and test the benefits of developing new delivery models for care home provision, and care suites is a key example of this. Care suites is a tenancy based model which gives individuals a home for life whilst also having the potential to significantly reduce the cost of care for the Council. This saving proposal does not include other areas of the Accommodation Strategy such as care suites and is solely stated from the savings to the block bed purchase inflation savings. Other aspects of the strategy and their associated benefits will be documented separately.

Business Planning: Business Case proposal

Project Title: Adults Social Care Transport Services

Committee: Adults Committee

2021-22 Savings: - £250,000

Brief Description of proposal: On review and thorough analysis of the council's Adults Transport Services, including contracts, expenditure and payments, it was identified that there is a need for a new Transport Policy with the purpose to provide a fairer and consistent approach to the provision of transport that fits with CCC's strategic aims and desired outcomes for Adult Social Care. When implemented, a number of key financial benefits and efficiencies can be achieved which are outlined in this proposal.

Date of version: 24 Nov 2020

BP Reference: A/R.6.186

Business Leads / Sponsors:

Gurdev Singh, Head of Commercial Commissioning for People and Communities.

Tracy Gurney, Head of Learning Disability Partnership

1. Please describe what the proposed outcomes are:

The purpose of a new policy is to provide a fair and consistent approach to the provision of transport that fits with the strategic aims of Cambridgeshire County Council (CCC) in addition to achieving our desired outcomes for Adult Social Care. In particular, the Transport Policy aims to ensure "a good quality of life for everyone", and help work towards "zero carbon emissions for Cambridgeshire by 2050".

A comprehensive policy is necessary to provide the following key objectives:

1. Make clear that the council should only provide transport where no alternative solution is practical. This includes using family and friend networks and public transport;

2. Specify how and when charges will be levied for services provided to those who are assessed to contribute to their cost, as well as people who are funding their own day opportunities arrangements;
3. Where an alternative solution is not available the policy sets out clear criteria, which staff responsible for support planning will use to determine any transport assistance from the Council.

It is important to remember that promoting well-being and meeting needs is not always about direct service provision. In many cases maintaining an individual's independence is more conducive to their wellbeing and other means of support may be more appropriate to meet an individual's needs. Such other means of support could include information and advice, universal services, preventative interventions, community resources, carers and direct payments.

The policy will aim to encourage people where possible to meet their transport needs independently through means such as walking, mobilising with the use of aids (either independently or with support), using their own vehicle, utilising transport assistance monies (e.g. PIP) or taking advantage of concessionary rates on public transport, using a strengths-based approach.

CCC provides transport using a range of methods including its own fleet of (leased) minibuses, contracts with external providers and (for urgent/exceptional circumstances only) taxis. Drivers can be part of CCC's permanent establishment, external contractors or volunteers. These transport services help people to access things including but not limited to day opportunities and respite care where alternatives are not available.

The overall objective of the policy is to ensure identified assessed need for transport is provided safely and efficiently whilst offering value for money and limiting the impact on the environment.

Whilst the full policy is still to be finalised, this proposal outlines the savings that have been calculated via the expenditure analysis. Where a charge is levied for council services the policy will ensure that the most competitive procurement and commercial decisions are made to ensure best value (as per objective 2 and 3 above). The full policy will be presented to Adults Committee in January 2021, with full timescales detailed later in this report.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

Commissioning and Finance teams conducted detailed research of published Adults Transport policies amongst local authorities. As a result the development of CCC's policy document has benchmarked the work from Hereford Council, Warwickshire County Council, Worcestershire County Council, and Milton Keynes Council.

The expenditure review, carried out by Finance and Transport teams, analysed transport payments and categorised them by where the activity took place and what the money was used for.

The analysis of 2019/20 data showed £2,850k of expenditure was made to external providers where:

- 56% of the expenditure is under central transport management control; and
- 44% of expenditure was incurred at district level through a combination of central and local contracts.

When analysing further the research found the following discrepancies:

- some transport payments incurred supporting self-funders who lived in the same residential care homes as CCC service users;
- some direct payments being made where the market could not provide capacity which means there is possibility to grow the market, incurring more costs;
- some service users being supported to travel to a day service which was further afield from a suitable alternative; and
- 97% of the expenditure was not linked to service users in Mosaic (CCC's Adult Case Management system) but instead it was linked to travel routes. This means there could be occasions when changes to service user packages did not result in corresponding changes to transport contracts.

The discrepancies are a result of the nature of the expenditure management and would be addressed in a new Transport Policy. Anecdotally the centrally managed contracts enjoyed stronger relationships with commissioners which in turn resulted in business developments, for example exploring the use of more efficient vehicles. Consequently there is a case to centralise more expenditure as this would accelerate help towards CCC's goal to achieve "zero carbon emissions for Cambridgeshire by 2050".

Reviewing this feasibility work alongside benchmarking the expenditure profile is part of this business case.

The primary users of the Adults Transport Policy are the service users attending day services. There is an active project to review day services and so this business case would run alongside that work with a shared governance arrangement that is advantageous to provide consistency and transparency.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

A feasibility study was conducted by staff to identify the potential opportunities for improvement. This formed the basis of the business case justification. The options analysis considered how we take this study into detailed design and implementation.

A hybrid approach is recommended from the three options considered:

1. An in-house approach;
2. A bought-in approach; and
3. A hybrid approach.

The advantage of the in-house approach is cost is already budgeted and consequently the funding required is to implement the project. The in-house approach would require staff to be available throughout the duration of the project without the risk of work being re-prioritised as a result of emergencies such as COVID-19 response or other projects. Furthermore it is acknowledge that we do not have all the expertise available on site across all the disciplines required. The disadvantage of this approach is that CCC misses the opportunity to learn from best practice achieved elsewhere.

The advantage of the bought-in approach is that subject matter expertise bring in best practice achieved elsewhere which can be readily available and after a scoping phase, can work at pace thereby maximising the benefits. The approach would require some access to in-house staff, but limit the impact of staff unavailability throughout the implementation. The disadvantage is the cost required and that the knowledge transfer and learning from consultants to staff is not always realised.

The advantage of the hybrid-in approach is that it will limit the expenditure and focus the expertise on gaps in CCC's project. Consequently we anticipate there is a requirement to benchmark the findings to date, assist with detail design, identify further benefits and optionally facilitate implementation. This reduces the effort required to transfer learning from consultants to staff.

In order to successfully implement the policy and to provide longer-term outcomes outlined there will be a requirement for Transformation Fund investment of £90k. It should be caveated that it is the detailed design work that requires the biggest support and is the highest risk to full delivery, due to limited capacity of staff. It is suggested this will help buy in specialist support to ensure that the design work is robust, sustainable and offers significant consultation with service-users who will be affected.

| Scope and tasks | In-House Lead | Amount |
|---|-----------------------------|--------|
| Detailed design work <ul style="list-style-type: none"> • Updating care plans to incorporate transport details • Verify savings opportunities by benchmarking with other LA's • Detailed design building on CCC's feasibility work • Identify new benefits • Consultation with service-users | Gurdev Singh / Tracy Gurney | £60k |
| Implementation support <ul style="list-style-type: none"> • Advice and guidance on new standard operating procedures | Martin Kemp | £30k |

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|--|--|--|
| <ul style="list-style-type: none"> • Advice and guidance on transport route optimisation • Advice and guidance on Mosaic changes/use • Advice and guidance on vehicle selection and financing | | |
|--|--|--|

The Transformation Fund bid will be presented to Adults Committee alongside the finalised policy in January 2021, and then to General Purposes Committee for a formal decision, also in January 2021, as per council governance.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The policy is being finalised with a formal decision on this to follow, as per the summary below:

High Level Timetable

| Task | Start Date | End Date | Lead Officer |
|---|-------------------|-----------------|--------------------------------|
| Finalise Transport Policy document | September 2020 | December 2020 | Tracy Gurney |
| Complete expenditure analysis including market analysis | November 2020 | December 2020 | Gurdev Singh |
| Align work plans with Day Services project | November 2020 | December 2020 | Shauna Torrance / Tracy Gurney |
| Quick wins (a) unused transport (from service user changes) | December 2020 | February 2021 | Tracy Gurney |
| Quick wins (b) optimise routes (from transport changes) | December 2020 | February 2021 | Martin Kemp |
| Transport Policy document at Adults Committee | January 2021 | January 2021 | Tracy Gurney |
| Transformation Fund Bid at Adults and GPC Committee | January 2021 | January 2021 | Tracy Gurney |
| Benchmark with Home to Schools Transport | February 2021 | March 2021 | Martin Kemp |
| Review centralising budgets | March 2021 | April 2021 | Tracy Gurney / Shauna Torrance |

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|---|------------|------------|--------------|
| Implementation details for 2021/22 activities | March 2021 | March 2021 | Gurdev Singh |
|---|------------|------------|--------------|

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

The policy applies to any of the following Adult Service areas, all of which cover people with protected characteristics:

- Older People's Services
- Physical Disability and Sensory Services
- Mental Health Services
- Learning Disability Services.

