

Proposal for Change:

ASC-02 Extra Care Housing De-Commissioning

Reference:	ASC-02
Service Area:	Adult Social Care
Director:	Stephen Chandler
Strategic Manager	Steve Veevers
SAP Node	
Required	Decision to be taken to proceed

1. The proposal is to:	
	Managing Demand - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	Increasing Productivity - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
	Service Delivery Models - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
x	Reductions in Services - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

2. Outline of the proposed change:

Decommissioning of three or more Extra Care Schemes to general needs housing

Extra Care Housing is provision of accommodation-based care and support to people, allowing them to live independently. Effectively, it is having 24 hour carers based in a building, being on hand to respond to emergencies, planned care or provide group activities.

Somerset County Council currently fund background, night and management staffing (Core) in 22 extra care schemes across the county, most are well utilised but some have lower levels of care delivered in the schemes. A proportion of these are at a level where the investment in “core” does not represent value for money or provide a reduction in the “paid for” care to people.

The council’s information systems and recording on care delivery in Extra Care have been instrumental in the development of this proposal that has looked at the usage and provided an update of both assessed care (that which people are eligible to receive following a social care assessment) and core staffing (which may be preventing them needing further care or helping people stay independent).

The proposal would not mean that people need to move from their home, as the property will remain, but the proposal is to remove the core care component of the Extra Care Scheme where it is not currently value for money.

The levels of investment vary by scheme and it is expected that the three schemes for de-commissioning will be £297k. However, the local authority receives client contribution income of approx. £63k per annum which will be lost, making a net saving of approx. £234k per annum.

For clarity, the schemes will not close, but it is expected that they would continue as either general needs housing suitable for older people or specialist “sheltered housing”.

2a. Confidence level

%

Explanation:

Initial conversations “in principal” have already occurred with housing providers and care providers and commissioners are confident that the closure of three or more of the poorest performing ECH schemes would be possible to achieve.

The loss of schemes would not adversely affect the provision of specialist housing in Somerset and it is considered that demand for the services warrant this correction of this type of accommodation.

3. Impact on residents, businesses and other organisations:

Those people living in schemes that are identified for decommissioning will have a loss of the 24 hour care and support provision. Specifically, these schemes have been chosen as they have no use of the night support and little use of the background staffing. Replacing with a provision of home care, as if people were living in general needs housing, will continue to meet any assessed needs under the care act.

Providers who are providing the care under contract will suffer a loss of income and a change to the provision. This may impact on their staffing negatively, for example needing to make redundancies / redeployment of staff that were previously delivering this service. This may need to be taken into account for one off costs out of any saving proposals.

Landlords providing the housing should not be directly impacted, but as specialist Residential Social Landlords (RSL's) they will have social responsibilities to providing specialist accommodation. There may well be a reputational impact on these landlords, although some have already agreed in principal to changes set out.

Further information on impacts can be found in section 10.

4. Impact on other services we provide:

This proposal may have a minor impact on other services Specifically if the current Extra Care Provider, when given notice, opts to not provide the assessed domiciliary / home care to people, then other providers will have to be found.

No other impact on other services is expected.

5. Impact on staff:

No impact on staff is expected.

The number of FTE that might be lost is:

0

The number of posts that might be lost is:

0

6. Resources and support needed to make the change:

As part of the de-commissioning of these schemes there may be a requirement of Social Worker resource to complete reviews of the people currently supported.

There will need to be a light touch consultation, for each of the schemes regarding the changes that are being proposed. Support from business change and the programme office for some of the communication and response coordination is required.

Support is also required from Commercial & Procurement and Legal for the contractual changes to the care and support contract, as well as ad hoc. legal advice on issues relating to service level agreements, tenancies etc.

7. Timescale to deliver and major milestones:

To include date of implementation, key decision points and governance meetings

Communication to providers / users impacted	Sept 18
Engagement with providers/users	Oct 18
Implementation plan agreed	Oct 18
In year savings to commence	Nov 18

8. Risks and opportunities:

Individual service users will need reviews to ensure continuity of care

9. Dependencies:

- Contract with care provider
- Grant agreements with landlords

10. Initial Equality Impact Assessment:

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11. Consultation and Communications plan:

Whilst formal consultation is not required SCC will undertake an assessment for any service users impacted.

12. Legal Implications:

No statutory duty to provide service, changes to be addressed through contractual and grant changes.

13a. Financial Implications – net change to service budget in each year:

It is expected that savings identified are evidence based. Any supporting information, including analysis to be submitted with the proposal. These proposals will be validated with finance as part of the FIT governance process.

Are the savings evidenced based?				Yes	
If no, when is evidence expected?					
Please note: these figures should be cumulative (as per the approach for MTFP and savings)					
£'000's	Savings	Income	Growth/Costs	Total	Ongoing or One-off?
2018/19	£97.5k	£	-£	£97.5k	
2019/20	£234k	£	-£	£234k	
2020/21	£	£	-£	£	
Total	£331.5k	£	-£	£331.5k	

13b. One off project costs and income (not included in above):

£'000's		
2018/19	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2019/20	Capital Costs	-£

	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
<i>2020/21</i>	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
	TOTAL	£

Proposal for Change:

ASC-05 Home Improvement Agency

Reference:	ASC-05
Service Area:	Adult Social Care
Director:	Stephen Chandler
Strategic Manager	Steve Veevers
SAP Node	
Request	Decision to be taken.

