

# Budget Savings Proposals Full Equality Impact Assessment (EQIA)

## Section 1: General Information

**1a) Name of the savings proposal**

Mental Health Accommodation

**1b) Service area**

Mental Health

**1c) Service manager**

Richard Fradgley (Interim Associate Director of Mental Health Commissioning, NHSTH/LBTH)

**1d) Name and role of the officer/s completing the EQIA**

As above.

## Section 2: Information about changes to services

### 2a) In brief please explain the savings proposals and the reasons for this change

The number of working age adults with a mental health problem living in residential care has grown from c. 95 in Spring 2004 to c. 135 in Winter 2009/10. Over the same period, the annual cost of residential care has risen from c. £3m to c. £6.5m, and in 2008/9 and 2009/10, Tower Hamlets was in the top quartile for the number and cost of new residential care placements made of working age adults with a mental health problem in London. There are currently limited appropriate in-borough accommodation options, and as a result over 90% of Tower Hamlets service users living in residential care are in out of borough homes. This results in a “dislocation from family and community and loss of continuity of services” (Killaspy et al., 2009, p. 112), a disconnect between care management and care co-ordination, and some evidence to suggest that costs are more difficult to control (Ryan & Rayne, 2007). Through ensuring that service users have accommodation options in-borough and receive the right recovery-orientated support at the right time in accessing them, there are significant opportunities for improving quality of care, promoting a more personalised and recovery-orientated approach, and improving cost effectiveness.

During 2010/11, NHS Tower Hamlets (NHSTH) and the London Borough of Tower Hamlets (LBTH) have funded a Resettlement Team pilot to bring care management responsibilities for working age adults with a mental health problem living in residential care into one team and to make immediate improvements to the accommodation care pathway as a result. Building on *NHS Tower Hamlets (2010) Need and Capacity Assessment for Accommodation of Working Age Adults with a Mental Health Problem*, NHSTH and LBTH have developed a *Commissioning Strategy for Accommodation of Working Age Adults with a Mental Health Problem*, which aims to reduce the number of people living in out of borough residential care to 70 by 2015 through developing a new model for supported accommodation in-borough, with additional capacity, and supporting service users to move, and be diverted, from out of borough residential care into it. In addition to improving quality and promoting recovery for service users, the Partnership intends that the Strategy will deliver savings for both LBTH and NHSTH, amounting to £1m recurrently on the 2009/10 baseline by 2014/15.

The draft Strategy has been developed by the Mental Health Commissioning Team at NHS Tower Hamlets, which has lead commissioning responsibility for mental health on behalf of LBTH, and the Supporting People Team at the London Borough of Tower Hamlets, with the close involvement of a range of stakeholders including service users, clinicians and providers.

## **2b) What are the equality implications of your proposal?**

We do not believe that there will be adverse equality implications for service users as a consequence of this Strategy. There is likely to be an improvement in the quality of experience of service users which would potentially enhance equalities, for example the Strategy will enhance the range of in-borough accommodation options available to service users with a mental health problem, closer to their family, friends and communities, and therefore enable them to have easier access to established sources of informal support than they would have had if they moved to out of borough residential care.

Current use of residential care and supported accommodation is broadly the same across different community groups, for example 69% of residential care residents are men, and 72% of supported accommodation residents are men; compared to the demographic make-up of the local community, here is an under-representation of the Bengali community in both residential care (9.5%) and supported accommodation (12.9%), and an over-representation of the African-Caribbean community (12.9% of the residential care population, and 8.4% of the supported accommodation population). There is no evidence that some groups are more likely to choose residential care over supported accommodation.

There may as a consequence of the Strategy be some transitional impact on service users living in out of borough residential care who are moving back into in-borough supported accommodation, and on service users living in existing in-borough supported schemes where there is a potential reconfiguration, re-commissioning, or decommissioning. The Mental Health Commissioning Team and Supporting People Team, who have developed this Strategy, will work closely with providers and clinical teams provided by East London Foundation Trust to minimise the impact on service users. The Resettlement Team have over the past year reviewed all service users living in residential care for readiness, and aspiration to move into supported accommodation. Where service users have the aspiration to move, the Resettlement Team are now actively working with them to prepare. For some, dependent on their needs and wishes, this is over a shorter period of time, and for others this is over two to three years. There are a significant number of service users who are likely to continue to need residential care for a longer period of time, or who have lived in out of borough accommodation for a very long period of time and now have no local connections to Tower Hamlets, and the Strategy takes this into account. There are also a small number of service users who are living in out of borough accommodation that have very specific needs, for example people who are deaf and who have a mental health problem, and where there are no suitable local services. The Strategy also takes this into account. There is no anticipated equality impact of any transition issues.