The policy is therefore being developed in line with current legal and equalities frameworks and policies to ensure it is fair and proportionate. A full Equality Impact Assessment will be completed to ensure it's proportionate and fair.

This cohort has been significantly affected by COVID-19 as national lockdowns and social distancing rules have led to disruptions in regular activities. In turn this has meant fewer people using transport.

Transport assistance is not automatically provided by the Council as part of other service provisions. Transport assistance is a separate consideration and will only be provided when the assessor determines such provision is necessary as the adult could not otherwise be reasonably expected to safely access facilities or services in the local community.

There is no single definition of what is reasonable distance, time or expense to expect someone to cover in travelling to access services or activities that meet social care needs. An assessor should be able, having information about an individual's abilities and the transport options available, to define 'reasonable' for that individual.

The full policy will outline CCC's understanding on reasonableness that will enable assessors to accurately and confidently use their professional judgement to apply the policy to improve outcomes for the individual. It is noted that all assisted transport provided, or arranged by CCC, is potentially subject to a charge in line with our charging policy. It is a key objective of this review of Transport Services to ensure that this charge is in line with other areas and provides best value for money.

Legal Framework

The Care Act 2014 and associated regulatory and statutory guidance provide the legal framework for the assessment of social care and support needs and for determining eligibility for Adult Social Care support from local authorities nationwide (with effect from 1st April 2015).

The Chronically Sick and Disabled Persons Act (Section 2) together require local authorities to arrange various welfare services, including providing or assisting with facilities to travel, where they are satisfied it is necessary to do so to meet the needs of disabled people. This means transport for Adult Social Care service users will typically be considered as part of a broader assessment of needs, based on the national eligibility criteria for adults and carers, and on the duty to meet needs through a care and support plan.

Equality

In making this policy, due regard has also been given to the Equality Act 2010, and in particular the local authority's public sector duties under this act.

Precisely, whether an individual receives a service directly from the Council or makes alternative travel arrangements for themselves, they have rights not to be discriminated against as a service user under The Equality Act 2010. Furthermore, service providers have obligations to make reasonable adjustments to ensure their provision is accessible.

The aim of the policy is to ensure a fair, consistent and transparent approach is taken to identifying and meeting the transport needs of service users where these have been clearly identified in the Care and Support Plan, and all other suitable alternatives to meet their needs have been explored and exhausted.

During Social Care and Support Planning, all relevant transport options will be considered and Assisted Transport will be offered as a last resort, where it is appropriate to needs and circumstances. Full details will be outlined in the final policy.

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial and Non-Financial Benefits

By applying a set of commercial levers, the opportunities identified are expected to deliver benefits ranging from £180k to £315k. Delivery of these benefits require key enablers to be in place, including:

1. Centralising contract (and potentially budget) management;
2. Adopting Mosaic as the primary repository for information; and
3. Developing even stronger provider relationships.

The summary table below details the areas of which are determined by the analysis to offer savings, as well as income and cost avoidance. The proposal estimates that in total there will be a saving of £250,000 to go into the Council's business plan.

| Adult Social Care Transport Services benefits area | | | |
|---|---|---|---|
| Key Benefit | Approach | Issues | Evaluation and saving |
| Right number of providers from volume concentration | <ul style="list-style-type: none"> ▪ Supplier fragmentation currently high particularly in localities. Over 80 providers delivering c£500k of transport per annum ▪ Explore moving higher volume local providers into the central transport management framework to obtain better rates ▪ Consolidating spend by increasing use of framework contracts can be expected to deliver savings. | <ul style="list-style-type: none"> ▪ Increased volumes cannot be guaranteed to providers in future but could be encouraged and accrue naturally and through placement review | <p>Further analysis required to assess levels of likely savings, given increased freedom of service users to select care through personalisation agenda.</p> <p>Estimated saving: £50,000 to £100,000</p> |
| Right price per mile from Best Price benchmarking | <ul style="list-style-type: none"> ▪ Consider if a mileage rate payment is more cost effective than a transport fee focusing on Direct Payment service users ▪ Analyse if top 20% of providers offer preferential rates ▪ Explore “Uber” approach to travel time/rate efficiency | <ul style="list-style-type: none"> ▪ May be attractive in present economic environment ▪ COVID-19 may mean family transport method increases in preferences ▪ Will require policy change | <p>Over £300k in Direct Payments.</p> <p>Estimated saving: £30,000 to £60,000</p> |
| Reduce pressure from effective demand management | <ul style="list-style-type: none"> ▪ Ensure Transport policy levers of mobility vehicles are applied before awarding transport packages ▪ Code all service user records into localities e.g. re-label YAT service users ▪ Review demand to ensure SF are not being paid for e.g. £70k to Oasis by Older People’s team | <ul style="list-style-type: none"> ▪ The work may be resource intensive resulting in protracted negotiations with service users families/ advocates ▪ May require policy change | <p>Based on 3-4% reduction in spend =</p> <p>Estimated saving: £70,000 to £100,000</p> |

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|---|---|---|--|
| <p>Greater efficiency from process optimisation</p> | <ul style="list-style-type: none"> ▪ Analyse locality expenditure to determine if more centrally managed routes can be developed.to substitute multiple taxi routes ▪ Establish a central contracts register. Upload all providers into Mosaic. All transport request form should feedback into care and support plans. Implement an efficiency measure with key providers ▪ Independent Travel Training 2 year pilot project. We are at the stage of evaluating the tender submissions ▪ Joint Dynamic Purchasing System for Education and Social Care Transport to be operational from Spring 2021, subject to approval from the Children & Young People’s Committee and Peterborough’s Cabinet | <ul style="list-style-type: none"> ▪ Difficult to assess size of opportunity as over 90% of service users are not linked to a provider and route ▪ This work is resource intensive and may affect establishment staffing levels. There is no measurement of maximum, planned and actual route utilisation | <p>Based on 1-2% reduction in spend =</p> <p>Estimated saving: £25,000 to £50,000</p> <p>Few financial benefits, but will help CCC to improve service performance and develop provider relationships</p> <p>Cost avoidance</p> |
| <p>Innovation from relationship restructuring</p> | <ul style="list-style-type: none"> ▪ Review key contracts to ensure active users are billed for and that every invoice contains service user details; all invoices (which include service user details) should be routed to Adults Finance Team ▪ Negotiate with Age UK for larger grant contribution | <ul style="list-style-type: none"> ▪ Likely to be well received given current economic climate | <p>Further analysis required to assess levels of likely savings</p> <p>Estimated income: £5,000</p> |
| <p>Total</p> | | | <p>Range between £180,000 - £315,000</p> |

Non-Financial Benefits

Full non-financial benefits associated with the policy will be presented with the full policy to committee in January 2021, but some initial benefits are highlighted below:

| Key Benefit | Measure | Baseline | Target & Timescale |
|---|--|--------------------------|-----------------------------|
| Improved process compliance leading to fewer care discrepancies | Value of transport activity tracked using service user care and support plans reportable by Social Workers | 3% as at Oct 2020 | 80% in 2 years |
| Increased levels of planned expenditure leading to a fewer yearend financial audit queries | Value of transport expenditure reportable through BI Inform by Finance team | £1,800,000 pa in 2019/20 | £2,600,000 within 18 months |
| Increased numbers of providers with details in Mosaic (in system contracts register) leading to fewer manual payments and easier communications | Number of providers with expenditure reported in full through BI Inform by Transport team | c50% | c90% within 18 months |

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

It is important to note the accessible transport market is very limited at the present time, particularly in the large 16 seater vehicles sector and has caused inflation in costs. That said, the savings have been calculated below the upper limit of the estimated range to allow for this. Consequently the opportunities identified help to offset the pressures brought about from COVID-19 related transport restrictions and demand changes.

