

North Tyneside Council

Report to Cabinet

Date: 14 May 2012

ITEM 6 (f)
Title: A Vision for Adult
Social Care

Portfolio(s): Adult Social Care

Cabinet Member(s): Councillor Leslie
Miller

Report from Directorate: Community Services

Report Author: Jacqui Old, Head of Adult Social Care (Tel:(0191) 6437008)

Wards affected: All Wards

PART 1

1.1 Purpose:

The purpose of this report is to provide an update to Cabinet on the progress made to transform and personalise adult social care services in North Tyneside and to endorse publication of the first Local Account.

Every council in England must now produce an annual report, called the Local Account. The Local Account is about the adult social care services the council provides.

The Local Account is published instead of the Council producing a report for central government, as they used to in the past. From now on, the Local Account will be accountable to both the Health and Well Being Board and Local Involvement Networks. Both groups will scrutinise, challenge and ultimately sign off and endorse the Local Account as being a true and accurate account of adult social care in North Tyneside.

This report is divided into the following three areas:

- The impact of ongoing national policy changes and local progress,
- Performance in 2011 / 2012; and
- A look ahead to the vision and priorities for 2012 / 2013 and beyond.

1.2 Recommendation(s):

It is recommended that Cabinet:

- (1) Note the national update on policy changes and the local response to these in section 1.5.2. of this report.

- (2) Note the performance of Adult Social Care for 2011 / 2012 as detailed in section 1.5.3 of this report and the Local Account in Appendix A.
- (3) Agree the vision and priorities for Adult Social Care for 2012 / 2013 as detailed in section 1.5.4 of this report and the Local Account in Appendix A.
- (4) Endorse the publication of the North Tyneside Local Account for Adult Social Care.

1.3 Forward Plan:

This report appears on the Forward Plan for the period 1 March 2012 to 30 June 2012.

1.4 Council Plan and Policy Framework

This report relates to the 2012 – 2015 Council Strategic Plan, Priority 1; Sustaining our front line Council services within the Council, but only spending what we can afford.

1.5 Information:

1.5.1 Background

Demographic change and financial pressures are combining to create unprecedented times for all adult social care services. Not only is the population ageing, but the pressure on services from people with significant levels of need is increasing, as those people live longer through better health and social care provision.

Adult Social Care in North Tyneside has been on a three year journey of transformation to respond to the Government's Vision for Adult Social Care, Capable Communities and Active Citizens (2010) and its White Paper Equity and Excellence: Liberating the NHS (2010).

The principles of personalisation remain at the centre of these changes, underpinning a leaner, more outcome focussed and outward facing role for the public sector. The overall aim is to secure a shift to a position where as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for targeted services. Those however who do need such help, including many people at the end of life, should have maximum control over this, with the information, means (financial and practical) and confidence to make it a reality.

'Think Local Act Personal' (January 2011) is the Sector's most recent agreement on the reform agenda and builds on learning from implementing Putting People First across England over the past three years. The agreement underlines the necessary connection between preventative, community-based approaches and personalised care and support.

Over the past year Adult Social Care has continued on the personalisation journey and as a result our users, partners and North Tyneside residents have seen:

- A new integrated commissioning structure with the NHS North of Tyne, Children Young People and Learning and GP Clinical Commissioning Groups.
- A review of day care provision, releasing efficiencies and improving quality for those who use the service. Further savings and improved outcomes for customers were also demonstrated in domiciliary care commissioning.

- The reablement service continues to go from strength to strength with 64% of all users not requiring any ongoing support after they have received the service.
- Over 80% of our users supported to live independently in their own homes.
- Over 70% of our users are receiving their support through a Personal Budget.
- A new safeguarding team and training to staff across the Council and wider health and social care workforce and community, demonstrating increased awareness and reporting of concerns.

1.5.2 National Policy Update and Local Progress

Following agreement by both Houses on the text of the Health and Social Bill, it received Royal Assent on 27 March 2012. The Bill is now an Act of Parliament, the Health and Social Care Act 2012.

This section of the report describes the key changes as a result of the Bill and local progress made.