1. The proposal is to:	
	Managing Demand - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	Increasing Productivity - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
	Service Delivery Models - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
	Reductions in Services - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

2. Outline of the proposed change:

Removal of the non-statutory elements of the Home Improvement Agency.

The countywide Home Improvement Agency (HIA) was established in 2010 and retendered in August 2015 and awarded to Asterliving. The service is jointly commissioned by Somerset County Council, West Somerset Council, Taunton Deane Borough Council, Sedgemoor District Council and Mendip District Council with Somerset County Council as the lead authority.

The purpose of the HIA service is to help those Individuals in need of housing and environmental related support through promoting their independence, health and wellbeing in their chosen home. This includes contributing to a whole system enablement approach by building on recovery potential, optimising independence and contributing to the aim of avoiding more costly care and support interventions. This in turn enables access to independence activities and avoiding unnecessary hospital admissions. The service was built on the greater emphasis for integration in health, social care, education and housing-related support as advocated through the Better Care Fund (BCF), The Care Act 2014 and The Children and Families Act 2014 whilst supporting the financial challenges faced through rising demand.

The services currently provided by the HIA include:

- A Handyperson service
- A Home from Hospital Service – this includes provide support to the vulnerable when they come out from hospital to assist with any housing related issues upon arriving home.
- Major Adaptation (DFG and private) service
- Minor building works
- Information and Advice on all housing related services including housing options.
- Low level mobility equipment purchase offer
- Contribution to the delivery of an Information and Advice Drop In service (IAC)

This proposal is to remove the Handyperson, Home from Hospital, Information and Advice, Low Level retail offer from the current contract, as they are non-statutory services and it is felt that most are duplicated through community services such as community connect, volunteers, Homefirst or replaceable within the current health and care system.

The loss of these elements, will impact on the people who incidentally access them or might have done in the future. The largest impacted group would be those who access the HandyPerson service for low cost repairs or improvements to their home.

2a. Confidence level

Adult Social Care are confident that the proposal for the removal of the “handyperson service” can be achieved.

100 %

Explanation:

This proposal is to remove the Handyperson, Home from Hospital, Information and Advice, Low Level retail offer from the current contract, as they are non-statutory services, the majority of which are duplicated through community services such as community connect, volunteers, Homefirst or replaceable within the current health and care system.

3. Impact on residents, businesses and other organisations:

- Impact on organisation delivering service (Somerset West housing partnership)
- Impact on those accessing these services, eg advice & support, Home from Hospital and Handyperson Service. Mitigation to offset impacts is set out in the Equality Impact Assessment.

4. Impact on other services we provide:

With the removal of this service, there may be an increase in the uptake of statutory service, for example; Disabled Facilities Grants, Minor Works or Occupational Therapy assessments.

There is a possibility that with the removal of the very low level input services, people’s general household environment could deteriorate, therefore affecting mobility and falling into a need for statutory support either through homecare or moves to alternative settings.

To mitigate the above it is proposed that the current resources within the remainder of the Home Improvement Agency will be used to help direct people to alternative low or no cost solutions.

Included in this is the provision of where people are eligible for statutory services, e.g. minor works or Disabled Facilities Grants, ensuring this are use

5. Impact on staff:

No SCC staff are impacted by this proposal.

The number of FTE that might be lost is:
 The number of posts that might be lost is:

6. Resources and support needed to make the change:

Support is required from Commercial & Procurement and Legal for the contractual changes to the care and support contract, as well as ad hoc. legal advice on issues relating to service level agreements, tenancies etc.

7. Timescale to deliver and major milestones:

To include date of implementation, key decision points and governance meetings

<i>Removal of the non-statutory services from the HIA service</i>	30/09/2018

8. Risks and opportunities:

- Compound effect further down the line, could potentially lead to increase in demand for SCC statutory services.
- The predominant user of the HandyPerson service is on a low income, so there may be a compounded impact, due to other losses of services.
- Impact on beneficiaries will not be acute as proposal would be to deliver a "check-a-trade" signposting to low cost traders or handyperson micro providers.

9. Dependencies:

None.

10. Initial Equality Impact Assessment:

11. Consultation and Communications plan:

Upon advice from the Consultation Manager it was agreed that there would be no requirement for consultation.

12. Legal Implications:

There is no statutory duty to provide this service.

13a. Financial Implications – net change to service budget in each year:

It is expected that savings identified are evidence based. Any supporting information, including analysis to be submitted with the proposal. These proposals will be validated with finance as part of the FIT governance process.

Are the savings evidenced based?

[Yes/No]

If no, when is evidence expected?

