

## Adults and Communities Equality Impact Assessment

### Questionnaire EIA 2 (relates to Savings E2 and E5)

Please refer to the guidance before completing this form.

<b>1. Details of function, policy, procedure or service:</b>	
<i>Title of what is being assessed:</i> Reduction in Short Term Floating Support investment	
<i>Is it a new or revised function, policy, procedure or service?</i> Revised	
<i>Department and Section:</i> Adults and Communities, Commissioning	
<i>Date assessment completed:</i> October 2013	
<b>2. Names and roles of officers completing this assessment:</b>	
Lead officer	Sue Tomlin
Stakeholder groups	
Representative from internal stakeholders	
Representative from external stakeholders	
AC Equalities Network rep	Sue Tomlin
Performance Management rep	Sandeep Patel
HR rep (for employment related issues)	

### 3. Full description of function, policy, procedure or service:

Current contracts for short term floating support are delivered by Outreach Barnet (generic) [contract value: £1,328,063] and One Housing (mental health) [contract value: £276,340]. Both end on 31/03/14.

The current budget envelope for both contracts totals: £1,604,403

Adults and Communities hold the budget and manage the contracts but for the Outreach Barnet contract other delivery units within the council have allocated quotas for provision for their specific client groups (for example, childrens and families and housing needs) and are key stakeholders in determining future commissioning.

Adults and Communities will be running a competitive procurement to re-commission a single generic short term floating support, funded through money currently invested in the two existing floating support contracts. The procurement is underway with the new contract commencing by October 2014.

The proposed saving is a 25% reduction in the value of the re-commissioned floating support contract [Budget available for re-commission following reduction: £1,203,302]

This would generate a full year saving of: £401,101

This is an important prevention service and has a high value for the various stakeholders. There is likely to be more demand for services for the following reasons:

- New welfare benefits and other housing changes (legislation and housing market)
- Increasing need for support for people placed temporarily or housed out of borough- short term interventions to help people settle, make new links or re-establish links
- Ageing population
- Increase in the number of residents with complex needs

Delivery Units across the council with agreed quotas have been engaged with developing the specification for the new contract. A decreased value could potentially impact on the provision that directly benefits their clients, but this will be mitigated through a competitive tender process that delivers better value for money and visibility of better outcomes.

The table on the following page summarises the floating support services that are currently operating:

	<b>Outreach Barnet</b>	<b>One Housing</b>
<b>Service purpose</b>	To provide housing related support to vulnerable people; to maintain people's independence and tenancy within their home, develop independent living skills and link them into appropriate universal services	Housing related floating support for homeless people in temporary housing. The service provides service to vulnerable people to live independently in the accommodation or to gain access to accommodation
<b>Service description</b>	Generic Floating Support	Mental Health Floating Support
<b>Lead Provider</b>	Notting Hill Housing	One Housing
<b>Sub-contractors</b>	Genesis Housing and Homeless Action in Barnet	N / A
<b>Contract Date</b>	May 2010 – March 2014	April 2003 – March 2014
<b>Annual contract value</b>	£1,328,063 pa <b>Pooled budget</b> Adults and Communities: 49.60% Children's Service: 27.12% Health: 4.92% Housing: 8.35%	£276,340 pa
<b>Support hours per week</b>	1260	Varies, dependent on needs of customer
<b>Quotas</b>	Drug problem – 20 Homeless families in need – 60 Older people – 80 Young People leaving care - 40	None
<b>Capacity</b>	526 service users supported at any one time	100 service users supported at any one time
<b>Hours input</b>	Average of 2.5 hours per week	Varies, dependent on needs of customer
<b>Service user profile</b>	Vulnerable adults	Primary group: people with mental health problems. Single homeless with support needs All ages
<b>Customer's needs level</b>	Low level which can be met through short term support. Customers must be willing to engage with the service	Variable
<b>Duration of support</b>	Short term – three to six months. Longer term support subject to individual and agreement.	Up to 2 years, but aim to have a 50% throughput so aim for 9 months 1 year support. This also depends on need as the provider we will do short term support and one-off support if needed.
<b>Tenures</b>	Service works with all housing tenures including people preparing to move from supported housing, residential care and hospital.	Works with all housing tenures; client must be resident in Barnet
<b>Charging</b>	Free service to all customers	Free service to all customers