1.5.2.1 Health and Wellbeing Boards

The Health and Social Care Act sets out the requirements for all councils to establish Health and Wellbeing Boards comprising of GPs, officers, Councillors and other local representatives.

Locally the Board was established in Shadow form from December 2010 and will have statutory powers from April 2013. The North Tyneside Board is a Theme Partnership of the Local Strategic Partnership (LSP).

A main function of the Health and Wellbeing Board is to assess the needs of the population through the Joint Strategic Needs Assessment (JSNA). The JSNA is an ongoing process which describes the future health, care and well-being needs of the local population and the strategic direction of service delivery to meet those needs. This process supports the delivery of better health and wellbeing outcomes for the local community by informing decision making and the commissioning of services.

The North Tyneside Health and Wellbeing Board will develop the Health and Wellbeing Strategy during 2012 using the JSNA as its evidence base.

1.5.2.2 Public Health

The plans to change Public Health and transfer its core functions to local councils have seen several 'Update' papers being published but more are also due. These Update papers provide clarity and guidance on key issues but it is important to note the overall direction of travel remains the same, with Public Health at a local level, moving to the Council and a new national body 'Public Health England' being created.

Nationally, the debate has focused on the role of Public Health England and the employment of Public Health staff. This is still unclear and we await further guidance from the Department of Health as part of the national Update process. There has also been a debate about the Public Health budgets which appear to be very diverse across England.

The Department of Health informed the Council of the baseline public health budget in

February 2012.

Locally, a Public Health Transition Group has been established to oversee the process of transition in 2012 / 2013 and a detailed Public Health Transition Plan was presented to Cabinet on 12 March 2012.

1.5.2.3 Strategic Health Authority and Clinical Commissioning Groups (CCG's)

From October 2011, NHS North East, NHS North West and NHS Yorkshire and the Humber, the three strategic health authorities in the North of England, were placed under a single management framework and now work together as NHS North of England. NHS North East remains a statutory body as part of NHS North of England and has responsibility for the performance of the NHS across the north east.

Locally, the two CCGs, Engage Health and Care First, have formed part of the NHS North East Cluster and have now merged into a single CCG from April 2012.

1.5.2.4 LINks and HealthWatch

At a national level HealthWatch England will be established as the independent patient champion within the Care Quality Commission (CQC).

Local HealthWatch, reporting into National HealthWatch, will be a statutory member of the Health and Wellbeing Board and will have a role in maximising local engagement by bringing the community and patient voice to the commissioning process.

Following feedback from local authorities and Local Involvement Networks (LINKs), national timescales have changed and councils now have until April 2013 to work with local health experts and volunteers to establish a local HealthWatch. The previous date was October 2012.

The North Tyneside HealthWatch Transition Group has been established and is made up of people from the local CCGs, North of Tyne Primary Care Organisation, North Tyneside Council, North Tyneside LINK and the Community and Health Care Forum. The Group will be reporting progress to the North Tyneside Shadow Health and Wellbeing Board and North Tyneside Commissioning Executive for health and social care services.

1.5.2.5 Performance Management and Accountability

The New Adult Social Care Outcomes Framework (ASCOF), published on 31 March 2011, places much greater emphasis on the delivery of outcomes, personalisation, the promotion of choice and control and on the direct involvement informed of the views of service users and carers. The ASCOF contains four outcome domains which are based on, Personalisation, Protection, Prevention and User Positive Experience. Our performance will be measured against the 4 outcomes and all contain an element of feedback gleaned from user and carer surveys.

The framework also relies much more heavily on councils 'telling their own story' i.e. facilitating a process through which the issues that matter to social care users and their carers locally are captured, reported on and communicated to central Government. This will be achieved through a new 'Local Account' for Adult Social Care.

1.5.2.6 The Local Account

Every council in England must now produce an annual report, called the Local Account. The Local Account is about the adult social care services the council provides.

The Local Account is published instead of the council producing a report for central government, as they used to in the past.