It is also caveated that as per section 3 above, that in order to successfully implement the policy and to provide longer-term outcomes outlined there will be a requirement for Transformation Fund investment of £90k. It should be caveated that is the detailed design work that requires the biggest support and is the highest risk to full delivery, due to limited capacity of staff. It is suggested this will help buy in specialist support to ensure that the design work is robust, sustainable and offers significant consultation with service-users who will be affected.

| Risk | Mitigation | RAG (should the risk occur) | Overall Responsibility |
|--|--|-----------------------------|------------------------|
| <p>Personalisation may make provider consolidation and leverage challenging</p> <ul style="list-style-type: none"> ▪ Presents a route utilisation risk ▪ Prioritise route utilisation risk by ease of change. | <ul style="list-style-type: none"> ▪ Switch / renegotiate / build relationships with key providers. ▪ Need to ensure CCC has a robust contracts database with easy access to rates and terms. | Amber | Martin Kemp |
| <p>Volume driven contracts may prove less effective in the future.</p> <ul style="list-style-type: none"> ▪ Linked to both the personalisation agenda coupled with large provider base in all localities. Contracts committing to volume blocks may prove resource inefficient. | <ul style="list-style-type: none"> ▪ Explore the scope for more agile and flexible contracts. ▪ Harmonise spend across like for like services and consider awarding work based on service provision. | Amber | Martin Kemp |
| <p>May be difficult to renegotiate terms with key providers because of our dependency upon them.</p> <ul style="list-style-type: none"> ▪ Establish which localities have least competition and determine if centrally managed providers can offer alternative solution to drive down rates. Prioritise in Hunts. | <ul style="list-style-type: none"> ▪ This needs to be driven by transport management within CCC. ▪ The changing climate to personalisation must provide negotiation levers and an improvement incentive for the Providers. | Red | Martin Kemp |
| <p>Locality care managers do not have commercial and analysis skills.</p> <ul style="list-style-type: none"> ▪ Care Managers need to have access to Brokerage Team who are trained in negotiation tools and | <ul style="list-style-type: none"> ▪ Care Managers to receive appropriate signposting. Brokerage team to agree to manage transport negotiations. | Amber | Tracy Gurney |

| | | | |
|--|--|-------|-------------|
| techniques to enable a successful implementation. | | | |
| <p>Lack of business intelligence (BI) awareness and internal league tables of top performing partners.</p> <ul style="list-style-type: none"> ▪ BI is not currently available in a format to support local contracting decisions in relation to provider performance/rates. ▪ Providers may be being awarded work without consideration to all commercial factors. | <ul style="list-style-type: none"> ▪ BI should be collected to build a picture of provider performance to support the awarding of future contracts and in sign-posting future care. ▪ Transport discussions should be delegated to Brokerage team. | Green | Martin Kemp |

8. Scope - What is within scope? What is outside of scope?

This policy applies to all adults aged 18 years and above who has an assessed eligible need for support and requires transport to access their service and where there are no other alternatives available.

The policy applies to any of the following Adult Service areas:

- Older People's Services
- Physical Disability and Sensory Services
- Mental Health Services
- Learning Disability Services.

This policy does not cover travel assistance for service users under the age of 18 who need assistance to travel to and from education establishments, for which more details can be found in the Home to School Transport Policy.

Business Planning: Business Case proposal

Project Title: Additional Vacancy Factor

Committee: Adults

2021-22 Savings: -£150,000

Brief Description of proposal For many years, a vacancy factor has existed in P&C budgets to account for this; following a review of the level of vacancy savings achieved in recent years we are able to increase that vacancy factor.

Date of version: 6 Nov 2020 BP Reference: A/R.6.187

Business Leads / Sponsors: Debbie McQuade, Assistant Director Adult Social Care Operations

1. Please describe what the proposed outcomes are:

Whilst every effort is made to ensure critical posts are filled across the Council, some element of slippage in staffing spend always occurs. This results in underspends against staffing budgets, and is caused generally by things such as:

- Staff reducing hours, or leaving pension schemes
- Staff turnover, which often results in a period of days or weeks between previous and new members of staff
- New members of staff being paid on lower pay scales than more experienced staff who have left.

For over a decade, People and Communities has budgeted for a vacancy factor to capture this effect (termed 'vacancy savings'). Following a review of achievement of that budget factor over recent and current years, particularly across Adults Services, it is clear that the factor can be slightly increased as it has generally been over-achieved.

This does not result in fewer posts in the establishment, and doesn't impose any requirement on managers to delay recruitment. It therefore does not have an impact on the delivery of services.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

The achievement of the vacancy factor in budgets is monitored regularly. The factor was substantially over-achieved for a number of years; the recruitment drive in Reablement and in social work teams has reduced this over-achievement but it is still clear that the factor can be increased.

**3. Has an options and feasibility study been undertaken?
Please explain what options have been considered.**

This reflects in the budget an inherent level of underspend that usually becomes apparent in-year.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

This will be kept under-review, and if recruitment and retention increases it may risk achievement of this saving. If any issues are projected, this will be reported in-year and if necessary corrected in future business planning.

High Level Timetable

| Task | Start Date | End Date | Overall Responsibility |
|---|-------------------|-----------------|-------------------------------------|
| Quarterly review of the vacancy factor in 2021/22 | 1/4/20 | 31/3/21 | Budget managers and finance support |
| | | | |

5. Could this have any effects on people with Protected Characteristics?

No. This vacancy saving does not result in fewer posts in the establishment, and doesn't impose any requirement on managers to delay recruitment, thereby affecting no potential candidates (either with or without protected characteristics). As a consequence of this, it does not have an impact on the delivery of services either, which in turn means no impact on citizens with protected characteristics.

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits?

Financial Benefits

- Reflects in the budget a level of underspend (£150,000) that usually appears in-year.

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

| Risk | Mitigation | RAG (should the risk occur) | Overall Responsibility |
|---|--|------------------------------------|---|
| Future recruitment and retention levels improve, resulting in vacancy factor not being achieved | Quarterly review of achievement of the factor is normal; if it looks likely to under-achieve it will be reported | Green | Service Directors and Strategic Finance Manager |

8. Scope- What is within scope? What is outside of scope?

This is focussed in Adults Services, but the vacancy factor across all of People and Communities is usually reviewed at the same time.

Business Planning Business Case Proposal

Project Title: Micro-Enterprises Support

| | |
|--------------------------------|--|
| Committee: | Adults Committee and General Purposes Committee |
| 2021-22 Savings | -£30,000 |
| Brief description of Proposal: | Delivery of two-year roll-out to increase the home care micro-enterprise market in Cambridgeshire. |
| Date of version: 11 Nov 2020 | BP ref: A/R.6.188 |
| Business Leads / Sponsors: | Will Patten and Caroline Townsend |

1. Please describe what the proposed outcomes are:

This Business Case Proposal outlines a request for transformation funding to deliver a two-year project to develop the care micro-enterprise market in Cambridgeshire.

It is anticipated that this project will result in cost avoidance, whilst also releasing capacity in the homecare market and increasing the pool of Personal Assistants (PA's) within Cambridgeshire (see section 7).

Traditionally mainstream providers deliver a solution based on their capabilities in line with LA commissioning specifications and are incentivised to charge for work carried out on an hourly basis. This does not necessarily build on the inherent assets of the service users and does not lend itself to working flexibly.

There are a range of challenges within the current market:

- Sustainability for providers and cost of care to the local authority
- High numbers of people waiting for mainstream care who are in 'pending arrangements' such as:
 - Bridging in reablement
 - Utilising block car time for longer than six weeks
 - Using interim or residential beds due to lack of availability of mainstream care in the community.

People tell us this shortfall in flexibility and responsiveness means they do not have as much choice and control as they would need to remain independent and well at home, and thus prevent or reduce their need for longer term care. This means we need to change the nature and type of some provisions available to people.

Commissioners can fill the gap in the market by:

1. Changing the specifications and payment incentives
2. Finding and commissioning different and specialist providers such as micro-enterprises, to meet the specific needs
3. Adopting a Community Catalysts model to demonstrate different ways of working while supporting the development of a market which provides early intervention and prevention options from the local micro-enterprise, voluntary and community sector (see Section 3)
4. Ensuring the specifications and contract arrangements allow for a more flexible, holistic approach which blends statutory and non-statutory solutions.

Research undertaken by the University of Birmingham* found that micro-enterprise provision within care and support offers a more personalised approach than larger providers which stems from three main aspects:

- autonomy of frontline staff (often the sole worker) to vary the service being offered.
- greater continuity of frontline staff compared to larger providers.
- high level of accessibility of staff member to people using the service.

