

Equality and Safety Impact Assessment

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. The Council's Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and BHH

Name or Brief Description of Proposal	A proposal to offer rehabilitation and reablement services to people in an integrated and more flexible way; moving resources to prioritise support at home or in the local community.
Brief Service Profile (including number of customers)	This proposal is a key element in the Southampton Better Care Plan ambition to achieve an integrated health and social care crisis response, rehabilitation, reablement and hospital discharge service. We want to provide a "seamless" service to help people: • Avoid unplanned or unnecessary admissions to hospital; • Only stay in hospital for as long as they medically need to; • Recover more quickly following treatment (support services for recovery are called rehabilitation services); and • Learn/ relearn daily living skills to better manage any on-going illness or condition (support services for living with long-term illness/condition are called reablement services). We need to make better use of our resources (staff and money) to help us to do this. National research has indicated that people are more likely to regain good health if they receive care within their own home or close to their communities, so we want to prioritise this. The first stage of the proposal has been approved by Cabinet and is being implemented i.e. staff teams from the Council and Solent NHS Trust covering the functions of crisis response, rehabilitation, reablement (and at a later date hospital discharge) are forming an Integrated Service with a single management structure.

The second stage involves a significant shift of investment towards a more domiciliary / community based model of care which will require fewer specific rehabilitation and reablement beds to be provided. This more flexible way of providing rehabilitation and reablement would include for example specialist Domiciliary Care support and supported accommodation in Extra Care Housing. The additional domiciliary care capacity required would be primarily sourced from the council's new Domiciliary Care Framework which was implemented in April 2015.

Summary of Impact and Issues

The implementation of the second stage of the proposal will include:-

- The closure of bed-based provision at the City Council facility, Brownhill House, and a redirection of these resources into domiciliary care and more community focussed options of flexible bed based provision e.g. Extra Care Housing. Potential of 41 Full Time equivalent Council posts at risk.
- Commissioning of an increasing proportion of domiciliary care from the council's new Domiciliary Care Framework where the unit costs of care are significantly lower; and over time reduce the proportion of care sourced from the Council's in house services as vacancies occur through natural staff turnover. This will release additional resources which could be reinvested into more rehabilitation and reablement activity to meet increasing need and deliver wider system change across Health and Adult Social Care.

Other services at Brownhill House would also be affected by the implementation of the proposal :-

- Council staff support 12 respite/ "emergency" respite beds. Suitable alternative provision has been identified and costed in respect of respite / "emergency respite" so that people can continue to access these services as required, with a tailored use of bed-based resources other than at Brownhill House.
- Social Care in Action (SCA) provides Day Services for older people with high physical dependency needs. A total of 51 people currently use the Day Services across the week (Monday – Friday) and are taken to the Services in specialist transport provided by SCA. The Day Services would continue but would need to relocate to another suitable building. The Council has been working with SCA and identified at least two suitable potential alternative venues.

If the second stage of this proposal is implemented, and the services are no longer offered at Brownhill House, it is likely that the building will also close.

Potential Positive Impacts

People would be able to experience a more seamless rehabilitation and reablement service from a single integrated health and social care staff team, providing care and support in

	a joined up way. The services would be built around the whole person, and put the person at the heart of decisions about their own care. It would be a system working with people, to help them regain good health and stay independent for as long as possible, based on the principle that people are best supported to regain / maintain their independence within their own home or usual place of residence, as opposed to a hospital environment. More people could avoid unplanned admission to hospital, be discharged effectively and have targeted support to recover and maximise their independence in their home or local community, because resources would be used more flexibly and responsively.
Responsible	Donna Chapman, Associate Director
Service Manager	Integrated Commissioning Unit
Date	January 27th 2016

Approved by	Stephanie Ramsey, Director of Quality and Integration	
Senior Manager	Integrated Commissioning Unit	
Signature		
Date	January 27 th 2016	

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age All clients who stay at Brownhill House (BH) for any period are over 65 years of age	No rehabilitation / reablement care provided at BH – need alternatives.	Care provided in own home (Domiciliary Care Framework Contract), in supported accommodation (e.g. Extra Care Housing), or local residential care/nursing home for short period. Other options e.g. for Direct Payments, and telehealth/care, may also maximise choice and flexibility.
	More socially isolated if care provided at home rather than BH?	Making/retaining social connections is a key part of client's rehab/reablement plan. Links between the Integrated Service, GP Cluster teams and development of community solutions are being strengthened to ensure that people are enabled to connect with their wider community.

