

Agenda Item No: 7(a)

DERBYSHIRE COUNTY COUNCIL

CABINET

28 July 2015

Report of the Strategic Director for Adult Care

**OUTCOME OF CONSULTATION ON PROPOSED CHANGES TO THE
HOUSING RELATED SUPPORT (HRS) PROGRAMME.**

ADULT SOCIAL CARE

1. Purpose of the Report

1.1 To inform Cabinet of the outcome of the recent consultation and equality analysis on the proposals to reduce funding and /or length of support, to the Housing Related Support (HRS) programme and to agree the mitigating actions to reduce the impact on local vulnerable people.

1.2 To seek Cabinet agreement to:

- Reduce funding for mental health HRS accommodation service from £93,600 to £29,120, from August 2015.
- Maintain the current funding level at £0.295m and the length of stay for clients receiving support from the floating support service for people with a learning disability.
- Reduce funding for the young people's HRS service from £1.031m to £0.172m, and to reduce the number of people who can be supported by the service from a maximum of 294 to 148 at any one time, from 1 April 2016.
- Reduce funding for the accommodation based and floating support for people with mental ill health from £1.430m to £0.410m from 1 April 2016. This will result in the number of clients who can receive a service reducing from a maximum of 294 to 255 at any one time from 1 April 2016. To reduce the length of time support can be provided from two years to one year in the accommodation based service, and nine months of floating support.
- Reduce funding for floating support for people with mental ill health, from £0.439m to £0.126m from 1 April 2016, and to reduce the number of clients supported from a maximum of 180 to 52 at any one time from 1 April 2016 and reduce the length of time support can be provided from two years to nine months.

- Reduce funding for the Handy Van Network £0.498m to £0.252m from 1 April 2016, and to re-procure the service during 2015/16 to commence on 1 April 2016 at the revised contract rate.
- Reduce funding of floating support for older people from £1.749m to £1.249m, which would mean a reduced number of people would receive a service from 6,838 to a maximum of 5,924 at any one time.
- Reduce funding for support for people with a learning disability placed with families delivered by three providers at a contract value reduced from £21,188 to £10,137 per annum from February 2016.

2. Information and Analysis

- 2.1 Due to reductions in funding from Central Government, Adult Care must reduce its expenditure by £45.5m by 2018, including the delivery of £8.5m of savings from the Housing Related Support (HRS) programme phased over the two year period 2014-16. In order to achieve this saving, Cabinet is reviewing all aspects of Council services.

On 21 January 2014, Cabinet approved a paper which detailed proposed consultation relating to reduction in the HRS programme in two phases. The decision to cease to provide funding to services detailed as phase one was made by Cabinet on 15 July 2014.

On 5 August 2014, Cabinet agreed to the commencement of a consultation and engagement process on phase two which included proposed changes to the remainder of the HRS programme, the results of this consultation are detailed in this report.

On 10 February 2015 outcomes and recommendations from the separate consultation on proposed changes to the Older People's Housing Options Service and the Older People's Sheltered Housing with Warden (and Alarm) Services were agreed by Cabinet.

- 2.2. Adult Care recognises that HRS services deliver cost effective preventative support services to vulnerable people. There is clear evidence of the potential financial impact for statutory services should these proposals be implemented, with £3.36 of savings being achieved for statutory services for every £1 invested in housing related support. The rationale for the proposed savings detailed in this report includes a range of efficiency measures such as, service re-design, reductions both in the number of clients supported and funding. The proposals contained in this report have taken into account the consultation responses from service users, providers and other stakeholders.

Clients and carers who are currently receiving HRS services, where appropriate, will be offered a care assessment, and if eligible, they will

be offered a care and support package instead of receiving HRS services. Those who do not meet the national Care Act eligibility criteria will continue to receive HRS services, this will ensure that vulnerable people continue to receive a service. The introduction of the proposed changes over time will result in a reduced provision of HRS services for new clients. In circumstances where clients are no longer eligible for either a care package or a HRS service, Adult Care will work with the service provider to ensure that clients will be signposted on to alternative services such as relevant voluntary and community organisations.

3. Responses to Consultation and Summary of the Equality Impact Analysis

- 3.1 Following Cabinet approval, Adult Care embarked on a 12 week period of consultation on the proposed changes, which took place between 5 January 2014 and 20 March 2015. During this time the Council was able to secure Public Health Resource Funding for the HRS programme, which enabled officers to work with providers to further refine the proposals which were ultimately the subject of the consultation.