Micro-enterprises are a small but growing sector of the care market. In Somerset where micro-enterprises have been promoted by the local authority, they have risen in numbers from around 50 to more than 450 over five years.

*(Source: Community Micro-enterprise: As a driver of local economic development in social care, NEF, 2020 <https://neweconomics.org/2020/05/community-micro-enterprise>).

Research and evidence from partnerships with Community Catalysts in other local authorities, such as Hertfordshire and Central Bedfordshire, indicates that micro-enterprises can add choice and diversity to the care and support market whilst also increasing employment opportunities for people in our local communities. This is further supported by the recent publication of the LGA “Adults Social Care: Seven Principles for Reform”** which highlights the need for traditional services (such as residential care, domiciliary care and day centres) to be part of a “much broader local offer including smaller, more bespoke providers, micro-enterprises and wider community assets. These help bolster community resilience and their potential to help secure a more preventative approach to wellbeing that supports people to live safely and well at home must be harnessed”.

** (Source: <https://www.local.gov.uk/adult-social-care-seven-principles-reform#:~:text=%20Adult%20social%20care%3A%20seven%20principles%20for%20reform,should%20be%20a%20far%20more%20prominent...%20More%20>)

Anecdotal evidence has found that such micro-enterprises:

1. Deliver £1.30 benefits for every £1 invested (which improves on mainstream providers). This is based on comparing the current domiciliary care rates paid to mainstream providers with the typical direct payment rates made to PA’s and micro-enterprises.
2. Suffer from many barriers to entry into mainstream markets i.e.
 - Do not have experience of delivering similar LA contracts
 - Do not have the knowledge or experience to undertake a LA bid process

- Do not have all required policies and procedures to meet LA expectations
 - May not have the financial records to meet due diligence.
3. Do not have the experience of entering into LA contracts as they are predominantly care/health professionals with less experience or expertise in business skills.

We therefore have an unmet need and a potential solution which we cannot connect because of market barriers and wish to undertake the project, supported by Community Catalysts who are the only expert organisation specialising in this area with evidenced results, to test and prove the concept can work in Cambridgeshire.

Regarding the unique expertise of Community Catalysts to deliver the roll-out of care micro-enterprises, the following statement confirms the findings of ASC Commissioners at CCC who undertook extensive desktop research to determine if other potential partners exist in the UK:

'I can confirm categorically that the micro enterprise development model is associated with Community Catalysts and was designed by them. To the best of my knowledge there is no other organisation who can provide a comparable service.'

Les Billingham (Interim Director Adult Social Care & Community Development - Adults, Housing and Health, **Thurrock Council**; lbillingham@thurrock.gov.uk)

The outcome of a recent review and development of the *Vision for Homecare in the Future* has identified that the stimulation of a buoyant micro-enterprise market could support the homecare market, particularly in some of the identified hard-to-reach localities.

This, in turn, will enable the Council to meet the corporate objectives of a good quality of life for everyone, thriving places for people to live and the best start for Cambridgeshire's children (since many of those requiring Home Care are young people). By supporting these objectives, the care micro-enterprise project outlined in this business case will support the Council in attaining its vision to make Cambridgeshire a great place to call home.

Learning from our Neighbourhood Cares pilot and the Innovate & Cultivate funded Connected Communities project suggests that building reliable and sustainable social enterprises within the care market is a specialist skill. Knowledge of the care sector, alongside understanding of business and CQC regulations (especially in regards to regulated activity) is paramount.

We know that acting as a sole trader in a one-to-one working relationship does not require people to be CQC registered. However, the Community Catalysts model works within the regulations whilst providing support and ensuring that quality provision is in place through their own systems of checks and balances as well as ensuring that policies and processes are compliant with other legislation such as the Care Act (2014) and the Equality Act (2010). Support is also given in forming collaborative networks of micro-enterprises, who work together to provide cover for holiday, sickness, maternity and other planned and unplanned absences.

Working with Community Catalysts will allow us to access specialist support, giving the programme a high chance of success. Developing a healthy micro-enterprise

market may also make the option of a direct payment more attractive as there would be an increase in the availability of local services.

The project is seeking to fund a roll-out that will enable the council to demonstrate the positive impact of implementing the proven Community Catalysts model to develop the micro-enterprise market in a specified area of Cambridgeshire, whilst acquiring the necessary expertise within Commissioning for the process to be replicated without recourse to external parties in future. The aims of the project will be to increase the range and supply of micro-enterprises, which in turn will deliver the following outcomes:

- Delaying and reducing the need for regulated care, which could therefore release capacity in the mainstream homecare market
- Increase the choice, diversity and options available to people who need care and support, or who have been identified as on the fringes of meeting assessed need criteria and would benefit from low levels of support to retain their independence; reducing or delaying their need for long term regulated care, whilst those with more complex needs and requiring long-term personal care, can also be catered for by self-employed care workers or MEs.
- Person-centred, co-produced, place-based care and support plans/options for people (blended statutory and non-statutory solutions)
- Develop the personal assistant market and supply (by focusing on recruitment of new Personal Assistants rather than “poaching” staff from established care providers)
- Providing further choice for people who access a personal budget via direct payments, but who prefer not to directly employ a PA due to concern over the responsibilities and processes associated with calculating holiday entitlement, payroll, insurance, time sheets etc.
- Target an area where gaps in the regulated care and support market have been identified, such as East Cambridgeshire, although final location will only be confirmed following diagnostics phase of implementation.
- Develop the in-house skills and knowledge (in Commissioning) required to support and grow the micro-enterprise market to enable scale up.
- Support a place-based ethos (Area-Based Approach), developing the assets within a local community to remain sustainable in the longer term, whilst reducing carbon footprint due to excessive car travel from further afield. The project will also generate much-needed employment opportunities at a community level.

Taking the outcomes identified into account, the brief to Community Catalysts will be to achieve the following deliverables; based on the outcomes achieved in Somerset:

By the end of year 1:

- Survey the current micro-enterprise market in Cambridgeshire and provide a “state of health report” which identifies barriers to success, levels of micro-enterprise already in the market and which gaps in the care and support market have been identified. Once we understand the base-line levels the following targets will be finalised and agreed:
- Record 200+ enquires from local people expressing interest in running micro-enterprises

- Add 50+ new community micro-enterprises delivering 250 help and care hours to people at home (per week)
- Produce an interim lessons learnt report for Commissioners to help shape the micro-enterprise market for year 2. This will include recommendations about the skills and knowledge required by commissioners to support and grow the micro-enterprise market to enable scale up.

By the end of year 2 (tbc after analysis of performance at end year 1):

- Record 400+ enquires from local people expressing interest in running micro-enterprises
- Add 125+ new community micro-enterprises delivering 750 help and care hours a week to people at home
- Put in place a sustainable approach to continue to grow and develop the micro-enterprise market place including peer-to-peer network meetings. it is anticipated that this will form part of the infrastructure of Library Services linking with the Think Communities team
- Produce a lessons learnt report for Commissioners to help shape the micro-enterprise market of the future.

The effect of the intervention to the micro-enterprise market will in turn deliver the following outcomes:

- At least 50% of people who receive care and support in the project area:
 - agree they now have increased choice available to them;
 - agree they have more person-centred, co-produced, place-based care and support options;
 - agree they better understand and have considered access to a personal budget via direct payments for services such as PA's.
- At least 67% of the new micro-enterprises:
 - agree the facilitation from Community Catalysts has positively helped their business.
- Develop the personal assistant market and supply. This will be measured against a base line to show the numerical increase in PAs and will be accompanied by feedback from regulated providers with regard to recruitment.
- Support a place-based ethos, developing the assets within a local community.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

During late 2019 and early 2020 a review was undertaken of the homecare contract and provision across Cambridgeshire and Peterborough from which a range of key themes were identified. Those themes included market capacity gaps in rural locations and around Cambridge City, recruitment in the care and PA market and low engagement from providers in certain locations. Previous research undertaken when developing the Market Position Statement also identified the potential positive impact

that supporting and increasing the diversity of provider types in the market could have in our communities.

People who use homecare services tell us the current range of providers do not always adequately meet their needs, particularly in terms of flexibility or where support required is outside of, or in addition to, assessed care and support needs, including the Access to Work scheme (<https://www.gov.uk/access-to-work>).