		1
	No respite service provided at BH – need alternatives.	Care/support provided in own home (Domiciliary Care Framework Contract), in supported accommodation (e.g. Extra Care Housing), or local residential care/nursing home for short period. Other options e.g. for Direct Payments, and telehealth/care, may also maximise choice and flexibility.
All Day Services clients are over 55 years of age	Day Services at a new venue:- : unfamiliar building; : not able to attend with same group? : change to transport method/ time?	The Council will facilitate a relocation and work closely with SCA to support them to quickly familiarise clients with new venue. Whole Service is moving therefore people able to retain friendship groups. Specialist transport provided by SCA in Contract. Contract states – no transport to venue in excess of 50 minutes duration
Impacts for BH staff over 55 years of age	: Alternative workplace; : Up to 41 full time equivalent posts potentially at risk of redundancy; : Disproportionate impact to retrain/find other employment opportunities?	as now. Council redeployment and redundancy policies will be applied. University Hospital Services and Solent NHS Trust are also supporting and considering identifying ring-fenced employment opportunities within services to mitigate risk of redundancies.
Impacts for Day Services staff over 55 years of age	Alternate workplace – increased travel time and/or costs?	The Council will work closely with SCA to facilitate a relocation to an alternative suitable venue and within the same locality if possible.
Disability Impact for BH clients	89% of clients' primary recorded need is for physical support (People who have been assessed as lacking mental capacity are outside of the BH admission criteria.)	Care/support provided in own home (Domiciliary Care Framework Contract), in supported accommodation (e.g. Extra Care Housing), or local residential care/nursing home for short period. Other options e.g. for Direct Payments, and telehealth/care, may also maximise choice and flexibility.
Impact for Day	100% of clients' recorded need	The Council will work closely

Services clients	as "high physical dependency"	with SCA to facilitate a re- location to an alternative suitable venue – accessible, parking etc. within the same locality if possible.
Impact for BH staff	Alternative workplace	Council required to make "reasonable adjustments". Council redeployment and redundancy policies will be applied.
		University Hospital Services and Solent NHS Trust also supporting and considering identifying ring-fenced employment opportunities within services to mitigate risk of redundancies.
Impact for SCA staff	Alternative workplace	The Council will work closely with SCA to facilitate a relocation to an alternative suitable venue – accessible, parking etc. within the same locality if possible.
Gender		
Reassignment	None identified	
Marriage and Civil Partnership	None identified	
Pregnancy and Maternity	Staff:	Council employment, redeployment and redundancy policies will be applied.
Race	Culturally appropriate services from additional providers.	SCA staffing policies will apply. All service Providers on Domiciliary Care Framework, and who accept care placements from the City Council are required to meet legislation in respect of equalities issues. Contract monitoring has been strengthened.
Religion or Belief	Culturally appropriate services from additional providers.	All service Providers on Domiciliary Care Framework, and who accept care placements from the City Council are required to meet legislation in respect of equalities issues. Contract monitoring has been

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		strengthened
	Alternative venue is inappropriate for some e.g. church venue.	The Council will work closely with SCA to facilitate a relocation to an alternative suitable venue taking into account cultural /religious choice.
Sex	None identified	
Sexual Orientation	None identified	
Community Safety	May be increased potential for vandalism if BH building closes and remains empty for a long period.	De-mobilisation Plan to include prompt removal of valuable equipment and addition of any security measures necessary.
Poverty	Staff: potential for increased travel costs?	Council employment, redeployment and redundancy policies will be applied. SCA staffing policies will apply.
Other Significant Impacts	Impact on carers wellbeing of client receiving home-based support	Additional staff hours costed for short-term intensive therapy support at home to client. Information, advice, support services and access to Carers Assessments available from commissioned service.
	Ability of part-time staff to access re-training opportunities	Council employment, redeployment and redundancy policies will be applied.
	Job re-deployment options for number of staff who are Non- drivers Job re-deployment options for number of staff who are employed as Night Workers	University Hospital Services and Solent NHS Trust are also supporting and considering identifying ring-fenced employment opportunities within services to mitigate risk of redundancies.