[Enter date]

Please note: these figures should be cumulative (as per the approach for MTFP and savings)

£'000's	Savings	Income	Growth/Costs	Total	Ongoing or One-off?
2018/19	£80k	£	-£	£80k	
2019/20	£175k	£	-£	£175k	
2020/21	£	£	-£	£	
Total	£255k	£	-£	£255k	

13b. One off project costs and income (not included in above):		
£'000's		
<i>2018/19</i>	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
<i>2019/20</i>	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
<i>2020/21</i>	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
TOTAL		£

Proposal for Change:

ASC-07 Block Beds – reduction

Reference:	ASC-07
Service Area:	ASC
Director:	S Chandler
Strategic Manager	T Baverstock
SAP Node	

1. The proposal is to:	
	Managing Demand - <i>Examine what can be done to influence our demand and reduce service pressures/costs or increase income, including raising fees and charging for services. How could we work across the wider local system with partners, are we picking up costs that should be paid by a different part of the system? Evidence of current and expected future demand will be required as part of future planning.</i>
	Increasing Productivity - <i>Since 2011/12 the Council has made most of its savings through efficiency measures. Like most Councils there is now less scope for traditional efficiency savings. What efficiency/productivity savings are available? What are the biggest expenditure items in your service? Are we getting best value from our contracts? Are we exploring opportunities to negotiate?</i>
	Service Delivery Models - <i>Are you aware of any alternative delivery models that could deliver services differently? What examples from other authorities could we adopt? E.g. commission from another party, joint venture... recognising that some options will have a long lead in times and would not necessarily impact on the financial gap in 2018/19.</i>
X	Reductions in Services - <i>Are there services which partners could provide instead? Are all your services adding value? Are there any services which could safely and legally be stopped? What would the impact be on residents? Could residents be empowered to do it themselves?</i>

2. Outline of the proposed change:
<p>Block beds provision is the allocation of provision of beds, especially in a hospital where beds in specialist wards are a scarce resource, the bed is not just a place to sleep but also the services that go with being cared for by the medical facility.</p> <p>Following the removal of a larger block contract in 2015 and then a further 15 SRC (specialist residential care) beds being removed in 2017/18 only a few remain.</p> <p>To ensure the current beds are being effectively used, all block beds were reviewed for current vacancy levels, outcomes were as follows:</p> <ul style="list-style-type: none"> • Nursing 2/30 – 6% • OPMH Nursing 1/67 – 1% • SRC 20/208 – 9% • Halcon PD Respite - 27% vacant nights • General Respite beds – awaiting data <p>The proposal is therefore as follows;</p> <ol style="list-style-type: none"> 1. Remove 10 beds from the SRC contract therefore reducing the number of beds to 198 from 208.

2. Remove 1 or 2 beds (TBC) from Halcon.

We will also look at alternatives to the current general respite bed provision with localities.

2a. Confidence level

80 %

Explanation:

Data is driving the justification for removal of beds which can be implemented by end of 2018.

3. Impact on residents, businesses and other organisations:

Some service user may find previously available accommodation or dates no longer available, e.g. Halcon delivers respite to the most complex individuals with physical disabilities and families rely on it being available to maintain their caring role and to support via specialist respite.

Removing other beds (SRC) could also mean a lack of specialist care available for those with challenging dementia needs, leading to inappropriate care or placement and moves further away from families should demand exceed current levels.

There is potential to cause friction with providers providing services elsewhere for SCC given that we have only recently made some changes in this area. It is also possible, dependent on the configuration of the changes, that it could create potential financial viability issues for some providers.

4. Impact on other services we provide:

If demand exceeded the level of supply of block beds, Adults Social Care would need to purchase on a spot basis to fulfil its statutory duty which could therefore negate some of the original savings.

5. Impact on staff:

No impact on SCC staff, however, there could be potential impact on provider staff if the service provision was reduced.

The number of FTE that might be lost is:

The number of posts that might be lost is:

6. Resources and support needed to make the change:

Would require a small amount of Commercial and procurement resource to agree contractual changes required. Commissioner resource will be required to agree and negotiate changes, all resource requirements would be called on as part as business as usual and incur no additional costs.

7. Timescale to deliver and major milestones:

To include date of implementation, key decision points and governance meetings

<i>Planned accomplishments to track progress [Milestone]</i>	<i>[Date]</i>
Endorsement at Cabinet	12 th Sept 2018
Agree where changes will be implemented	Sep 2018
Officer non key decision to be taken	October/November 2018
Notice to be given	End of Sep 2018
Changes implemented, contractual and finance complete - commence savings be delivered.	Jan 2019

8. Risks and opportunities:

The impact on individual homes will be assessed to measure potential impacts

9. Dependencies:

N/A

10. Initial Equality Impact Assessment:

11. Consultation and Communications plan:

Following discussions with the Consultation Manager, consultation would only be required if we were to close an entire home as residents would need to be moved. Current proposal is to remove beds only so no consultation required.

12. Legal Implications:

Subject to contractual amendment and agreement with the provider - Will require a change to requirements within the contract. SCC will continue to meet its statutory duty

13a. Financial Implications – net change to service budget in each year:

It is expected that savings identified are evidence based. Any supporting information, including analysis to be submitted with the proposal. These proposals will be validated with finance as part of the FIT governance process.

