

**DRAFT**

**Equalities Impact Assessment 2020/21**

**Social Care and Public Health**

**SC1 - Better demand management and choice from acute hospitals -  
£1,500,000**

1. This business case is about reviewing residents sooner after discharge to avoid them continuing with a larger support package than is needed and thus becoming dependent on it. The first proposal is around the role of social care to support residents upon leaving hospital to regain as much mobility and confidence (and therefore independence) as possible.
2. For every day someone is in a hospital bed, they lose mobility. When someone who previously had low level support needs is discharged home after a significant stay in hospital, they may require more support (in the short term) than when they entered. Similarly, residents who before a period in hospital needed no support may now require it. This support is put in place before a resident leaves the hospital, but once home and in a familiar environment, residents generally improve rapidly over the next few weeks.
3. The second part of the business case relates to making better use of NHS and other funding streams where appropriate, including Continuing Health Care (CHC) and Funded Nursing Care (FNC). This work has already begun and seen some recent successes. The proposal is about ensuring the right amount of support is in place for the right amount of time – preventing overprovision and ensuring that the optimum funding streams are being utilised.
4. This proposal has a neutral equalities impact.

**SC2 – Home Care – Improve contract management and payment of no  
replies and cancellations of home care packages - £250,000**

5. There are two parts to this proposal – working with residents and working with home care providers.
6. H&F is the only local authority in the country which provides a home care service which is free at the point of need rather than means-tested. If a carer visits a resident and they are not there or a resident cancels a visit with less than 24 hours' notice, H&F are still liable to pay the home care provider for this visit. This business case is about reducing the number of no replies and cancellations which have a significant

cost, both financially and in staff time (as where there is no reply, staff will work until they are able to locate the resident to ensure their safety).

7. Frequent failed visits may indicate that something is not working – a resident may no longer want the support and so is turning a carer away or the support may be being provided at a time which does not fit with their lifestyle. By reviewing such residents, social care has started to make significant progress in this area. Staff have also been encouraging residents to cancel or rearrange not-needed visits (for example due to a GP appointment) as soon as possible.
8. As with SC1, it is about ensuring the right sized package for a resident and a service which works for them. It may be that a resident's support package is reduced as a result of this work, this will only be done with their agreement.
9. The second part of the proposal relates to home care providers. When a carer visits a resident, they are required to clock in and clock out using electronic monitoring. Increased staffing has led to greater scrutiny of provider behaviour, challenging coding and withholding payments where warranted.
10. This proposal has a neutral equalities impact.

#### SC3 – Ongoing review of staffing - £200,000 in 2021/22

11. Over the last two years, recruitment of qualified social workers and occupational therapists has been difficult, resulting in more expensive agency staff and an increasing workforce budget. Part one of the work has been to review the Council's job descriptions, pay and terms & conditions compared to other local authorities. By improving the offer, the Council should be able to attract more workers to these roles. The department is also reviewing our functions to reduce the number of qualified workers needed as many tasks can be undertaken by other roles e.g. independent living assessors.
12. This proposal relates to better resourcing and deployment of staff. The department will continue to be measured by the same resident-focused performance measures e.g. percentage residents receiving a steady home care package being reviewed every 12 months. Residents will not experience a decline in service.
13. This proposal has a neutral equalities impact.

#### SC4 – Transport - £100,000

14. This proposal seeks to review the transport model for the Options Day Service – working with residents and their families to co-produce transport options which respect their individual circumstances and promote independent living.