<b>Access/operating times</b>	Premises in Barnet. Monday to Friday 9am to 5pm	Monday to Friday 9am - 5pm (but provider works on weekends or late nights if needed, depending on customer's needs)
<b>Referral sources</b>	Self-referrals Social Care Direct Children's and Family services Mental health teams Voluntary agencies (e.g. BCIL, Solace) Housing (Barnet Homes) Prison services:	Social Services Self referrals via Barnet Housing Needs Community Mental Health Team GPs Probation services Drug services Primary Care Mental Health Teams Community Support and Rehab Team BDAS Early Intervention and Prevention Team Right to Control Team
<b>Staffing</b>	Notting Hill - 2 Team Leaders, 14 staff Genesis - 2 Team Leaders, 14 staff HAB - 1 Team Leader, 7 staff Volunteers are also used	1 Senior Manager, 1 Team Manager and 5 Support Officers  Each support officer is responsible for 20 customers each
<b>Customers</b>	People aged 16 or over who are single or a member of a larger household and who: <ul style="list-style-type: none"> <li>- Have housing related support needs and are: <ul style="list-style-type: none"> <li>- homeless, or</li> <li>- failing to manage and at risk of losing their home, or</li> <li>- moving on to more independent living, e.g. from a family home or</li> <li>- registered care home or supported housing and are unlikely to sustain their independence without support</li> </ul> </li> <li>- are vulnerable: <ul style="list-style-type: none"> <li>- Families, particularly those experiencing complex problems</li> <li>- Carers</li> </ul> </li> <li>- Primary need group categories Customers who are likely to benefit from this service.</li> </ul>	See service user profile above.
	<b>Service aims</b>	<b>Service outcomes</b>
<b>Service aims / outcomes</b>	Reducing homelessness and the use of temporary accommodation	Avoid causing harm to others
	Reducing the number of working age people claiming out of work benefits	Better manage mental health

	Reducing the number of young people who are not in education, employment and training	Better manage physical health
	Reducing offending and re-offending	Better manage self-harm
	Increasing the numbers of drug users in effective treatment	Better manage substance misuse
	Enabling older people to stay independent	Comply with statutory orders and processes
	Increasing the number of people with learning disabilities in employment	Greater choice and/or involvement and/or control
	Increasing the number of people with mental illness who find and maintain settled accommodation	Participate in leisure/cultural/faith/informal learning activities
		Maintain accommodation and avoid eviction
		Maximise income, including correct benefits
		Minimise harm/risk of harm from others
		Obtain/participate in paid work
		Participate in training and/or education
		Participate in work-like/voluntary/unpaid work
		Qualifications in training or education
		Reduce overall debt
		Secure/obtain settled accommodation

**4. How are the equality strands affected?** *Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.*

Equality Strand	Affected?	Explain how affected	What action has been taken already to mitigate this? What action do you plan to take to mitigate this?
1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><b>Negative impact</b></p> <p>37% of clients supported are older people with support needs. The proposals will limit support to a period of 4 – 6 months, some older people may require a longer period of support.</p>	<p>Offset reduced service by increasing capacity and throughput – which will be achieved through:</p> <ul style="list-style-type: none"> <li>• targeted focused support of 4 months – 6 months for generic floating support – in exceptional circumstance this can be extended and extensions of support will be jointly agreed between the provider and LBB .The specialist mental health component of the service will be available for up to 9 months</li> <li>• Use of telephone triage</li> <li>• Use of drop in</li> <li>• More on line</li> </ul> <p>For older people ensure links made with new community lead services such as ageing well and the voluntary sector day opportunities programmes.</p> <p>Clients can re approach the service for further periods of support.</p>

<p>2. Disability</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Negative impact</b></p> <p>Table 1.0 below shows number of people with disabilities supported during 2012/13. A 25% reduction in the overall service could mean less people can be supported.</p> <p>The mental health floating support service would also be reduced by a pro rata amount.</p>	<p>The reduction in funding is offset against the increased capacity through the reduction in the support period and by more targeted outcomes based support planning. The average duration of support to mental health clients is currently 7 months; the proposal is for more targeted support. In addition a combination of the services in one contract will mean that mental health clients are also supported through the generic service.</p> <p>Mental health floating support could be protected so that the majority of savings are made against the generic floating support service although @26% of customers of the generic service have mental health needs.</p> <p>Ensure links are made with community and voluntary sector services.</p>
<p>3. Gender reassignment</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Possible minimal impact</b></p> <p>Client record data shows low numbers of people ascribing as trans gender however a change to the service will apply equally to all customers.</p>	<p>See measures to offset budget reduction through increase in capacity describes in box 1 above.</p> <p>Ensure links are made with community and voluntary sector services.</p>
<p>4. Pregnancy and maternity</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Negative impact</b></p> <p>The service provides floating support for a teenage parent housing scheme. A change in the service will affect all customers because of the limitation of support to 4 – 6 months.</p>	<p>See measures to offset budget reduction through increase in capacity describes in box 1 above</p> <p>Ensure links are made with community and voluntary sector services.</p>