Are the savings evidenced based?	Yes				
If no, when is evidence expected?	N/A				
Please note: these figures should be cumulative (as per the approach for MTFP and savings)					
£'000's	Savings	Income	Growth/Costs	Total	Ongoing or One-off?
2018/19	£97,000	£	-£	£	Ongoing
2019/20	£389,000	£	-£	£	Ongoing
2020/21	£	£	-£	£	
Total	£486,000	£	-£	£	

13b. One off project costs and income (not included in above):

£'000's		
2018/19	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2019/20	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£
	Sub-total	£
2020/21	Capital Costs	-£
	Capital Receipts	£
	Estimate of redundancy costs	-£
	Estimate of resource costs to deliver	-£

	Sub-total	£
	TOTAL	£

Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer

Organisation prepared for	Somerset County Council		
Version	V1.1	Date Completed	22.08.2018

Description of what is being impact assessed

Decommissioning of three or more Extra Care Schemes to general needs housing

Extra Care Housing is provision of accommodation-based care and support to people, allowing them to live independently. Effectively, it is having 24 hour carers based in a building, being on hand to respond to emergencies, planned care or provide group activities.

Effective use of the service would mean that people who reside in the schemes have a need for the care, which is not the case in some cases.

The council's information systems and recording on care delivery in Extra Care have been instrumental in the development of this proposal that has looked at the usage and update of both assessed care (that which people are eligible to receive following a social care assessment) and core staffing (which may be preventing them needing further care or helping people stay independent)

The proposal would not mean that people need to move from their home, as the property will remain, but the proposal it to remove the core care component of the Extra Care Scheme.

Evidence

What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the [Office of National Statistics](#), [Somerset Intelligence Partnership](#), [Somerset's Joint Strategic Needs Analysis \(JSNA\)](#), Staff and/ or [area profiles](#), should be detailed here

This information in care delivery reports, would indicate that in the identified schemes (referred to as Scheme A, B and C) there is no or very low uptake on the provided “core” care, meaning that there would be little or no impact on the people living in these schemes of removing the core care. People will still be able to receive any care act eligible care or support that they require from a domiciliary care company for their assessed care as with any other person living in general housing (either rented, owned or from social landlords)

Scheme A - capacity for 29 people, currently delivering 0.00 assessed care hours per week

Scheme B – capacity for 23 people, currently delivering 35.75 assessed care hours per week

Scheme C – capacity for 23 people, currently delivering 38.25 assessed care hours per week

All of the 22 schemes have a higher proportion of women to men, due to the age component

Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?

The residents of the three identified schemes will be consulted with on a 28 day basis following the decision to remove these schemes.

This will be conducted alongside the care and support provider, and landlord to ensure that a range of views are captured.

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group

Summary of impact

**Negative
outcome**

**Neutral
outcome**

**Positive
outcome**

Age	<ul style="list-style-type: none"> • There will be a reduction in the number of specialist housing options for OLDER people with the removal of three or more extra care schemes • People who wish or need to access extra care may need to move further from their current home. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<ul style="list-style-type: none"> • There will be a reduction in the number of specialist housing options for DISABLED people with the removal of three or more extra care schemes • People who wish or need to access extra care may need to move further from their current home. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	<ul style="list-style-type: none"> • All people have equal opportunity to access the remaining Extra Care 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage and civil partnership	<ul style="list-style-type: none"> • All people have equal opportunity to access the remaining Extra Care 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	<ul style="list-style-type: none"> • Not an affected group 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race and ethnicity	<ul style="list-style-type: none"> • All people have equal opportunity to access the remaining Extra Care 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Religion or belief	<ul style="list-style-type: none"> All people have equal opportunity to access the remaining Extra Care 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	<ul style="list-style-type: none"> A higher proportion of women than men live in extra care, currently at a proportion of 64% to 36%. This means that women may be impacted more than men. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<ul style="list-style-type: none"> All people have equal opportunity to access the remaining Extra Care 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other, e.g. carers, veterans, homeless, low income, rurality/isolation, etc.	<ul style="list-style-type: none"> With the removal of 24 hour care in extra care schemes, people may experience greater social isolation. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative outcomes action plan

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
Monitoring of numbers / demand for extra care	31/12/2018	Vicky Chipchase	Allocation meetings	<input type="checkbox"/>
Development of more modern, cost effective extra care to replace this and other losses. The reason for the long timescale on this action is due to the time it will take to raise funding, identify a site and housing partner and then physically build new extra care schemes.	01/04/2020	Steve Veevers	Extra Care development plan	<input type="checkbox"/>

With the loss of on site care providers, people may experience a reduction in the contact with other people, but Somerset is promoting the use of the “community connect” model, of supporting people to be more active and participative in their local areas.	30/09/2018	Pip Cannons	Community Connect data	<input checked="" type="checkbox"/>
reviewing individual plans of those potentially affected by the changes.	01/10/2018	Vicky Chipchase	Monthly reviews	<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>

If negative impacts remain, please provide an explanation below.