15. The Options Day Service is for residents with moderate to complex Learning Disability support needs. It has repeatedly received an 'Outstanding' inspection rating by CQC for its goal-orientated work to make meaningful progress and improve resident independence. The service has gone from strength to strength in the past few years, creating partnerships with local schools, visiting Africa and setting up a social-enterprise to name but three developments. The transport options however remain fairly traditional, with residents being collected from their home/place of residence via mini-bus and taken to the centre. Depending on where they live on the route, some residents may spend a long time on the bus while others are collected.
16. This proposal involves staff working with people who use the Day Service, using the same goal-orientated approach as elsewhere in the service to travel as independently as possible. For some, this may be completely independently, for others this may involve support or travel in a small group with friends.
17. Changes will be made working with residents and their families to design the options, appreciating individual circumstances and choices throughout. No resident will be prevented from accessing the centre through these transport changes.
18. As the Options Day Service is for residents with Learning Disabilities, this proposal will have a disproportionate impact on a protected characteristic. However, as previously stated, the proposed changes will not prevent anyone from accessing the Options Day Service and thus there is a neutral impact. Transport reviews have featured in previous years budgets for different parts of the service and have been successfully delivered.
19. This proposal has a neutral equalities impact.

SC5 – Better mental health care and support services for new and existing demand - £165,000

20. An extensive programme of reviewing the mental health pathways involving colleagues from commissioning, operations, clinical teams, housing and IMPOWER has taken place over the last year.
21. The programme has identified that although there is a good current mental health supported housing system in place, there are systemic issues which need to be addressed. Such accommodation should never be a permanent solution, but there is a lack of move on from services with an estimated 20-30 residents, who could with the right support, move from expensive out-of-borough residential placements back into local supported accommodation. Gradually stepping down their support would improve their independence and returning in-borough would return them to familiar networks, families and community mental health services. Out-of-borough placements are also generally more expensive and more difficult for H&F to monitor the quality.

22. Moves would be managed using a strengths-based, co-production approach to mitigate against any impact. As part of co-production we will work with residents and their family members to prepare an appropriate care setting. Some residents have lived in provision for many years and will require close working with them and their families to manage the transition in a phased manner, which will ensure there is no adverse impact upon them. Modest savings are being planned due to spending on extra support during transition.
23. This proposal will have a neutral equalities impact.

#### SC6 – Continued improvement of transitions work - £200,000

24. A new purpose-built property for residents with learning disabilities is due to complete in September 2020. This property, W12 Emlyn Gardens, will contain eight individual specialist flats keeping residents local to the community they grew up in, their networks, families and carers. This is the preferred service model of local residents.
25. The new development is purpose-built for a mixture of young people transitioning into adult services and adult residents currently placed out-of-borough. By creating new in-borough provision, H&F can improve its offer to residents, enable them to stay close to home and avoid expensive out-of-borough placements. 18 residents have been identified as being suitable to move into the new properties as part of this project. The final list will be created nearer the time by working closely with residents.
26. This proposal has a neutral equalities impact.

#### SC7 – Changing the way we approach carrying out assessments using a co-production approach – £800,000 in 2021/22

27. A strengths-based review system has recently been set up, refocussing conversations from a deficit model (what can't you do), to a strengths-based one (what can you do) and building on those skills. This includes looking at personal abilities, skills and knowledge; social networks and community resources/social capital (including benefits maximisation and applying for NHS funding where appropriate).
28. A co-production approach means working more collaboratively with residents, promoting opportunities for residents to be co-producers of services and support rather than solely consumers of services. This work is still in the early stages and changes in culture and practice take time, though there have been some initial successes resulting in savings of £200,000 in 2019/20. A staff conference and follow-up training sessions are being held to embed the principles. This proposal is

about realigning care packages based on needs. There will therefore be no reduction in service.

29. This proposal has a neutral equalities impact.

#### SC8 – Supply and contract management - £250,000

30. Social Care currently commissions three separate floating support contracts which are resulting in overlap and duplication. Floating support is about supporting individuals in a crisis; typically relating to tenancy issues. Floating support also provides drop-in sessions for residents; typically, this will involve help with correspondence.
31. Historically, parts of these services have been underutilised, particularly the services for residents over 55. This proposal sees the three contracts merged into one to make efficiency savings. Commissioning will also work to create a more developed offer which is better targeted and supports individuals to build resilience, reducing the frequency and severity of crises and resulting in associated savings.
32. A full EIA will be produced in line with the procurement timescale during the next financial year. These are expected to be neutral in all but potentially one area – over 55s as it will represent a decrease in their bespoke service. However, the general offer will continue to be available for them and there are other alternative services which serve very similar functions that existing clients can be signposted to .
33. This proposal has a neutral equalities impact.