### Section 3: Equality Impact Assessment

With reference to the analysis above, for each of the equality strands in the table below please record and evidence your conclusions around equality impact in relation to the savings proposal.

<p><b>Race</b></p> <p><i>Identify the effect of the policy on different racial groups.</i></p>	<p>Will the change in your policy/service have an adverse impact on specific ethnic groups? No.</p> <p>As per the Need and Capacity Assessment, currently there is proportionally an under-representation of the Bengali community and a small over-representation of the African Caribbean community living in both residential care and supported accommodation against current demographic estimates. It is not anticipated that this Strategy will impact on this.</p> <p>At present, service users who move out of borough into residential care, often do so to placements that are comparatively far from family, friends and communities in Tower Hamlets. Through the Strategy, service users from all communities will receive care and support which places a greater emphasis on recovery, and which is, much closer to home. It is therefore anticipated that this Strategy will help service users maintain contact with their communities of choice, where previously this may have been more difficult.</p>
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<p><b>Disability</b></p> <p><i>Identify the effect of the policy on different disability groups</i></p>	<p>Will the change in your policy/service have an adverse impact on disabled people? No.</p> <p>The Strategy will enhance the range of in-borough accommodation options available to service users with a mental health problem, closer to their family, friends and communities, and therefore enable them to have easier access to established sources of informal support than they would have had if they moved to out of borough residential care.</p> <p>As part of the Strategy, in-borough supported accommodation will be procured against new specifications which will detail a requirement for providers to ensure that the support they offer is personalised and recovery-focussed. It is anticipated that this approach will more proactively support service users to achieve aspirations for self-defined recovery, take control of their care, and where appropriate work towards greater independence in their own tenancy with flexible support.</p>
<p><b>Gender</b></p> <p><i>Identify the effect of the policy on different gender groups (inc Trans) groups</i></p>	<p>Will the change in your policy/service have an adverse impact on men or women? No. As per the Need and Capacity Assessment, currently there is proportionally an under-representation of women living in both residential care and supported accommodation. It is not anticipated that this Strategy will impact on this, as it reflects clinical and community norms. However, women are currently “pepper-potted” around existing supported accommodation schemes in-borough, and the Strategy consultation will consult for views on commissioning a small women-only scheme for women who feel vulnerable in a mixed-sex scheme.</p>

<p><b>Sexual Orientation</b></p> <p><i>Identify the effect of the policy on members of the LGB community</i></p>	<p>Will the change in your policy/service have an adverse impact on lesbian, gay or bisexual people? No. Data on the sexual orientation of service users living in residential care and supported accommodation is incomplete, but it is not anticipated that this Strategy will have an adverse impact on the LBGT community. New specifications for supported accommodation in-borough will include within them the requirement for an improvement in support available to services users, and to data capture in this area.</p> <p>The Strategy will enhance the range of in-borough accommodation options available to service users with a mental health problem, closer to their family, friends and communities, and therefore enable them to have easier access to established sources of informal support than they would have had if they moved to out of borough residential care.</p>
<p><b>Religion and Belief</b></p> <p><i>Identify the effect of the policy on different religious and faith groups</i></p>	<p>Will the change in your policy/service have an adverse impact on people who practice a religion or belief? No. Data on the religion and belief of service users living in residential care and supported accommodation is incomplete, but it is not anticipated that this Strategy will have an adverse impact on different communities of faith. New specifications for supported accommodation in-borough will include within them the requirement for an improvement in support available to services users, and to data capture in this area.</p> <p>The Strategy will enhance the range of in-borough accommodation options available to service users with a mental health problem, closer to their family, friends and communities, and therefore enable them to have easier access to established sources of informal support than they would have had if they moved to out of borough residential care.</p>