The demography of the older population nationally, regionally and locally evidences that women live longer than their male counterparts, meaning that there is a larger older person population than men. This means that there is likely to always be a larger ECH cohort of women than men and therefore likely to be disproportionately impacted by any changes.

Completed by:	Steve Veevers
Date	22/08/2018
Signed off by:	
Date	
Equality Lead/Manager sign off date:	
To be reviewed by: (officer name)	

Review date:



Clinical Commissioning Group



Musgrove Park Hospital



Somerset Partnership



Yeovil Hospital
Healthcare

Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer

Organisation prepared for

Somerset County Council

Version

V1.1

Date Completed

22.08.2018

Description of what is being impact assessed

Removal of the non-statutory elements of the Home Improvement Agency.

The countywide Home Improvement Agency (HIA) was established in 2010 and retendered in August 2015 and awarded to Asterliving. The service is jointly commissioned by Somerset County Council, West Somerset Council, Taunton Deane Borough Council, Sedgemoor District Council and Mendip District Council with Somerset County Council as the lead authority.

The purpose of the HIA service is to help those Individuals in need of housing and environmental related support through promoting their independence, health and wellbeing in their chosen home. This includes contributing to a whole system enablement approach by building on recovery potential, optimising independence and contributing to the aim of avoiding more costly care and support interventions. This in turn enables access to independence activities and avoiding unnecessary hospital admissions. The service was built on the greater emphasis for integration in health, social care, education and housing-related support as advocated through the Better Care Fund (BCF), The Care Act 2014 and The Children and Families Act 2014 whilst supporting the financial challenges faced through rising demand.

The services currently provided by the HIA include:

- A Handyperson service
- A Home from Hospital Service – this includes provide support to the vulnerable when they come out from hospital to help them with anything housing related issues upon arriving home.
- Major Adaptation (DFG and private) service
- Minor building works
- Information and Advice on all housing related services including housing options.
- Low level mobility equipment purchase offer
- Contribution to the delivery of an Information and Advice Drop In service (IAC)

This proposal is to remove the Handyperson, Home from Hospital, Information and Advice, Low Level retail offer from the current

contract, as they are non-statutory services and it is felt that most are duplicated through community services such as community connect, volunteers, homefirst or replaceable within the current health and care system.

The loss of these elements, will impact on the people who incidentally access them or might have done in the future. The largest impacted group would be those who access the HandyPerson service for low cost repairs or improvements to their home.

Evidence

What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the [Office of National Statistics](#), [Somerset Intelligence Partnership](#), [Somerset's Joint Strategic Needs Analysis \(JSNA\)](#), Staff and/ or [area profiles](#),, should be detailed here

Commissioners have used the data sets supplied as part of the contractual management of the Home Improvement Agency, which includes individual client information and trend data.

Community profiles have been considered previously as a part of the planning for the service and each macro and micro area has different impact on protected groups, specifically around demography, rurality and area of deprivation.

Demand for service

There is a need for sustainable services that support Individuals to maintain their wellbeing. Somerset has a population of approximately 545,390 people (2015). This is a primarily rural population with approximately one in four of the population living in one of Somerset's three largest towns – Taunton, Yeovil or Bridgwater. An estimated 125,000 people aged 65 or older live in Somerset (2014 Mid-Year Estimates) and the number of people aged 75 or more is projected to double in the next two decades. Just under 100,000 people in Somerset (18.8% of the population) are reported to have a long-term condition or disability which limits their day-to-day activities.

Almost 41,000 of them were aged 16-64 (12.7% of that age group in Somerset). The demand for social housing currently stands at 18,991 people on the Homefinder Somerset Social Housing register at 31st March 2016. Further details can be found in the Joint Strategic Needs Assessment

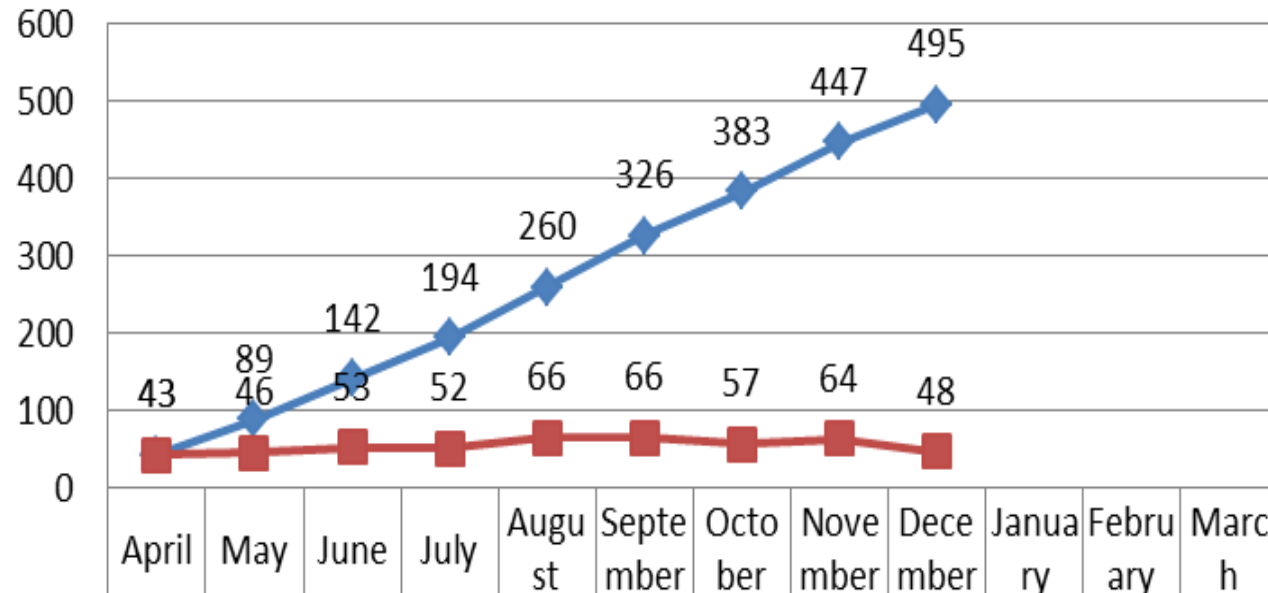
<http://www.somersetintelligence.org.uk/jsna/>