The Local Account has identified our priorities for quality and improving outcomes in social care. It replaces the Care Quality Commission's annual assessment of councils as commissioners and instead will be scrutinised and endorsed by both the Health and Well Being Board and LINK.

1.5.2.7 The Law Commission Review

The Law Commission Review of Adult Social Care Legislation report was published in June 2010 and the Government has indicated in its response, that new legislation will be introduced in 2012 that picks up key recommendations from the Review.

Proposals outlined are wide ranging but include the removal of the current restriction on use of Direct Payments and Personal Budgets to fund residential care.

Councils would also have a greater ability to delegate community care assessments to other professions or bodies, but would still retain the final decision-making power on providing services.

Teenagers could be assessed as adults from 16 and 17; currently the limit is 18 years old.

There would be enhanced duties on councils to co-operate when a service user moves areas and to support this, there would be an introduction of national criteria for carers and for NHS Continuing Health Care.

Unlike child protection, adult safeguarding procedures have no primary statutory basis but are only laid down in secondary legislation (regulations). Under the proposed changes councils would have a primary legal duty to investigate suspected instances of adult abuse when an adult is at "risk of harm". Councils would also have a duty to take the lead role in multi-agency safeguarding procedures and NHS trusts and police would be formally required to appoint representatives to adult safeguarding boards.

1.5.2.8 The Dilnot Commission

The Commission on Funding of Care and Support was launched on 20 July 2010 and presented its findings in its report Fairer Care Funding on 4 July 2011. The independent commission, set up by the Government was asked to recommend a fair and sustainable funding system for adult social care in England.

The Commission estimates that its proposals, based on a cap of £35,000, would cost the State around £1.7 billion at 2010 / 2011 prices. This is actually an additional cost to social care of £1.9 billion and a saving in benefits of £0.2 billion.

The Government welcomed the report and is in the process of considering its findings. Clearly the additional resources required for implementation would need to be carefully considered against a range of competing priorities and in the context of the Government's approach to reducing public spending. A formal response is not expected

until the late spring of 2012. The Dilnot Report itself states it would not anticipate any implementation of its recommendations until at least 2014/15.

1.5.3 Performance in 2011 / 2012

During the year the Council's Adult Social Care service has transformed and delivered on a range of efficiencies designed around the core principles of personalisation. These achievements have been translated into the first Local Account for North Tyneside which is attached in Appendix A. Highlights are included in this section of the report.

Our performance and information in the Local Account has been tested and supported through:

- Involvement and consultation with a newly emerging "scrutiny and oversight" group made up of members from the Local Involvement Network (LINK),
- Feedback from the engagement programme for the draft Council Plan and Budget undertaken in December 2011 and January 2012,
- Feedback from customer surveys,
- Ongoing feedback from key stakeholders including NHS North of Tyne and the North Tyneside Clinical Commissioning Group, and
- A selection of data and measures which demonstrate the objectives chosen locally and the progress made during the past year, in support of the overall narrative.

1.5.3.1 Performance in Personalisation

Adult Social Care currently has around 70% of eligible customers using a Personal Budget to review the care and support services they need. This is in line with the national target set.

The Local Account shows that 76% of customers felt that they were positively involved in their assessment and support planning for a Personal Budget and a further 79% felt their views had been fully taken into account during this process.

Around 60% of people felt that a Personal Budget was helping them to take more control over their care and support.

81% felt that the care and support they receive, suits them and their lifestyle.

There are relatively small numbers of customer who are taking their Personal Budget as a Direct Payment in North Tyneside and as a result, this will be a continued area for development in 2012.

Valuing and developing User Led Organisations (ULOs) is a key strand of the personalisation agenda. Adult Social Care has been working with other North East Councils, to develop a strong ULO presence in the borough and as a result, a North Tyneside ULO network has been established. The Network is the foundation for a new advice and information network for, health, social care and wellbeing in the Borough. The Network has been branded as SIGN North Tyneside and will be launched in May 2012 along with a new website and service directory.

An extensive training program with Adult Social Care staff, and those working in the wider health and social care market has been successfully delivered during the year on the key principles of personalisation, creative support planning and risk taking.