<p><b>Age</b></p> <p><i>Identify the effect of the policy on different age groups using the prompts above</i></p>	<p>Will the change in your policy/service have an adverse impact on specific age groups? No. The Strategy is focussed primarily on the needs of adults of working age with a mental health problem, where the focus of support tends to be different than that for older people. Supported accommodation for people aged 65 and over is currently being considered in the LBTH Supporting People Strategy. However there are a small number of people aged over 65 who receive support from Working Age Adult Community Mental Health Teams, and who live in either residential care or supported accommodation and who therefore come within the scope of this Strategy. For these service users, the Strategy will enhance the range of in-borough accommodation options available to them, closer to their family, friends and communities, and therefore enable them to have easier access to established sources of informal support than they would have had if they moved to out of borough residential care. In addition, it is intended that in-borough supported accommodation will be modelled to provide either faster-stream recovery, or slower-stream recovery, so where there is an older person who needs longer-term support, they will be able to receive it.</p>
<p><b>Socio-economic</b></p> <p><i>Identify the effect of the policy in relation to socio-economic inequalities</i></p>	<p>Will the change in your policy/service have an adverse impact on people with low incomes? No. A significant proportion of service users living in residential care and supported accommodation are subject to s. 117 of the Mental Health Act 2007, which places a duty on local authorities and PCT's to provide (and fund) after-care services. As a consequence, the local authority has no powers to charge service users for care services, and service users very often have maximised income as a result. However, for those service users who are not subject to s. 117 MHA, and who move into supported accommodation as opposed to residential care as a consequence of this Strategy, they will receive a much more significant income, and therefore achieve greater control and choice, than they would have done were they to move into residential care, where all of their income is taken into account as contribution towards placement costs, minus a small weekly allowance.</p> <p>Service users living in supported accommodation will be required to claim Housing Benefit to contribute towards the costs of their accommodation, and it is anticipated that provider prices will take account of the forthcoming changes to Housing Benefit allowances.</p>

<p><b>Other</b></p> <p><i>Identify if there are groups, other than those already considered, that may be adversely affected by the policy?</i></p>	<p>Will the change in your policy/service have an adverse impact on any other people (e.g. carers)? No. As the Strategy will enable more service users to live closer to their family, friends and communities, it is anticipated that it will provide a number of benefits for carers, in promoting far greater ease of contact than travelling to out of borough residential care.</p> <p>The Strategy will require re-commissioning, and decommissioning of some current in-borough supported accommodation schemes, which will happen largely through procurement via the Supporting People Strategy. There may as a consequence be implications for service users currently living in schemes that are to be re-commissioned and decommissioned. In addition, it is anticipated that through the Strategy, there will be service users living in out of borough residential care who are able, with the right support, to move back into in-borough supported accommodation. The Mental Health Commissioning Team and Supporting People Team will work closely with clinical and social work services provided by East London Foundation Trust to manage the transition for any service user who may be affected by the Strategy, so that it is managed sensitively and effectively, maximising opportunities for service user's to realise aspirations towards recovery in a safe and supportive manner.</p>
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<p><b>Staff</b></p> <p><i>Identify if there are any staff groups, , that may be adversely affected by the policy?</i></p>	<p>Will the change in your policy/service have an adverse impact on staff? No. However, the Strategy will require re-commissioning, and decommissioning of some current in-borough supported accommodation schemes, which will happen largely through procurement via the Supporting People Strategy, so there may be implications for staff needing to adapt to working with a new model of care and support, and potentially for working for new provider organisations, with possible TUPE implications. The Mental Health Commissioning Team and the Supporting People Team, who have significant experience in this area, will work together and alongside providers to manage the impact on staff.</p>
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#### Section 4: Equality Impact Assessment Action Plan

Please list in the table below any adverse impact identified and, where appropriate, steps that could be taken to mitigate this impact.

If you consider it likely that your proposal will have an adverse impact on a particular group (s) and you cannot identify steps which would mitigate or reduce this impact, you will need to demonstrate that you have considered at least one alternative way of delivering the change which has less of an adverse impact.

Adverse impact	Please describe the actions that will be taken to mitigate this impact
<b>Potential impact of transition between residential care and supported accommodation on service users; potential impact on re-commissioning/decommissioning existing schemes on service users</b>	Consultation on Strategy to establish service user views on specific re-commissioning/decommissioning proposals; post-consultation, develop in partnership a specific transition plan for each scheme in scope for change, with particular focus on the impact on service users; commission East London Foundation Trust as part of 2012/13 contract to specifically provide clinical and social work support to service users who are impacted on by the Strategy proposals.
<b>Monitoring of equalities impact</b>	The Mental Health Commissioning Team and Supporting People Teams will monitor equalities data through the project implementation group, and quarterly performance management and monitoring with each supported accommodation provider.