Service provided	Eligibility	Demand
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Information and Advice	A universal service available in all districts.	Somerset population
Retail offer of simple aids and equipment	A universal service available in all districts.	Somerset population
Handyperson service	Service available in all districts and to all tenures. There is a subsidised rate for households on qualifying means tested benefits (except South Somerset).	Somerset population
Project management of a minor adaptation for people living with a disability.	Targeted services in all districts. Access through OT recommendation and housing assessment.	100,000 people (18.8% of the Somerset population)
Project management of a major adaptation for people living with a disability (DFG)	Targeted services in all districts (not South Somerset). Access through OT recommendation and housing assessment.	100,000 people (18.8% of the Somerset population)
Project management of self-funded repairs and adaptations.	A universal service available in all districts.	100,000 people (18.8% of the Somerset population)
Home from hospital	A universal service available in all districts.	700 (figure based on the activity of Asterliving and Red Cross hospital discharge service)

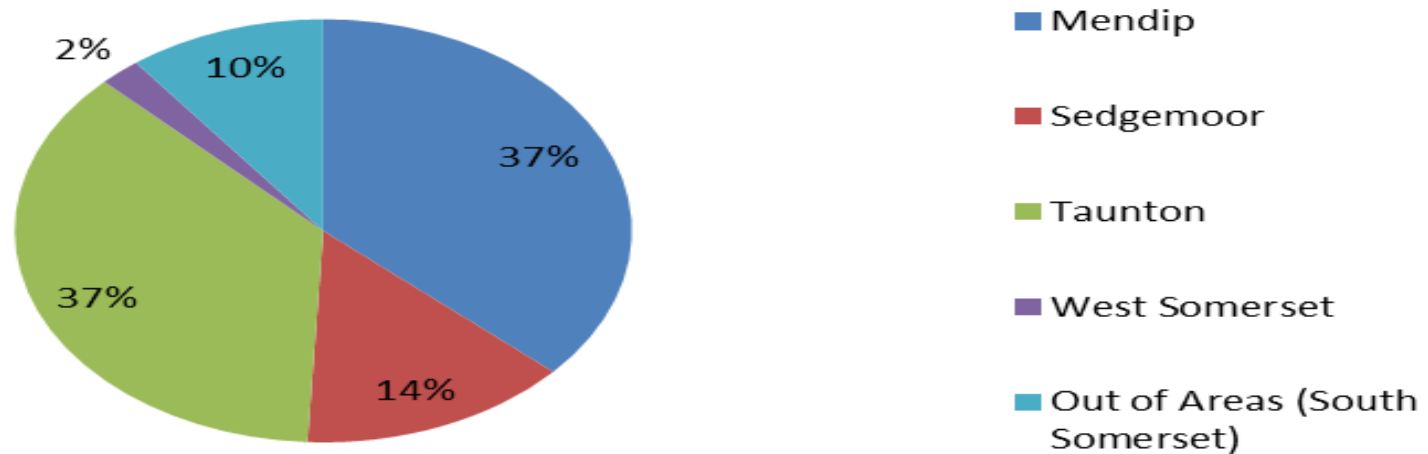
Below is the last complete data for access to the handyperson service and geographical area of referral sources