The consultation used a mixed method approach, with both qualitative and quantitative methods being utilised to gather views about the proposed changes. 9,580 information packs were sent out to clients in receipt of the services. Providers of these services, as well as local statutory organisations and voluntary sector groups, were also sent copies of the leaflets and invited to comment. The Adult Care Stakeholder Engagement Team also offered to meet with the current providers and existing clients regarding the proposals and 15 such meetings were held. Appendix 1 provides a breakdown of the responses to the consultation as well as a detailed explanation as to how the consultation was carried out.

- 3.2 The Equality Impact Analysis includes the views expressed by clients from the consultation. The analysis and proposed mitigating actions are included as Appendix 2 and are also available to be viewed by Elected Members.

4. Proposed Changes to HRS Services

4.1 Mental Health HRS Accommodation Based Long Term Service

Accommodation based services refer to those where the client must live in a particular property in order to receive the support.

This service is currently delivered at one site by Morning Rise Supported Housing Ltd, who are both a landlord and support provider. This service enables a maximum of 16 clients, with high level mental health needs to live in supported accommodation with communal areas. Clients are supported with the aim of achieving independent living. The provider receives a client contribution towards the support which they deliver. The proposal is to continue to fund the mental health HRS accommodation based service delivered by Morning Rise but with a contract value reduced from £93,600 to £29,120, from August 2015.

The Provider has been preparing for the possibility of these changes being made this financial year. Morning Rise has proposed to bridge the gap by accessing further housing benefit funding, asking clients to contribute towards their support costs and by putting in their own funding. This contract is due to end on 31 March 2016. The Provider has agreed to achieve the funding reduction without reducing the number of clients who can receive support.

All clients affected by the proposed change will be offered care assessments and those who meet the eligibility criteria will be offered direct payments which will enable the individual to buy this service from Morning Rise, should they wish to do so.

We will ensure that all clients who are not eligible for care funding following the care assessment, will have access to benefits advice in order to maximise their income, which would help them to fund their increased client contribution and receive ongoing support from Morning Rise.

4.1.1 Outcome of the Consultation

6 questionnaires were returned in relation to the consultation on the proposal; 100% of those who responded did not agree with the proposal. A meeting was also held which was attended by 8 clients and 2 staff members. Respondents explained that the service provided them with an alternative to residential care and a chance to achieve independent living in a safe and supportive setting which contributed to their mental health recovery. Clients understood that the reduced funding would mean their individual contributions towards meeting the cost of the service received, would increase but that the level and quality of the service provided will not change. It should be recognised that consultees could not comment on the financial contributions they would have to make towards funding their support package, as the amount is determined on the type of support package received which is ultimately determined by the service provider and the individual concerned.

The principal theme which emerged from the consultation is that clients were overall appreciative of the quality of service which is currently provided. The

respondents to the proposed changes also made the following comments including:

- “Morning Rise set aims and goals for me and help me to achieve these”
- “since being at Morning Rise I have found the confidence and support to go on holiday, found a partner and got engaged. My health has improved and I now have the confidence to go out and about
- “We are able to feel really at home here and are encouraged if we want to have our own pets and I now have a rescue cat – this has and is really helping me with my recovery”

4.1.2 Equality Impact Analysis

Although the clients would still receive the support that they require from the service, there will be a financial impact on them due to increasing contributions being requested from the service provider, which could have a negative impact on their quality of life through a reduced level of disposable income.

4.1.3 Mitigation

- The clients will be able to remain in their current properties and receive a service, which will be funded either by a Direct Payment if they meet the national Care Act eligibility criteria, or using Enhanced Housing Benefit funding in addition to continuing to make a contribution towards meeting their support needs.
- Clients will be supported to maximise their income through the welfare benefits service and The Citizens Advice Bureau.

4.1.4 Officer Proposal

It is proposed that the funding is reduced from £93,600 to £29,120 from 1st August 2015 until March 2016 when the contract comes to an end. During this time a review will take place to inform future commissioning intentions and a further report will be presented to Cabinet.

4.2 Floating Support Service for People with a Learning Disability (Short Term)

The current provider, Nottingham Community Housing Association, supports up to 66 clients with a learning disability at any one time across Derbyshire. Floating support services are those where support staff visit clients in their own homes to support them to maintain their tenancy and to help them to achieve and maintain independent living. Clients with identified housing related support needs are supported for up to two years, and the proposal was to reduce this to nine months.