<p>5. Race / Ethnicity</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Negative impact</b></p> <p>People from BME groups are more likely to become homeless. A change in the service will affect all customers.</p>	<p>See measures to offset budget reduction through increase in capacity describes in box 1 above.</p> <p>The specification and contract will require the provider (s) to address any specific housing and support needs of the BME community including translation and interpreting.</p> <p>Ensure links are made with community and voluntary sector services.</p>
<p>6. Religion or belief</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Possible minimal impact</b></p> <p>The number of users affected is expected to be low. For these people, the limit of support to 4-6 months will have an impact</p>	<p>See measures to offset budget reduction through increase in capacity describes in box 1 above.</p> <p>The specification and contract will require the provider (s) to address any specific religious or cultural needs.</p> <p>Ensure links are made with community and voluntary sector services.</p>
<p>7. Gender / sex</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Possible minimal impact</b></p> <p>The number of users affected is expected to be low. For these people, the limit of support to 4-6 months will have an impact</p>	<p>See measures to offset budget reduction through increase in capacity describes in box 1 above.</p> <p>Ensure links are made with community and voluntary sector services.</p>
<p>8. Sexual orientation</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Possible minimal impact</b></p> <p>The number of users affected is expected to be low. For these people, the limit of support to 4-6 months will have an impact</p>	<p>See measures to offset budget reduction through increase in capacity describes in box 1 above.</p> <p>Ensure links are made with community and voluntary sector services.</p>
<p>9. Marital Status</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Possible minimal impact</b></p>	<p>See measures to offset</p>



		The number of users affected is expected to be low. For these people, the limit of support to 4-6 months will have an impact	budget reduction through increase in capacity describes in box 1 above.  Ensure links are made with community and voluntary sector services.
<b>10. Carers</b> (discriminated by association)	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<b>Positive Impact-</b> Specific outcomes to address the needs of carers are being included in the specification.	See measures to offset budget reduction through increase in capacity describes in box 1 above.  The specification and contract will have specific requirements around support for carers and their households. It will also require close working specifically with Barnet Carers Centre and other carer organisations. It will consider carers' needs and personalised approaches to deliver a matrix of support for the carer and cared for.  Ensure links are made with community and voluntary sector services.

**5. What are the number, types and severity of disabilities in play in this case?**

**Summary of floating support client record data 2012/13 – Outreach Barnet**

Floating support services are preventative services and customers are not FACs eligible (substantial and critical needs).

Table 1 below shows the number of service users supported by the Outreach Barnet service (generic floating support) during 2012/13. These are the categories under the former Supporting People reporting framework and show other types of needs as well as disabilities.

<b>Table 1.0 Primary Client Group</b>	<b>Frequency</b>	<b>%</b>
Older people with support needs	67	9%
Older people with dementia & mental health problems	10	1%
Frail elderly	19	3%
Mental health problems	82	11%
Learning disabilities	5	1%
Physical or sensory disability	60	8%
Single homeless with support needs	8	1%
Alcohol misuse problems	7	1%
Drug misuse problems	4	1%
Offenders/at risk of offending	4	1%

Young people at risk	14	2%
Young people leaving care	7	1%
People with HIV/AIDS	1	0%
Homeless families with support needs	34	5%
Teenage parents	5	1%
Gypsies and travellers with support needs	1	0%
People at risk of domestic violence	19	3%
Generic/Complex needs	399	53%
<b>Total:</b>	<b>746</b>	<b>100%</b>

Further analysis of the age profile of customers shows the high proportion of people over 60 receiving the service:

16- 17	1.00%
18 - 59	72.7%
60 - 80+	26.3%
80+	11.1%

#### **6. What are the actions that could reduce the impact on people with disability?**

The provider(s) will be required to offer a revised service by increasing throughput and capacity through:

- Targeted focused support for 4 - 6 months for generic floating support (may be extended in exceptional circumstances). NB: the mental health scheme will provide support for around 9 months
- Use of telephone triage
- Use of drop in
- More use of on line support

For older people links will be made with new community led services such as neighbourhood services and ageing well.

Additionally for all client groups there will be a requirement for the provider(s) to make links with community and voluntary sector services, including the Adults and Communities lead providers.

#### **7. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?**

Satisfaction surveys carried out during the life of the current contract with the market, wider stakeholders and service users show a high level of satisfaction with the service. The conclusion from recent consultation is that satisfaction should not be adversely affected as overall service levels (capacity and throughput) will be maintained.

Transition to a new service will be planned with the current service providers to ensure that services and satisfaction is maintained.