Handihelp - Year to date, Jobs Completed



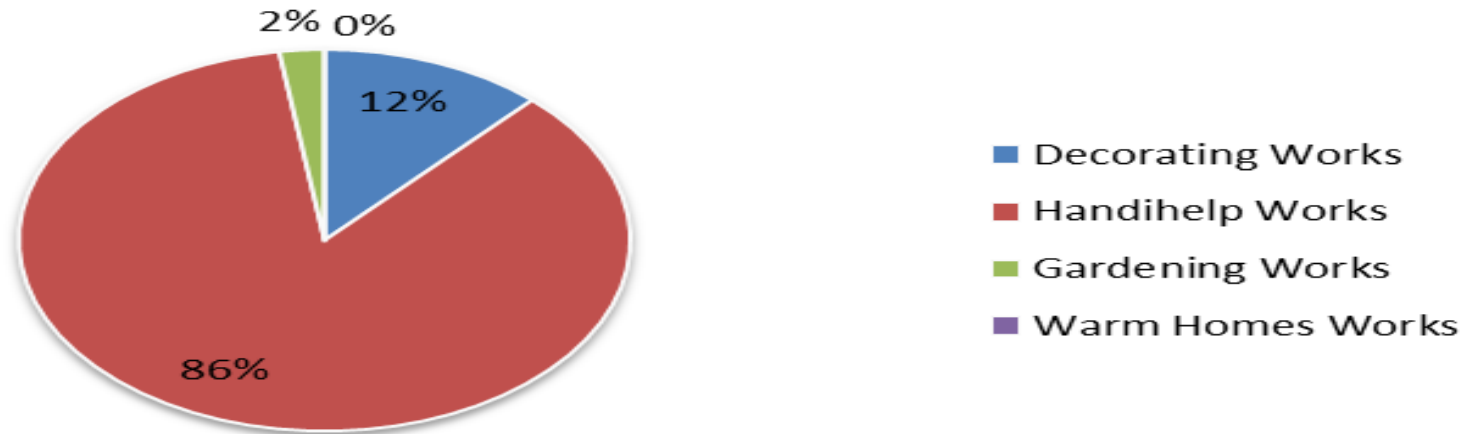
◆ Jobs Completed YTD	43	89	142	194	260	326	383	447	495			
■ Jobs Completed Monthly	43	46	53	52	66	66	57	64	48			

Handihelp - Number of Jobs Opened in Qtr3.



The largest proportion of Handihelp works are centred on general household maintenance showing both decorating and gardening works as a “cosmetic” nice to have requirement compared to as a general “need” and state of repair works. Handy person did not carry out any warm home work during the 2017/18 period.

Handihelp Job Types Completed - YTD Cumulative



Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?

Discussions have taken place with the organisation currently providing the service and other stakeholder, an alternative delivery of the model is felt to be possible and achievable that will minimise the impact on people who may access the service.

However, due to the transitory nature of the Handy Person service, i.e. data suggest that the people that historically accessed the service have done so on a "one-off" basis, there is not an easy group to consult with. The projection data above gives an indication of the number of people that might access the service (circa 45 – 55 per month) and would be impacted on the loss. Therefore, it has not been possible to have these discussions.

Residential social landlords and district and borough councils are also going to be consulted as part of this proposal.

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<ul style="list-style-type: none"> Older people are likely to be impacted by the loss of the services, especially the handy person as the majority (83%) of referrals into this service are from people over the age of 65. 	☒	☐	☐
Disability	<ul style="list-style-type: none"> Disabled people or those with a physical impairment that does not reach the threshold for being classified as a disability are also likely to be impacted as these service provide low cost trade, advice, support services to those with mobility difficulties or disabilities. 	☒	☐	☐
Gender reassignment	<ul style="list-style-type: none"> This is not a specifically impacted group 	☐	☒	☐
Marriage and civil partnership	<ul style="list-style-type: none"> This is not a specifically impacted group 	☐	☒	☐

Pregnancy and maternity	<ul style="list-style-type: none"> This is not a specifically impacted group 	□	⊗	□
Race and ethnicity	<ul style="list-style-type: none"> This is not a specifically impacted group 	□	⊗	□
Religion or belief	<ul style="list-style-type: none"> This is not a specifically impacted group 	□	⊗	□
Sex	<ul style="list-style-type: none"> This is not a specifically impacted group 	□	⊗	□
Sexual orientation	<ul style="list-style-type: none"> This is not a specifically impacted group 	□	⊗	□
Other; low income, rurality & carers	<ul style="list-style-type: none"> The handyman person offers a subsidised rate for a tradesperson to complete small jobs around the home, making it easier for people to remain independent in their own homes. This means that it may impact on those people on low incomes who have limited alternative avenues. This service also provides a county wide service, supporting the rural and urban provision across Somerset, including those in very rural areas. The loss of this service may impact upon carers that need low cost work to their home, including their ability to continue to 	⊗	□	□

	<p>care for their cared for person.</p> <ul style="list-style-type: none"> The other services; Home From Hospital, information and advice, low level retail offer and IAC services will also impact on the specific loss of the Home Improvement Service delivery, but mitigation is detailed in the negative impact section. 			
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Negative outcomes action plan
 Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
<p>It is proposed that the current resources within the remainder of the Home Improvement Agency will be used to help direct people to alternative low or no cost solutions.</p> <p>Included in this is the provision of where people are eligible for statutory services, e.g. minor works or Disabled Facilities Grants, ensuring this are used.</p>	22/08/2018	Steve Veevers / Jason McKenna	Ongoing contract monitoring	<input checked="" type="checkbox"/>
<p>Somerset County Council is working with Community Catalysts to expand the offer from Micro-Providers to offer reasonable cost home repairs and handyperson work, across Somerset including rural areas.</p>	31/10/2018	Jason McKenna / Rhys Davies	Ongoing monitoring	<input type="checkbox"/>
<p>Carers services are already readily available for carers in distress and need. These will be signposted from the remainder of the Home Improvement Agency contract for people that they come across</p>	30/09/2018	Jason McKenna / Steve Veevers / Rachel Pringle	Ongoing contract monitoring	<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>