During the year the Adult Social Care team has piloted the use of a points based resource allocation system (RAS) to test out whether the money allocated through Personal Budgets is right. There are now systems in place to ensure that if the RAS is too low or too high, that it is adjusted accordingly to meet all eligible needs. The RAS also now builds in support for carers to ensure they can take a break from their caring role.

1.5.3.2 Performance in Commissioning

- Improving the quality of commissioned services is a key Mayoral priority. During 2010/11 there were a number of high profile and well publicised cases of serious failings in terms of the provision of social care services for Adults with learning disabilities provided by Castlebeck Care at Winterbourne View, and for older people when the poor quality and standards at a number of Southern Cross care homes, were exposed. Adult Social Care in North Tyneside has a robust, rigorous and proactive approach in place to ensure that the quality of care provided within the sector is of a high standard. In 2010 the team introduced a Quality Payments Scheme, taking the lead with a Regional Improvement and Efficiency Partnership (RIEP) project to incentivise and reward the provision of high quality care and support in residential and nursing care. Payments to care homes are in four bandings and paid in accordance with an assessment of the quality of service provided. This follows an annual quality assessment of the service. To enhance this approach, the Contracts and Monitoring team work closely with the Care Quality Commission to effectively share intelligence about the sector and have worked with the North Tyneside LINK to develop an Independent Observer Scheme, where volunteer assessors undertake a separate, independent assessment of the service from the user's perspective.
- Contributions from the NHS for joint services such as reablement and loan equipment have been reviewed and increased. A review of the maximum contribution level from customers has also taken place.
- Residential care fees have been renegotiated up to March 2013. This has resulted in a saving of £400k per annum against previous provision. Independent evaluation confirms that our rates in this sector are competitive when compared to our regional neighbours and are within the Audit Commission median unit cost band. Day Care provision has been reviewed and the service retendered, releasing efficiencies and improving quality. Further savings and improved outcomes for our customers were also demonstrated in domiciliary care commissioning.
- A new integrated commissioning structure has also been developed with NHS North of Tyne, GP CCGs, Adult Social Care and Children, Young People and Learning. A copy of the integrated structures is attached in Appendix A and shows the establishment of a Commissioning Executive Board which reports into the Shadow Health and Wellbeing Board. The structure also supports the introduction of a new Integrated Disability Board for ages 0 – 25 years to develop better planning and delivery of services for children and young adults with complex needs. In addition a new Engagement and Communication Group has just been established to ensure that we better coordinate user, patient and public involvement across NHS and social care services in the borough.

- The reablement service has continued to go from strength to strength with over 90% of older people remaining at home 91 days after discharge from hospital. 64% of all reablement users do not require any ongoing support after they have received the reablement service. Over 80% of our Adult Social Care users are supported to live independently in their own homes.

1.5.3.3 Performance in Safeguarding

An enhanced safeguarding team and provision of training for staff across the Council and the wider health and social care workforce and community, is already providing benefits; with increased awareness and reporting of concerns.

- The Local Account showed that over 90% of people feel safe in their own home.
- Improvements to advice and information about adult safeguarding have been made through a new safeguarding leaflet (available in easy read) for distribution at public access points.
- Working in partnership with the Fire Brigade, all Adult Social Care customers are now offered a fire safety check at the point of contact.
- A new women's refuge service has opened which offers bespoke temporary housing to women and children fleeing domestic abuse.
- The secure and stay safe project has helped to reduce both burglary and incidents of fire for older people in the borough.