If an adverse impact cannot be mitigated please describe an alternative option, its costs and the equality impact.

**Section 5: Future Review and Monitoring**

Please explain how and when the actual equality impact of these changes will be reviewed and monitored.

The Mental Health Commissioning Team and Supporting People Teams will monitor equalities data through the project implementation group, and quarterly performance management and monitoring with each supported accommodation provider.

## APPENDIX A: Equality Impact Assessment Test of Relevance

TRIGGER QUESTIONS	YES / NO	IF YES PLEASE BRIEFLY EXPLAIN.....
<b>Does the change reduce resources available to address inequality?</b>		<ul style="list-style-type: none"> <li>• What outcome did the previous intervention seek to achieve?</li> <li>• What evidence do you have about how effective the previous intervention was?</li> </ul> <p>No anticipated impact on resources available to address inequality.</p>
<b>CHANGES TO A SERVICE</b>		
<b>Does the change alter access to the service?</b>		<ul style="list-style-type: none"> <li>• Is there evidence that access will be more difficult or costly for some people?</li> </ul> <p>Access to accommodation with support will change, with more service users living in in-borough supported accommodation, and fewer living in residential care out of borough. In this respect, the Strategy will enhance the range of in-borough accommodation options available to service users with a mental health problem, closer to their family, friends and communities, and therefore enable them to have easier access to established sources of informal support than they would have had if they moved to out of borough residential care.</p>
<b>Does the change involve revenue raising?</b>		<ul style="list-style-type: none"> <li>• What evidence do we have about who will pay?</li> <li>• What impact will this have on the income available for these people?</li> </ul> <p>The Strategy will require re-orientation of revenue funding from residential care to supported accommodation. It is not anticipate that this will have an impact on the income of service users, in fact for some service users who are not subject to s. 117 of the Mental Health Act 2007, it may significantly increase their income.</p>
<b>Does the change alter who is eligible for the service?</b>		<ul style="list-style-type: none"> <li>• What evidence do we have about who will no longer be eligible for the service?</li> <li>• Is this likely to lead to poorer outcomes for those who cannot access the service? The</li> </ul>

		<p>Strategy will result in more service users living in in-borough supported accommodation and fewer services living in out of borough residential care. It is anticipated that supported accommodation will provide more intensive and recovery-focused support and as a result some service users who have traditionally lived in residential care for long periods of time may be able to move into supported accommodation more quickly. This does not alter eligibility for residential care, but will impact on the number of service users living in residential care.</p>
<p><b>Does the change involve a reduction or removal of income transfers to service users?</b></p>		<ul style="list-style-type: none"> <li>• What evidence do we have on who has benefits from these transfers?</li> <li>• What is the likely impact of the removal of the income to current beneficiaries?</li> </ul> <p>No, there is no change to service users' income anticipated as a result of the Strategy.</p>
<p><b>Does the change involve a contracting out of a service currently provided in house?</b></p>		<ul style="list-style-type: none"> <li>• Is there a need to include promotion of equality in the new contract arrangements?</li> </ul> <p>No, the change involves supporting more service users to live in in-borough supported accommodation and fewer services living in out of borough residential care. Current supported accommodation and residential care providers are either third or private sector.</p>
<p><b>CHANGES TO STAFFING</b></p>		
<p><b>Does the change involve a reduction in staff?</b></p>		<ul style="list-style-type: none"> <li>• What evidence do we have about the composition of the current workforce?</li> <li>• Are there some groups who are likely to be disproportionately affected by the proposed reduction?</li> </ul> <p>No, the Strategy may result in changes for current provider staff, although it is not clear whether this means there will be a reduction in staff. There is no evidence to suggest that any groups are likely to be disproportionately affected by the change.</p>
<p><b>Does the change involve a redesign of the roles of staff?</b></p>		<ul style="list-style-type: none"> <li>• What evidence is there that this could have an impact on equal pay?</li> <li>• Does the change reduce the ability of staff to work flexibly?</li> </ul> <p>Yes, it is likely that the Strategy will result in re-designed roles for staff in provider services, with a statement on required competencies likely to be included in new specifications for supported accommodation. There is no evidence to suggest that there will be an impact on equal pay, or the ability of staff to work flexibly.</p>