Traditionally mainstream providers deliver a solution based on their capabilities in line with LA commissioning specifications and are incentivised to charge for work carried out on an hourly basis. This does not necessarily build on the inherent abilities and capacity of the service users and does not lend itself to working flexibly.

Research undertaken by the University of Birmingham* found that micro-enterprise provision within care and support offers a more personalised approach than larger providers which stems from four main aspects:

- autonomy of frontline staff (often the sole worker) to vary the service being offered, showing greater flexibility in availability/time slots.
- greater continuity of frontline staff compared to larger providers since self-employed workers come from the local community and are generally able to earn more than in large providers that pay only the National Minimum Wage.
- high level of accessibility to service provider decision-makers by people using the service.
- Formation of local informal partnerships between self-employed care workers, enabling mutual cover for holidays, sickness, maternity and other absences.

*(Source: Community Micro-enterprise: As a driver of local economic development in social care, NEF, 2020 <https://neweconomics.org/2020/05/community-micro-enterprise>).

This project will incorporate the learning from the Neighbourhood Cares and Connected Communities pilots with the Think Communities aims and outcomes from the work already completed and work still being undertaken in our community hubs whilst dealing with the Coronavirus pandemic.

Commissioning Intentions

The project will link with the vision and strategy for direct payments and homecare (homecare vision and actions are also included in the recovery and resilience strategy) and supports the ongoing market shaping and actions identified in the Market Position Statement.

Think Communities

The proposal is aligned with the Think Communities programme, which puts our citizens at the heart of collective decision-making, with a greater emphasis on 'place-based' delivery to ensure there is a deep understanding of local needs, challenges, assets and opportunities.

Changing the Conversation

The current proposal sits comfortably within this approach (devised by Partners4Change), the aim of which is to remove the traditional ‘assessment for services’ model and create a new culture where practice is based on three conversations:

Conversation 1

How can I connect you to things that will help you get on with your life – based on your assets and strengths, and those of your family and neighbourhood?

What do you want to do? What can I connect you to?

Conversation 2

Applicable to people who are at risk.

What needs to change to make you safe? How do I help to make that happen?

What offers do I have at my disposal – including small amounts of money and my knowledge of the community – to support you? How can I pull them together in an ‘emergency plan’ and stay with you to make sure it works?

Conversation 3

What is a fair personal budget and where do the sources of funding come from?

What does a good life look like? How can I help you use your resources to support your chosen life? Who do you want to be involved in good support planning?

Adults Positive Challenge

The project will support Cambridgeshire County Council’s stated priority outcome of “A good quality of life for everyone” and the Peterborough City Council vision of improving quality of life for all its people. The Adults Positive Challenge Programme supports better outcomes for individuals, carers and communities, whilst managing demand and this proposal clearly fosters these outcomes.

Net zero carbon emissions for Cambridgeshire by 2050

Enabling people to work as self-employed care workers or in a micro-enterprise, however small, means less traffic on the road and subsequent reduction in carbon emissions as people are able to walk or cycle to work in their own community.

Community Catalysts Model

Community Catalysts are a social enterprise who specialise in micro-enterprise development and community led support within the health and social care market. They have developed successful programmes previously, for example in Somerset (<https://www.communitycatalysts.co.uk/wp-content/uploads/2019/09/Somerset-Year-3-report-final-public.pdf>). In partnership with the LA, they can ensure our best practices and policies in Equality & Diversity, Safeguarding and Health & Safety are all replicated in the micro-enterprises they are supporting. The roll-out will conclude with an independent evaluation to ensure that we have an evidence base which will support the council to use the learning to scale up.

To date, Community Catalysts have worked in 49 areas, supporting the development of more than 1,800 community enterprises. Community Catalysts use a proven model which scales through a single coordinator or catalyst supporting up to 200 small, self-organising enterprises.

Independent evaluation of the Community Catalysts approach suggests that their method works across any demography, is replicable and delivers good outcomes. Evidence also suggests that this approach creates local choice and will typically, over two years, help nearly 125 would-be entrepreneurs and see nearly 60 community enterprises successfully established.

These successful community enterprises will support on average over 700 older or disabled people. Alongside this the Community Catalysts model can create over 100 jobs and 70 volunteering opportunities. Working alongside Community Catalysts mitigates the risk of failure which was experienced through the Connected Communities pilot and turn around the failure rate for micro-enterprise - over 2 years fewer than 4% compared with an average failure rate for micro-business of 90%. This is due to the specialist support, skills and knowledge that the Community Catalysts model brings in supporting enterprises in the health and social care marketplace.

Somerset County Council challenged Community Catalysts to support home-care start-ups in the most rural parts of the county. They had already made substantial investment in community infrastructure and that, together with courageous leadership and a decision to provide everyone who needed homecare with a direct payment and full information about what was available (and an extremely talented catalyst/coordinator) led to rapid growth in the numbers of community enterprises. Over the 4 years Community Catalysts were there, their employee supported 362 'start-up' enterprises. The enterprises in Somerset supported 1500 people and created 372 local jobs. Collectively they provided 12000 hours of care or support a week.

The model below illustrates the role of the community catalyst employee and the skills and knowledge they need to have:

Role of our local community catalyst



3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

The following options were considered and discarded:

- Do nothing:** This option has been discounted as a review of the market has identified the immediate need to address shortfalls and supply issues in the mainstream homecare market and this action is included in the homecare vision and recovery and resilience strategy.
- Cambridgeshire County Council carries out the market facilitation work:** This option has been discounted because of a lack of capacity and expertise for the requirements of this project in the existing LA workforce.
- Tendering for the market facilitation work:** This option has been discounted as Community Catalysts are the only provider operating in this specific segment of care micro-enterprise development nationally. For this reason, it is proposed that a direct award is viable.
- Delay the start of the activities:** This option has been discounted as there is an immediate need to address the supply issues in the Home Care market. However, if the project is implemented immediately, we will be able to transfer skills to Cambridgeshire County Council Commissioning and Libraries to enable a more sustainable approach to be taken in the future.
- Use Transformation Funding to work with Community Catalysts to develop care micro-enterprises in a 2-year roll-out:** This is the preferred option and reason for the current bid.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The business case has been developed working with the Transformation Team, Commissioning, Strategic Development, Think Communities, Finance, Commercial and Contracts; this group will also form the Project Board who will oversee the development and progress of the roll-out.

It is anticipated that ongoing resource/support from the Transformation Team will be required to work with the project group to implement, engage with stakeholders, deliver and monitor the project; this would in the region of 2/3 days a month, in addition to the commissioning team resource that will be made available.

There will also be a service user and provider group set up to ensure that we continue to shape the delivery and outcomes of the project and identify any impact on groups with protected characteristics. This feedback will then be reviewed regularly within the project board and with Community Catalysts; also feeding into the transformation bid/review process.

There will be regular communication with Healthwatch to ensure that feedback can also be facilitated from the community via their regular countywide forums and partnership boards.

| Task | Start Date | End Date | Lead Responsibility |
|--|---------------------------------------|-----------------|--|
| Set up Project Board | Aug 2020 | Dec 2020 | Karen Chambers |
| Advice and guidance from transformation team | Sep 2020 | Nov 2020 | Transformation Team |
| Develop business case and financial information for JCB. | Aug 2020 Submitted to JCB 19th Aug | Aug 2020 | Project Group: Graeme Hodgson, Ekta Patel, Sundeep Singh, Louise Tranham, Gurdev Singh. |
| Business case to Adults Committee | 22 Sept 2020 | End Sep 2020 | Karen Chambers |
| Business case to General Purposes Committee | 20 Oct 2020 | Oct 2020 | Graeme Hodgson |
| Develop detailed specification/outcomes | 26 Aug 2020 | Nov 2020 | Project Group |
| Procure/award | Nov 2020 | Dec 2020 | Graeme Hodgson |
| Implementation plan | Dec 2021 | Jan 2021 | Project Group |
| Commence project | Jan 2021 | Jan 2023 | Community Catalysts |
| Quarterly progress reviews | Apr 2021 | Jan 2023 | Transformation Team Project Team |
| Evaluation | Feb 2022 | Feb 2023 | Internal resource in partnership with Healthwatch |

5. Could this have any effects on people with Protected Characteristics or the other two groups protected by the Council of poverty and rural isolation? If so please provide as much detail as possible.

The risks should be potential risks in accordance with the Full Equality Impact Assessment completed and submitted with this Business Case.