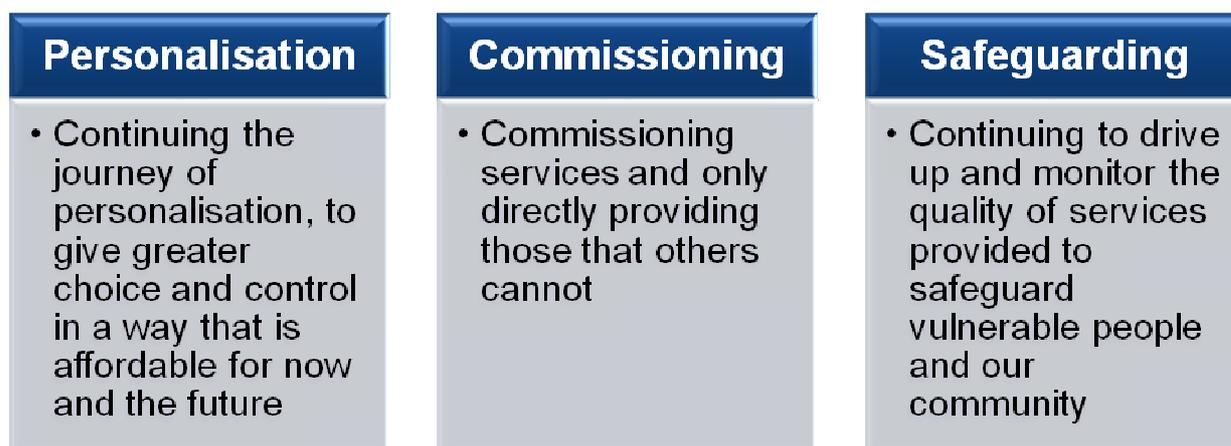
1.5.4 Vision and Priorities for 2012 / 2013

The vision for the coming year builds on that of the previous three years.

The Service will continue to promote independence and choice, leading the way on the personalisation of services so that all of our customers receive a personal budget by 2013. It is much bigger than just social care; it is about enabling individuals to become part of active communities.

The 3 key priorities for 2012 / 2013 are shown in Figure 1 below.

Figure 1: Adult Social Care Three Key Priorities for 2012 / 2013



1.5.4.1 Personalisation

Whilst there are 70% of Adult Social Care eligible users receiving a personal budget, and a range of bespoke responses being made to people right across the Council, there is more to do. In some cases services and lives have not yet been changed and this will be the challenge in 2012 and beyond.

All projects below will be reflected in the Adult Social Care Service Plan and will all be completed by March 2013.

- A new Framework of services will be available to users and carers in 2012 which will offer greater choice of organisations to help set up and administer Direct Payments to simplify customer access to the use of Direct Payments. This Framework will also offer the first opportunity for other organisations to offer the support planning and brokerage element of personalisation; something traditionally only offered through Council assessment teams. In addition the Service will introduce pre paid cards for Direct Payment users.
- Information and advice service developments will continue in 2012 / 2013, both to the general public about staying healthy and getting involved and to Adult Social Care customers about care and support services. This is a key element of the prevention agenda to ensure that the right information, support and guidance is available at the right time.
- The Resource Allocation System (RAS) will be used to ensure resources are allocated equitably across all users groups and will offer a level of transparency to users and carers never previously possible in the assessment and Personal Budget process.
- Lessons learned and benefits gained from reablement will be transferred to mental health and learning disability services, by moving care from residential to community settings.

1.5.4.2 Commissioning

The key drivers influencing and driving change in the social care market are personalisation; demographics; expectations; diversity of provision; efficiency, best value and value for money; quality; safeguarding; accreditation; and workforce.

The current financial climate is forcing a drive for efficiency within the public sector where councils are seeking innovation; added value; increased use of non-public funded community support (social capital); and promotion and development of volunteer networks as a key role for the voluntary sector.

There is a need therefore to ensure that all services are accessible to as many people as possible and to help the social care market to respond, by offering greater choice and flexibility.

In doing that the Service will continue on the journey to strengthen the Council's commissioning of services, focussing on quality and on keeping people safe. Services both internal and external to the Council will be reviewed to ensure they meet people's

needs in a cost effective way and those services that cannot demonstrate this will not be re-commissioned.

Scarce resources will be targeted at the support that makes the biggest difference and reconfigured crisis intervention services will make sure people are supported toward independence as quickly as possible.

Reablement is another area where there will be a significant expansion of capacity. Reablement is about how we help people get back to living their lives as independently as they can. Ensuring this service is available to everyone, including those with mental health needs and learning disabilities will be a key area of focus in 2012.