	Select date			<input type="checkbox"/>
	Select date		Negative	<input type="checkbox"/>
If negative impacts remain, please provide an explanation below.				
The other services; Home From Hospital, information and advice, low level retail offer and IAC services will continue in another form or with other services, for example Home First pathway one for Home from Hospital and signposting to mobility stores for low level retail offers.				
Completed by:	Steve Veevers			
Date	22/08/2018			
Signed off by:				
Date				
Equality Lead/Manager sign off date:				
To be reviewed by: (officer name)				
Review date:				

Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer

Organisation prepared for	Somerset County Council		
Version	1.0	Date Completed	17/08/18

Description of what is being impact assessed

Block beds provision is the allocation of provision of beds, especially in a hospital where beds in specialist wards are a scarce resource, the bed is not just a place to sleep but also the services that go with being cared for by the medical facility.

Following the removal of a larger block contract in 2015 and then a further 15 SRC (specialist residential care) beds being removed in 2017/18 only a few remain.

To ensure the current beds are being effectively used, all block beds were reviewed for current vacancy levels, outcomes were as follows:

- Nursing 2/30 – 6%
- OPMH Nursing 1/67 – 1%
- SRC 20/208 – 9%
- Halcon PD Respite - 27% vacant nights
- General Respite beds – awaiting data

The proposal is therefore as follows;

1. Remove 10 beds from the SRC contract therefore reducing the number of beds to 198 from 208.
2. Remove 1 or 2 beds (TBC) from Halcon.

We will also look at alternatives to the current general respite bed provision with localities.

Evidence

What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the [Office of National Statistics](#), [Somerset Intelligence Partnership](#), [Somerset’s Joint Strategic Needs Analysis \(JSNA\)](#), Staff and/ or [area profiles](#), should be detailed here

We have audited the service provision and understand the current usage needs. We are also aware of ONS and JSNA growth figures particularly for the elderly population, however we are continuing to reduce residential and nursing home usage despite a growing population and needs are being met differently and in peoples own homes.

Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?

If any negative impacts remain we are confident that the removal of this number of beds will not affect current users of services and that our demand management will mean that it will not be detrimental to any future service users. If a statutory need arose and the new configuration was unable to meet it, then SCC would purchase additional provision on a spot basis.

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<ul style="list-style-type: none"> We feel that the reduced number of beds will not impact on the assessed service needs of our elderly population currently using the provision as the data confirms there are currently beds available and the current provision will still be sufficient. 	□	⊗	□

	<ul style="list-style-type: none"> If provision is reduced in this way, it may lead to less choice for new users and people (and carers) who may have to travel further from home for specialist care. 			
Disability	<ul style="list-style-type: none"> As above, whilst we will be able to still meet our statutory duties, this decision may affect choice of dates for respite and locations for care by reducing the availability 	☒	☐	☐
Gender reassignment	<ul style="list-style-type: none"> None 	☐	☐	☐
Marriage and civil partnership	<ul style="list-style-type: none"> None 	☐	☐	☐
Pregnancy and maternity	<ul style="list-style-type: none"> None 	☐	☐	☐
Race and ethnicity	<ul style="list-style-type: none"> None 	☐	☐	☐
Religion or belief	<ul style="list-style-type: none"> None 	☐	☐	☐

Sex	<ul style="list-style-type: none"> The care sector looks after a higher number of females due to them living longer than males. This decision is likely therefore to impact more on them. 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<ul style="list-style-type: none"> The care sector looks after a higher number of females due to them living longer than males. This decision is likely therefore to impact more on them. 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other, e.g. carers, veterans, homeless, low income, rurality/isolation, etc.	<ul style="list-style-type: none"> Carers may have to travel further if more local options are not available following these reductions. Carers could be at risk of not getting respite at a time and date that suits them by reducing available beds to be booked. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative outcomes action plan

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
We will try and make the planned reductions in areas that minimise any potential loss in particular areas and continue to maintain the spread and choice of provision as a result. Where this is not possible we would assess the individual needs of both cared for and carer to mitigate the impact.	01/01/2019	ASC Commissioner	Stats and data on placements	<input type="checkbox"/>
We will monitor future placements from January 2019 to update care options if required. Reviews will happen on a monthly basis starting in February 2019.	01/02/2019	ASC Commissioner	Stats and data on placements	<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>

	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>

If negative impacts remain, please provide an explanation below.

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Completed by:	T Baverstock
Date	17/08/18
Signed off by:	
Date	
Equality Lead/Manager sign off date:	
To be reviewed by: (officer name)	T Baverstock
Review date:	02/01/2019