We are mindful of the emerging data and evidence of the disproportionate adverse effects of COVID-19 on people with protected characteristics specifically Gender, Pregnancy and Maternity, Black, Asian, and Minority Ethnic (BAME) people, LGBTQ+ people, Disabled People and Older People. These impacts must be born in mind when making decisions about business planning and recovery.

This proposal seeks to develop a network of micro-enterprises (exact location to be confirmed during the diagnostics phase of implementation). This will develop a more diverse care and support market which in turn will create more choice and enable control over how an individual's care needs are met. The table below outlines the impact this project will have on the following groups:

| Category | Positive | Negative | Neutral impact |
|--------------------------------|----------|----------|----------------|
| Age | X | | |
| Disability | X | | |
| Gender reassignment | | | X |
| Marriage and civil partnership | | | X |
| Pregnancy and maternity | | | X |
| Race | | | X |
| Religion or belief | | | X |
| Sex | | | X |
| Sexual orientation | | | X |
| Poverty | X | | X |
| Rural isolation | X | | |

To ensure that the project has considered what the needs of people who access services with protected characteristics will need/want, the project team will engage with relevant groups/advocates during implementation and throughout the life of the project by working closely with Healthwatch and by holding feedback sessions and focus groups with service users.

POSITIVE IMPACT to key groups/ localities of protected characteristics and those adversely affected by COVID-19:

1. Older people and those with physical disabilities and care support needs living at home in roll-out areas – increase and diversification of care supply in market, increased choice and flexibility.
2. Project area communities – stimulation of economic activity and new job opportunities for minimum wage sector which is likely to be hardest hit by forecasted COVID-related recession and redundancy/unemployment; particularly applicable in rural communities.

NO NEGATIVE IMPACT to those with protected characteristics as provision will be open to all and will seek to ensure community catalysts are inclusive and fully representative of the communities they serve.

Mitigating actions: N/A

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

Levers to deliver cost avoidances

There are a number of ways that the proposed Community Catalysts approach could achieve cost avoidances:

1. Delay/Diverting ASC demand for long term care
2. Channel shifting some home care work from DPS to micro-enterprise (lower overheads)
3. Reduced travel cost of carers in rural areas where project is supporting MEs.
4. Reduction in high-cost Direct Payments to entice providers to pick up packages in these areas
5. Reduced of block cars/interim beds/respice beds with early intervention/ support options available within their local community. Ensuring the people can access low level support at an earlier stage to maintain their independence for longer and delay their need for long term care.

We would expect that by investing in the Community Catalysts approach we would be better able to support older and vulnerable people to maintain independence as long as possible, thus diverting some people away from needing long term social care intervention.

There may well be increased options for social inclusion/befriending/work experience/ volunteering and Community Catalysts can support the development of

enterprises to meet the needs of people with mental health needs and learning disabilities in the home or community. They are also moving into the disabled children space and their initial diagnostic analysis would help identify the real areas of need.

To support the case for investing in this model the project will demonstrate how the service has helped manage demand for long-term statutory social care services.

Cost avoidance breakeven point

The cost of the service over two years is expected to be £160,000 which will be funded by the Transformation Fund. This amount is broken down as follows:

| | 1 st Year | 2 nd Year |
|--|----------------------|----------------------|
| Set-up costs (recruitment, induction, training, equipment e.g. laptop, phone etc) | £40,000 | |
| Staff costs | £60,000 | £60,000 |
| TOTAL | £100,000 | £60,000 |

The following section establishes a financial breakeven point considering only the channel shifting method of cost avoidance. As other methods may bring forward the breakeven date there is a margin of safety built in.

It is assumed with the facilitation work of Community Catalysts the traditional hour of support would be replaced with that from a micro-enterprise. The difference in hourly rates is estimated to be nominally £4.50ph (this is based on the current difference between the CCC framework hourly rates and Direct Payment rates for Personal Assistants). Given a steady rise to 750 hours per week of delivery from micro-enterprises over the two years we would expect the project to break-even in Q4 Y2 (as per the cash flow table below).

| Element | Frequency | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
|-------------------------------|-------------------|----------|----------|----------|----------|----------|----------|----------|------------|
| Work delivered by enterprises | Hours per week | 0 | 100 | 175 | 250 | 375 | 500 | 650 | 750 |
| Work delivered by enterprises | Hours per quarter | 0 | 1300 | 2275 | 3250 | 4875 | 6500 | 8450 | 9750 |
| Cost avoidance using £4.50ph | £ per quarter | £0 | £5,850 | £10,238 | £14,625 | £21,938 | £29,250 | £38,025 | £43,875 |
| Expenditure from C/Catalysts | £ per quarter | £25,000 | £25,000 | £25,000 | £25,000 | £15,000 | £15,000 | £15,000 | £15,000 |
| Net cash flow | £ per quarter | -£25,000 | -£19,150 | -£14,763 | -£10,375 | £6,938 | £14,250 | £23,025 | £28,875 |
| Cum cash flow | £ per quarter | -£25,000 | -£44,150 | -£58,913 | -£69,288 | -£62,350 | -£48,100 | -£25,075 | £3,800 |
| | | | | | | | | | Break Even |

This suggests the project would generate cost avoidance savings of £30,713 in 2021/22 and £133,088 in 2022/23. Further investment may be required to sustain this approach beyond the two year roll-out and this will be identified in year one and built into future development plans.

Non-Financial Benefits

The primary non-financial benefit is to grow the micro-enterprise market to deliver 750 hours a week of support by the end of the second year. This will prove the validity and necessity of this market sector.

| Key Benefit | Measure | Baseline | Target & Timescale |
|---|---|---|--|
| Development of new and established micro-enterprises | Micro-enterprise numbers (existing and new) | To be established during month 1 of the project | 125 more in delivering 750 hours of support per week at the end of the second year |
| Local employment opportunities for people to become self-employed | Number of new micro-enterprises | First 3 months to identify baseline | 20 WTE by the end of Year 2 |
| Satisfaction rates for people who use the provision. Include a questionnaire for people who use current services | Independent survey | NIL To be established | Greater than 50% when asked at the end of the first year and the second year |
| Satisfaction rates for people who are supported by Community Catalysts | Independent survey | NIL | Greater than 67% at the end of the first year and the second year |
| Reduction in the number of people on the pending list for care | Current information | To be established and target for impact agreed | Estimated to reduce pending list by 25% (to be confirmed) |

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

| Risk | Mitigation | RAG (should the risk occur) | Overall Responsibility |
|---|---|--------------------------------|---------------------------|
| We know that acting as a sole trader in a one-to-one working relationship does not require people to be CQC registered however there is a risk that people in this situation can go unchecked and quality of service can be poor. | The Community Catalyst model works within the regulations but also ensures that quality provision is in place, compliant with CCC safeguarding, health & safety and equality & diversity policies through their own systems of checks and balances. | GREEN | CC |
| Governance process related to exemptions completed as appropriate | See below | GREEN | LGSS/KC |
| Risk of challenge from other providers due to a direct award of contract. | Committee Approval Issue a VEAT notice | AMBER | LGSS/KC |
| Recruitment risk in mainstream care market from increasing number of Personal Assistants recruited | Community Catalysts will work pro-actively with the market to manage this risk | AMBER | CC |
| Drop-out risk / financial risk if further COVID waves (i.e. cost of PPE etc.) | Community Catalysts specification will include working with micro-enterprise/sole traders to support development of | AMBER | CC/ LA |

| | | | |
|---|---|--------------|--|
| | policies/procedures/business continuity plans etc. LA to provide relevant support. | | |
| <i>Quality and contract management of Community Catalysts and ME's etc.</i> | <i>This will be incorporated in the specification and subject to relevant monitoring.</i> | <i>GREEN</i> | |
| <i>Failure to meet agreed targets</i> | <i>Quarterly performance review meeting</i> | <i>GREEN</i> | <i>Project Group and Transformation Team</i> |

8. Scope: What is within scope? What is outside of scope?

The location of the project will be identified based on current intelligence relating to market capacity gaps and input from Community Catalysts based on prior experiences.

The people who will benefit from the roll-out will be across the whole child and adult population of the identified location and who would receive homecare through the current contractual arrangements of the Dynamic Purchasing System in CCC, where an early intervention has been identified through the appropriate channels, or where they are in receipt of a personal budget via direct payments, this will also include people who self-fund.

Early conversations indicate that the preferred location may be in East Cambridgeshire (tbc following diagnostics phase of implementation), also linking with the Think Communities programme.