All projects below will be reflected in the Adult Social Care Service Plan and will be completed by March 2013.

- Strengthening and re-providing crisis response services to vulnerable older people in the borough to ensure support is available in an emergency.
- Maximising income in relation to contracts and commissioning on behalf of North of Tyne PCO.
- Improving access to housing related support services – ensuring we make best use of these resources and help people to reach greater levels of independence.
- Strengthening the assessment with the NHS for those eligible for Continuing Health Care (CHC) to ensure that NHS funding is secured where appropriate.
- Streamlining intermediate care services and modernising The Cedars to simplify the pathway into the service and modernise the physical environment for those who use the service.
- Strengthening the roll out of reablement through joint funding with the NHS. This includes making reablement accessible for all client groups whilst preventing hospital admissions and supporting timely hospital discharge.

1.5.4.3 Safeguarding

Living a life that is free from harm and abuse is a fundamental right of every person.

Building on existing knowledge and the recommendations from internal reviews of our safeguarding services and practice, there will be continued investment in time and resources into increasing awareness of adult protection issues; moving the focus from protection to one concerned with prevention and protection.

The challenges for safeguarding vulnerable adults emanating from the personalisation agenda will be addressed in the wider social care system by:

- Working alongside the voluntary sector to help them find ways of sharing safeguarding information and good practice to raise awareness and increase the numbers of referrals being received from that sector.
- Helping to deliver bespoke and generic safeguarding training that complies with recently introduced national safeguarding competency frameworks and also reflects legislative changes around definitions and responses in adult safeguarding.

- Encouraging the development and deployment of safer recruitment policies and procedures in the private, voluntary and charity sectors.
- Commissioning expertise will be shared with the CCGs to help ensure safeguarding, dignity and respect are key elements of their tendering and commissioning processes and work will continue with the private and voluntary sector to establish a set of voluntary standards of excellence and robust internal quality assurance arrangements to enable adults at risk to buy with confidence using their Personal Budgets.

All projects will be reflected in the Adult Social Care Service Plan and will be completed by March 2013.

1.5.4.4 Next Steps

The Service is currently pulling together the detailed action plan for the 2012 / 2013 annual Service Plan.

Adult Social Care and North Tyneside LINK are working to establish an oversight and scrutiny group of residents who will also be involved in the sign-off process for the Local Account. In addition the Local Account will also be reviewed by the Shadow Health and Wellbeing Board and the Adult Social Care, Health and Wellbeing Sub Committee.

The final Local Account will be published on the Council website in May 2012. A summary will also be published in the June 2012 Widening Horizons Council magazine.

1.5 Decision options

Cabinet are asked to agree the vision and priorities for Adult Social Care for 2012 / 2013 as detailed in section 1.5.4 of this report and endorse the publication of the North Tyneside Local Account for Adult Social Care.

1.6 Reasons for recommended option

The future vision and priorities for Adult Social Care build on that of the previous three years. The principles of personalisation remain at the centre of this, underpinning a leaner, more outcome focussed and outward facing role for the public sector. The overall aim is to secure a shift to a position where as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for targeted services. The vision not only affords better outcomes and experiences for those requiring social care support but enables this to be delivered within the context of current and future demographic and financial challenges.

National guidance on the Local Account states that councils should publish and share their performance for the 2011/2012 and outline plans and priorities for the year ahead to residents, adult social care customers and other stakeholders.

1.8 Appendices:

Appendix A – (Separate report to follow) Accountable to you – North Tyneside Adult Social Care's Local Account

N.B. Appendix A does not meet the Council's report writing guidelines in relation to font size. The Elected Mayor has agreed to the document being circulated as an exception on this occasion

Appendix B – (Diagram) Integrated Health and Social Care Commissioning Structure, North Tyneside

1.9 Contact officers:

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Alison Campbell, Finance Business Manager, tel. (0191) 6437038.