#### **8. How does the proposal enhance Barnet's reputation as a good place to work and live?**

There could be some external negativity about further disinvestment in prevention services but the money available for recommissioning floating support is actually significantly higher than other key prevention services that have been or will shortly be commissioned.

Achieving efficiencies in the service but maintaining service levels should enhance the Councils reputation.

**9. How will members of Barnet’s diverse communities feel more confident about the council and the manner in which it conducts its business?**

Achieving efficiencies in the service but maintaining service levels should enhance the Councils reputation and confidence in the council and service providers. The provider (s) will continue to address any specific housing and support needs of the BME community including translation and interpreting and cultural support needs.

**10. What measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? Include information about the groups of people affected by this proposal. Include how frequently will the monitoring be conducted and who will be made aware of the analysis and outcomes? Include these measures in the Equality Improvement Plan (section 14)**

Through:

- Service specification development - co-production with providers and service users
- Regular contract monitoring – including quarterly with key stakeholders
- Annual service reviews

**11. How will the new proposals enable the council to promote good relations between different communities? Include whether proposals bring different groups of people together, does the proposal have the potential to lead to resentment between different groups of people and how might you be able to compensate for perceptions of differential treatment or whether implications are explained.**

Table 3.0 below shows the ethnic origins of customers of the service:

White	485	65%
Mixed	47	7%
Asian	70	9%
Black	109	14%
Other	26	4%
Refused to disclose	9	1%
<b>Total</b>	<b>746</b>	<b>100%</b>

This is consistent with housing data and the higher level of white households correlates with the higher proportion of older people receiving the service. The specification and contract will require the provider (s) to address any specific housing and support needs of the BME community including translation and interpreting.

Housing related floating support is an important part of resettlement and establishing connections within communities.

**12. How have residents with different needs been consulted on the anticipated impact of this proposal? How have any comments influenced the final proposal? *Please include information about any prior consultation on the proposal been undertaken, and any dissatisfaction with it from a particular section of the community.***

Stakeholders from several service areas across the Council have been involved in developing the proposals and feedback has also been given from the current providers through discussions.

The outcome of the face to face consultation and focus groups held with customers and stakeholders was largely positive. Reservations about the reduction from 6 to 3 months (generic) informed the re-modelling to 4 months for the generic contract.

## Overall Assessment

13. Overall impact		
Positive Impact  <input type="checkbox"/>	Negative Impact or Impact Not Known <sup>1</sup>  <input checked="" type="checkbox"/>	No Impact  <input type="checkbox"/>

14. Scale of Impact		
Positive impact:  Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	Negative Impact or Impact Not Known  Minimal <input checked="" type="checkbox"/> Significant <input type="checkbox"/>	

15. Outcome			
No change to decision  <input checked="" type="checkbox"/>	Adjustment needed to decision  <input type="checkbox"/>	Continue with decision <i>(despite adverse impact / missed opportunity)</i>  <input type="checkbox"/>	If significant negative impact - Stop / rethink  <input type="checkbox"/>

16. Please give full explanation for how the overall assessment and outcome was decided
<p>This is a key preventative service, reducing future financial impact on council services / and those of partners.</p> <p>Whilst the budget for the new floating support service has been reduced by 25%, it is anticipated that there will potentially be more demand for this type of provision as a result of external pressures, for example, welfare reform.</p> <p>Disinvestment could potentially impact on other areas, as other services may need to pick up the support including possible increase in costs of temporary accommodation.</p> <p>The proposals to reconfigure the service included modelling of the potential capacity of the new service. This identified that the new support model would mean that the service would be able to be offered to a greater number of customers than the current services allow.</p> <p>Delivery Units with agreed quotas have been engaged in developing the specification for the new contract. A decreased value could potentially impact on the provision that directly benefits their clients, but this will be mitigated through the competitive tender process that delivers better</p>


<sup>1</sup> 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.

value for money and visibility of outcomes. Additionally to manage the impact and any other changes, contract monitoring arrangements will be in place and there will be close partnership working between the Council and the new provider(s).

## 17. Equality Improvement Plan

Please list all the equality objectives, actions and targets that result from the Equality Analysis (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer responsible	By when
Monitor outcomes of the revised service by equalities groups	Ensure specification includes statement of expectations	Review equality impact on the outcomes of the floating support contracts by equality strands	Commissioning project manager and senior category manager	After 3 months of contract start date
Stakeholder feedback	Review stakeholder feedback	Review equality impact on the outcomes of the floating support contracts by equality strands	Senior category manager	Quarterly

<b>1<sup>st</sup> Authorised signature (Lead Officer)</b>	<b>2<sup>nd</sup> Authorised Signature (Member of SMT) – Dawn Wakeling</b>
	
<b>Date:</b>	<b>Date: 10 February 2014</b>