Equality Impact Assessment For employees and/or communities

This EqIA form will assist you to ensure we meet our duties under the Equality Act 2010 to take account of the needs and impacts of the proposal or function in relation to people with protected characteristics. Please note, this is an ongoing duty. This means you must keep this EqIA under review and update it as necessary to ensure its continued effectiveness.

Section 1: Proposal details

| | | | |
|--|-----------|---|--|
| Directorate / Service Area: | | Person undertaking the assessment: | |
| People & Communities / Adult Social Care Commissioning | | Name: | Graeme Hodgson |
| Proposal being assessed: | | Job Title: | Commissioner, ASC |
| Community Catalysts Care Micro-Enterprise Development Project | | Contact details: | graeme.hodgson@cambridgeshire.gov.uk 07448 379944 |
| Business Plan Proposal Number: (if relevant) | A/R.6.188 | Date commenced: | 10/11/2020 |
| | | Date completed: | 12/11/2020 |
| Key service delivery objectives: | | | |
| <p>There are a range of challenges within the current Home Care market:</p> <ul style="list-style-type: none"> • Sustainability for providers and cost of care to the local authority • High numbers of people waiting for mainstream care who are in 'pending arrangements' such as: <ul style="list-style-type: none"> ○ Bridging in reablement ○ Utilising block car time for longer than six weeks ○ Using interim or residential beds due to lack of availability of mainstream care in the community. | | | |
| Key service outcomes: | | | |
| <p>Commissioners can fill the gap in the Home Care market by:</p> <ol style="list-style-type: none"> a) Changing the specifications and payment incentives. b) Finding and commissioning different and specialist providers such as micro-enterprises, to meet the specific needs. c) Rolling-out a Community Catalysts model to test and evaluate different ways of working while supporting the development of a market which provides early intervention and prevention options from the local micro-enterprise, voluntary and community sector. d) Ensuring the specifications and contract arrangements allow for a more flexible, holistic approach which blends statutory and non-statutory solutions. <p>Furthermore, the flexible and holistic approach of community catalysts allows for a more person-centred approach. This would have a positive impact on protected groups including older people, disabled people, young people, Black and minority</p> | | | |

Equality Impact Assessment For employees and/or communities

ethnic (BAME) people and LGBTQ+ people. Some BAME, disabled, older and LGBTQ people report barriers to accessing services tailored to their individual needs. Community catalysts provides the opportunity to increase representation from people with protected characteristics in the workforce, offering inclusive services while working with voluntary sector partners to meet the diverse needs of people with protected characteristics.

What is the proposal?

The proposal is to commission Community Catalysts to roll-out a Care Micro-Enterprise Development project in East Cambs. The funds are for the employment of a full time community catalyst to provide support to micro-entrepreneurs and self-employed care workers in complying with the legislation and establishing successful micro-enterprises to increase the offer of competitively-priced care services and develop the market.

The business case has been developed working with the Transformation Team, Commissioning, Strategic Development, Finance, Operations Commercial and Contracts; this group will also form the Project Board who will oversee the development and progress of the pilot.

It is anticipated that ongoing resource/support from the Transformation Team will be required to work with the project group to implement, engage with stakeholders, deliver and monitor the roll-out; this would be in the region of 2/3 days a month.

There will also be a service user and provider group set up to ensure that we continue to shape the delivery and outcomes of the project; this feedback will then be reviewed regularly within the project board and with Community Catalysts; also feeding into the transformation bid/review process.

There will be regular communication with Healthwatch to ensure that feedback can also be facilitated from the community via their regular countywide forums and partnership boards.

The service-user group will be inclusive and representative of people with protected characteristics.

What information did you use to assess who would be affected by this proposal?

The proposal was based on learning from the Neighbourhood Cares pilot and informed by the findings of the comprehensive Home Care Review, concluded in early 2020. It was also presented to service users through several Partnership Boards run by Healthwatch in Cambridgeshire and Peterborough.

Extensive information was also made available on the success of the collaboration between Community Catalysts and Somerset County Council, including information on service user groups affected by the implementation of the same project there.

Equality Impact Assessment For employees and/or communities

Are there any gaps in the information you used to assess who would be affected by this proposal?

No gaps were found in the information used but to avoid undue bias from Somerset, other Local Authorities in the East of England who have worked with Community Catalysts were also contacted and the references provided for Community Catalysts were outstanding. Notably, from Central Bedfordshire, who kindly provided the specifications used to ensure Community Catalysts were aligned with Council Safeguarding and Equality & Diversity priorities.

Who will be affected by this proposal?

The proposal will be rolled-out initially in an area yet to be defined during the diagnostics phase of implementation, with subsequent expansion to wider geographical area.

The specific service user groups who will benefit are those in receipt of commissioned home care services. There will also be a positive impact on care workers seeking to establish a micro-enterprise or work as a self-employed care worker in a network of peers who can provide cover for one another in the event of sickness, holiday, maternity leave etc.

There is not expected to be any over-representation of people with protected characteristics amongst the affected groups. Furthermore, those with disabilities – who may depend on care packages currently provided by large providers with higher hourly rates and who charge for travel from the larger urban centres - will be positively impacted by the greater choice and supply of services on offer locally after roll-out of the micro-enterprise development project.

This proposal relates to services that have been identified as being important to people with particular protected characteristics such as older people and those with physical and learning disabilities as well as those who are rurally isolated and experiencing poverty.

The proposal relates to the equality objectives set by the Council's Single Equality Strategy as indicated below:

- Developing the local economy for the benefit of all;
 - Providing expert support and guidance on how to set up a Micro-Enterprise in the care sector will develop the local economy and benefit not only the service user, who will have more choice and potentially lower-cost services due to the lower overheads and infrastructure of a micro-enterprise compared to a large national provider. It will also benefit local care workers who can increase their earnings by becoming self-employed as well as attaining a more positive work-life balance by negotiating the hours they visit clients and working in partnership with a local network of similar MEs who

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can provide cover during holidays, sickness and other periods of absence.

- Helping people to live independent and healthy lives;
 - The service users who are currently reliant on limited supply/variety of providers of Home Care frequently complain about delayed care visits (e.g. due to traffic from far afield) and the amount of turnover and “new faces” of those delivering care. A preference has frequently been expressed in Service-User Partnership Boards (run on behalf of the County by Healthwatch) for more choice and control. This proposal to develop care micro-enterprises in rural areas will support the objective of helping people to live happy, healthy and independent lives at home.
- Supporting and protecting vulnerable people;
 - By definition, the provision of Home Care services is geared towards vulnerable people who can be broadly categorized into the following service user groups: Mental Health Service, Physical Support, Sensory Support, Memory and Cognition and Learning Disability Support. By increasing the supply/offer of providers of Home Care to users of these services, we are positively impacting those with the associated protected characteristics under the Equality Act (2010).

Workforce:

[BAME workers](#) and [young workers](#) are more likely to be affected by precarious employment and experience poverty. These challenges have been further exacerbated by Covid-19. Community Catalysts provides an opportunity for sustainable employment that would positively affect these groups by making the labour market more inclusive, allowing people to work locally, reducing costs incurred from transport and improve access to training etc. This could have similar positive impacts for excluded groups where flexible working is crucial including disabled people and people with caring responsibilities (most often women).

Equality Impact Assessment For employees and/or communities

Section 2: Scope of Equality Impact Assessment

| Scope of Equality Impact Assessment | | | | | |
|---|--|-------------------------------------|--------------|--------------------------------|-------------------------------------|
| <i>Check the boxes to show which group(s) is/are considered in this assessment. Note: * = protected characteristic under the Equality Act 2010.</i> | | | | | |
| * | Age | <input checked="" type="checkbox"/> | * | Disability | <input checked="" type="checkbox"/> |
| * | Gender reassignment | <input type="checkbox"/> | * | Marriage and civil partnership | <input type="checkbox"/> |
| * | Pregnancy and maternity | <input type="checkbox"/> | * | Race | <input type="checkbox"/> |
| * | Religion or belief (including no belief) | <input type="checkbox"/> | * | Sex | <input type="checkbox"/> |
| * | Sexual orientation | <input type="checkbox"/> | | | |
| | Rural isolation | <input checked="" type="checkbox"/> | | Deprivation | <input checked="" type="checkbox"/> |

Section 3: Equality Impact Assessment

The Equality Act requires us to meet the following duties:

Duty of all employers and service providers:

- *Not to directly discriminate and/or indirectly discriminate against people with protected characteristics.*
- *Not to carry out / allow other specified kinds of discrimination against these groups, including discrimination by association and failing to make reasonable adjustments for disabled people.*
- *Not to allow/support the harassment and/or victimization of people with protected characteristics.*

Duty of public sector organisations:

- *To advance equality of opportunity and foster good relations between people with protected characteristics and others.*
- *To eliminate discrimination*

For full details see the [Equality Act 2010](#).