#### SC9 – Introduce technology in how we work with residents - £200,000 in 2021/22

34. The department is seeking to utilise new technologies and robotics in social care. This is not about replacing care workers with robots but putting aids into a resident's home to help them to better support themselves – for example, using technology to remind a resident to take their medication or that they haven't drunk anything that afternoon - which helps them to stay well and reducing non-elective admissions. Testing of equipment is beginning, working closely with residents.
35. This proposal seeks to improve quality of life. Savings will come from increasing a resident's independence so they need less formal support.
36. This proposal has a neutral equalities impact.

### **Public Health Savings Proposals**

#### PH1 – Savings and procurement of new model for health visiting and school nursing – £220,000

37. '0-19' is currently delivered by Central London Community Healthcare (CLCH) on a two-year contract 1 April 2019 – 31 March 2021. A reduction in funding for year two has been negotiated and agreed with the provider. The saving is being achieved through a collaborative service streamlining and redesign of some areas. The savings are primarily contractual – residents will not notice a change in service and therefore the equalities impact is neutral.
38. There is one area which may be decommissioned – a specific Family Nurse Partnership (FNP) which provides support for pregnant teenagers. The teenage pregnancy rate halved in H&F between 2009 and 2015, at which point there were 41 conceptions to women under the age of 18. This service is therefore being underutilised and because of its peer support nature, without sufficient numbers this service is less effective.
39. A general service for mothers is already provided which is of good quality and sufficient capacity to expand to provide a service for young mothers. Therefore, a better service can be provided for less by providing focused, specialist support for young parents through existing contracts.
40. This part of the proposal will disproportionately impact on three protected characteristics because the service is for women (sex), who are under 18 (age) and pregnant (pregnancy/maternity), however a high-quality support service for this group will still exist and therefore the overall equalities implication is neutral.
41. This proposal has a neutral equalities impact.

#### PH2 – Core drug and alcohol services – £280,000 in 2021/22

42. Public health currently commissions three separate drug and alcohol services for adults and young people. The current contracts come to an end on 31 March 2021. Although this proposal is for savings in 2021/22, and thus in its infancy, it is proposed that these three contracts be combined into one, with efficiency savings made through re-procurement and a reduction in associated management costs. This saving will be worked up in more detail as part of next year's budget.
43. Savings are being made through efficiencies rather than reductions in front line services.
44. This proposal has a neutral equalities impact.

#### PH3 – Enhanced access to contraceptive and screening services - £150,000

45. Hammersmith & Fulham provides a high number of sexual health, screening and contraception services, including SASH (Support and Advice on Sexual Health) GUM (Genito Urinary Medicine), SHL (Sexual Health London), LARC (Long-Acting Reversible Contraception), GP services and more.

46. On 30 March 2020, a contract for screening and contraception with CNWL (Central North West London NHS Trust) will end. This service provides a comprehensive economy range of contraceptive methods, STI testing, screening and treatment for uncomplicated infections. It is proposed that this contract is not extended or recommissioned. Residents have been choosing to go elsewhere, using other services in the borough which has resulted in this service being under utilised and thus not cost effective. Furthermore, if this service is continued, the contract cost would significantly increase as other boroughs have left the partnership for similar reasons.
47. Removing this service will have a neutral equalities impact, as there are sufficient services elsewhere. Wait times for other services will continue to be closely monitored to ensure sufficient coverage.
48. This proposal has a neutral equalities impact.

#### PH 4 – Review of Social Care & Public Health Commissioning - £60,000

49. The proposal is to bring Social Care and Public Health Commissioning under one line management structure which would mean an improved and strengthened shared programme of work. The intention is to provide a co-produced and greater focussed strategy on delivering commission-led savings.
50. The proposal has a natural equalities impact for both residents and staff.