1.10 Background information:

The following background papers/information have been used in the compilation of this report and are available at the office of the author:

- (1) Cabinet report of 7 March 2011 (item 7e) - Delivering Change, Efficiency and Improvement: A Four Year Plan.
- (2) Think Local Act Personal January 2011 - A sector-wide commitment to moving forward with personalisation and community-based support.
- (3) A vision for adult social care: Capable communities and active citizens. Department of Health November 2010.
- (4) Transparency in outcomes: A framework for quality in Adult Social Care. Department of Health January 2011.

PART 2 – COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

2.1 Finance and other resources

The report is an update to Cabinet on the progress made to transform and personalise adult social care services in North Tyneside. The proposals outlined in the report have been included in the 2012/13 budget and the budget previously agreed for 2011/12.

2.2 Legal

There are no immediate legal implications arising other than as set out in the report. The legal implications of the various projects will continue to be addressed and assessed, particularly in the light of new legislation that is expected later this year

2.3 Consultation/community engagement

2.3.1 Internal Consultation

Transformation of the Adult Social Care Service continues to be reported into the Theme A Board of the Council's Change, Efficiency and Improvement Programme.

In addition all development work for the Service is communicated and consulted with through the Personalisation Executive Board which is made up of members of the Council's Cabinet and the senior management team from Adult Social Care.

The Lead Cabinet Member for Adult Social Care meets routinely with the Service leads to design all ongoing areas for development and change.

At the Adult Social Care, Health and Wellbeing Sub Committee on 23 September 2011 it was agreed to set up a sub group of the committee to review the implementation of personalisation in North Tyneside. The main focus of the review is to gain an understanding of the personalisation process from the user perspective and if necessary make recommendations on how the process could be improved for the user. The Group was established on 2 November 2012 and after a series of meeting and events with Adult Social Care Officers, community and voluntary representatives and users and carers a report of findings and recommendations was presented to Cabinet in April 2012.

2.3.2 External Consultation/Engagement

During December 2011 and January 2012 the Adult Social Care team were involved in an extensive programme of engagement and communication with a wide range of customers and other stakeholders about the proposed Council Plan and Budget and what this meant for adult social care services in North Tyneside.

The programme of engagement has involved over 50 events with an opportunity to discuss proposals for social care, for adults in North Tyneside.

The results of the engagement programme have been collated and used to update the Equality Impact Assessments for each change proposal and feedback used to shape the proposals moving forward.

Two service user satisfaction surveys to 3500 customers were undertaken and the results have been used to inform service priorities for 2012 and beyond.

In addition to this, our performance and information in the Local Account has been tested and supported through:

- Involvement and consultation with a newly emerging "scrutiny and oversight" group made up members from the Local Involvement Network (LINK), and
- Ongoing feedback from key stakeholders including NHS North of Tyne and the North Tyneside Clinical Commissioning Group,

2.4 Human rights

There are no human rights implications directly arising from this report.

2.5 Equalities and diversity

Each of the Change Efficiency and Improvement projects has been subject to an ongoing process of Equality Impact Assessment. Initial Impact Assessments were completed when looking at all initial business cases or change proposals.

Full EIAs were then completed prior to the engagement programme during December 2011 and January 2012. Those EIAs have now been updated and recommendations made as part of the development of the Council Plan and budget setting process for 2012 / 2013.

2.6 Risk management

Risks associated with the proposed CEI proposals for 2012 / 2013 have been documented and passed to and discussed with the Directorate Risk Champion. In addition, the relevant Cabinet Member portfolio holder has been briefed. Risks identified can be managed following the Council's risk processes and are logged under the Community Service's Risk Register.

2.7 Crime and disorder

There are no crime and disorder implications directly arising from this report.

2.8 Environment and sustainability

There are no environment and sustainability implications directly arising from this report.

PART 3 - SIGN OFF

- Strategic Director(s) X
- Mayor/Cabinet Member(s) X
- Chief Finance Officer X
- Monitoring Officer X
- Strategic Manager for Policy and Partnership's X

Appendix A – Local Account

See separate report “**Accountable to You**”

Appendix B – Integrated Health and Social Care Commissioning Structure North Tyneside