We will also work to reduce social deprivation via procurement choices.

| Research, data and/or statistical evidence |
|--|
| <i>List evidence sources, research, statistics etc., used. State when this was gathered / dates from. State which potentially affected groups were considered. Append data, evidence or equivalent.</i> |
| During late 2019 and early 2020 a review was undertaken of the homecare contract and provision across Cambridgeshire and Peterborough from which a range of key themes were identified. Those themes included market capacity gaps in rural locations and around Cambridge City, recruitment in the care and PA market and low engagement from providers in certain locations. Previous research undertaken when developing the Market Position Statement also identified the potential positive impact that |

Equality Impact Assessment For employees and/or communities

supporting and increasing the diversity of provider types in the market could have in our communities.

People who use homecare services tell us the current range of providers do not always adequately meet their needs, particularly in terms of flexibility or where support required is outside of, or in addition to, assessed care and support needs.

Research and evidence from pilots in other local authorities indicates that micro-enterprises can add choice and diversity to the care and support market whilst also increasing employment opportunities for people in our local communities. This is further supported by the recent publication of the LGA *Adults Social Care: Seven Principles for Reform* which highlights the need for traditional services (such as residential care, domiciliary care and day centres) to be part of a “much broader local offer including smaller, more bespoke providers, micro-enterprises and wider community assets. These help bolster community resilience and their potential to help secure a more preventative approach to wellbeing that supports people to live safely and well at home must be harnessed”.

Consultation evidence

State who was consulted and when (e.g. internal/external people and whether they included members of the affected groups). State which potentially affected groups were considered. Append consultation questions and responses or equivalent.

The Community Catalysts Care Micro-Enterprise proposal was presented to several Healthwatch Partnership Boards including Carers’ PB, Physical Disability PB, Health and Social Care PB and Sensory Impairment PB. Participants, who represent service users in their communities, were supportive of the proposal to develop the care market, especially in rural areas, offering greater choice and potentially lower costs to self-funders.

Based on consultation evidence or similar, what positive impacts are anticipated from this proposal?

This includes impacts retained from any previous arrangements. Use the evidence you described above to support your answer.

To date, Community Catalysts have worked in 49 areas, supporting the development of more than 1,800 community enterprises. Community Catalysts use a proven model which scales through a single coordinator or catalyst supporting up to 200 small, self-organising enterprises.

Independent evaluation of the Community Catalysts approach suggests that their method works across any demography, is replicable and delivers good outcomes. Evidence also suggests that this approach creates local choice and will typically,

Equality Impact Assessment For employees and/or communities

over two years, help nearly 125 would-be entrepreneurs and see nearly 60 community enterprises successfully established.

These successful community enterprises will support on average over 700 older or disabled people. Alongside this the Community Catalysts model can create over 100 jobs and 70 volunteering opportunities. Working alongside Community Catalysts mitigates the risk of failure which was experienced through the Connected Communities pilot and turn around the failure rate for micro-enterprise - over 2 years fewer than 4% compared with an average failure rate for micro-business of 90%. This is due to the specialist support, skills and knowledge that the Community Catalysts model brings in supporting enterprises in the health and social care marketplace.

Based on consultation evidence or similar, what negative impacts are anticipated from this proposal?

This includes impacts retained from any previous arrangements. Use the evidence you described above to support your answer.

No negative impacts are anticipated as mitigation will be in place to avoid any potential negative impact on recruitment and retention of care workers already working in the area for established providers.

This mitigation will be in the form of supporting those individuals who are already working autonomously to succeed in becoming compliant with all legislation and Council processes and requirements, including EDI and H&S.

Furthermore, steps will be taken to recruit school-leavers and those returning to work after a long period of unpaid caring or unemployment so as not to undermine the existing supply of labour in the local care market.

How will the process of change be managed?

We intend to form a Project Board, inclusive of all those with protected characteristics who wish to join. This will comprise not only commissioners and partners, as well as representatives from the Transformation Team, Operations Contracts and Think Communities but also a representative of the Home Care Service Users group. Ideally, this will be on a rotating basis so as many different SUs as possible have the opportunity to contribute their thoughts and lived experience to the process of change management to be undertaken. Furthermore, the community catalyst recruited to deliver the roll-out will also meet with service users in the specific communities to be included in the scope of the project where micro-enterprises are being developed and established.

People with protected characteristics will be invited to participate in events and meetings, including those representing community groups and faith groups. This is to ensure services are co-produced in an inclusive way to meet the diverse needs of our communities.

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How will the impacts during the change process be monitored and improvements made (where required)?

How will you confirm that the process of change is not leading to excessive stress/distress to people with protected characteristics / at risk of isolation/deprivation, compared to other people impacted by the change? What will you do if it is discovered such groups are being less well supported than others?

During implementation of the project, there will be events open to the local community to raise awareness of the objectives, expected outcomes and impact on the local population. These are expected to take place in accessible hubs such as libraries and community centres. At these meetings it will be possible for any resident or representative of groups with protected characteristics to contribute and provide feedback, including suggestions on how the project can better cater for their concerns, if necessary.

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Section 4: Equality Impact Assessment - Action plan

See notes at the end of this form for advice on completing this table.

| Details of disproportionate negative impact (e.g. worse treatment / outcomes) | Group(s) affected | Severity of impact (L/M/H) | Action to mitigate impact with reasons / evidence to support this or Justification for retaining negative impact | Who by | When by | Date completed |
|--|-------------------|-------------------------------|--|--------|---------|----------------|
| N/A | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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Section 5: Approval

| | | | |
|---|---|---|---|
| Name of person who completed this EIA: | Graeme Hodgson | Name of person who approves this EIA: | Will Patten |
| Signature: |  | Signature: |  |
| Job title: | Adult Social Care Commissioner | Job title: <i>Must be Head of Service (or equivalent) or higher, and at least one level higher than officer completing EIA.</i> | Service Director: Commissioning |
| Date: | 12/11/2020 | Date: | 13/11/2020 |

Guidance on completing the Action Plan

If our EIA shows that people with protected characteristics and/or those at risk of isolation/deprivation will be negatively affected more than other people by this proposal, complete this action plan to identify what we will do to prevent/mitigate this.

Severity of impact

To rate severity of impact, follow the column from the top and row from the side and the impact level is where they meet.

| | | Severity of impact | | | | Priority and response based on impact rating | | |
|--|-------------------------|--------------------|----------|----------|----------|--|---|--|
| | | Minor | Moderate | Serious | Major | High | Medium | Low |
| | Inevitable | M | H | H | H | <i>Amend design, methodology etc. and do not start or continue work until relevant</i> | <i>Introduce measures to control/reduce impact. Ensure control measures</i> | <i>Impact may be acceptable without changes or lower priority action required.</i> |
| | More than likely | M | M | H | H | | | |

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| | | | | | | | | |
|-----------------------------|-------------------------|----------|----------|----------|----------|--|---|--|
| Likelihood of impact | Less than likely | L | M | M | H | <i>control measures are in place. Or justify retaining high impact</i> | <i>are in use and working. Or justify retaining medium impact</i> | <i>Or justify retaining low impact</i> |
| | Unlikely | L | L | M | M | | | |

Actions to mitigate impact will meet the following standards:

- *Where the Equality Act applies: achieve legal compliance or better, unless justifiable.*
- *Where the Equality Act does not apply: remove / reduce impact to an acceptably low level.*

Justification of retaining negative impact to groups with protected characteristics:

There will be some situations where it is justifiable to treat protected groups less favourably. Where retaining a negative impact to a protected group is justifiable, give details of the justification for this. For example, if employees have to be clean shaven to safely use safety face masks, this will have a negative impact on people who have a beard for religious reason e.g. Sikhism. The impact is justifiable because a beard makes the mask less effective, impacting the person's safety. You should still reduce impact from a higher to a lower level if possible, e.g. allocating work tasks to avoid Sikhs doing tasks requiring face masks if this is possible instead of not employing Sikhs.