4.2.1 Outcome of the Consultation

Six questionnaires were completed online in relation to the consultation on the proposal; 100% of those who responded did not agree with the proposal, some of whom stated it takes considerable time to build up trust with a support worker. A meeting was also held which was attended by 14 clients and 6 staff members.

Respondents explained that the service provided them with an alternative to residential care and a chance to achieve independent living in a safe and supported setting. As a result they were concerned about the proposed changes.

The principal theme which emerged from the consultation was that clients understood the proposal was to reduce the amount of time support was available from 2 years to 9 months and overall were very appreciative of the quality of support that is currently provided. Clients commented on the impact that the support had made on their lives including:

- “I was homeless because I couldn’t cope with paperwork. I have no family support and Northern Housing has helped me not to get homeless again”
- “It would be a big thing to lose this help, everyone will come unstuck without this help”
- “Makes me ill worrying about paying bills and they help me to do this”

4.2.2 Equality Impact Analysis

The Equality Impact Analysis identified potential areas of adverse impact which are set out in Appendix 2 and are also available to be viewed by Elected Members. The comments received referred to the negative impact on vulnerable people:

- Not being able to maximise their income. This could result in financially disadvantaged clients being unable to self-fund their support
- Being less likely to access appropriate accommodation
- Be at an increased risk of requiring crisis intervention, resulting in increased demand for mainstream care services or re-referral into the floating support service, thus creating a “revolving door” culture within the service
- Carers of people with a learning disability may be required to provide additional support as a result of the client not achieving all of their identified outcomes.

4.2.3 Officer Proposal

As a result of the outcomes of consultation with clients and the Equality Impact Analysis, it is proposed that the current length of stay is maintained at two years for clients with a Learning Disability.

The rationale for continuing with the current two year maximum support period is due to the exceptional needs of the people in receipt of the service. The target group have a range of Learning Disabilities including Autistic Spectrum Disorder that impacts on their ability to engage in the process. The consultation information identified that the first 6-9 months is frequently required to build the necessary relationships and trust between individuals and staff before support work can begin.

The current contract ends on 31 May 2016. It is proposed to re-procure a service at the current funding level.

4.3 Young People's HRS Accommodation Based and Floating Support Service

This service is currently delivered by the SAFE consortium which comprises three providers led by Framework Housing Association, and supports up to 294 young people between the ages of 18 and 24 across Derbyshire who are homeless or at risk of homelessness. This service delivers support to young people in their own home or tenancy, and also to those who move into designated accommodation in order to receive support. The aim of the service is to secure a tenancy and promote independence. The proposal is to reduce funding from £1.031m to £0.172m, and the number of clients to be supported from 294 to 148 at any one time. This contract is due to end on 30 September 2017.

4.3.1 Outcome of the Consultation

Twenty seven questionnaires were completed online in relation to the consultation on the proposal; 100% of those who responded did not agree with the proposal.

The principal themes which emerged from the Consultation are as follows:

- Fear of being homeless
- The danger of being left vulnerable.

The respondents to the proposed changes also made the following comments including:

- I'd be homeless and in a substantial amount of danger

- I would have no secure place to have and would be out on the streets
- This has affected me as due to funding being cut I've had to move in less time than I had originally which means I've had less time to look for somewhere more permanent. Due to my other needs this has been quite stressful and has at times affected my health and well being as I need the support.
- If it wasn't for framework I wouldn't have got a property for me and my son before getting this property I was sofa surfing
- i am just about to be signed off but if I needed support from framework in the future the service would not be available

A large amount of material was also received as a result of the SAFE consultation. This included petitions, which have been presented to the Cabinet Member in accordance with the Council's constitution. Letters, and case studies written by clients, DVD interviews with SAFE clients and a meeting with clients, are detailed in Appendix 2 and are also available to be viewed by Elected Members.

4.3.2 Equality Impact Analysis

The Equality Impact Analysis identified potential areas of adverse impact which are set out in Appendix 2 and are also available to be viewed by Elected Members. Although it is not possible to analyse the potential areas of adverse impact until the proposed changes are fully implemented, the comments received referred to the negative impact on vulnerable people. :

- Increased risk of tenancy breakdown, resulting in increased levels of homelessness.
- Increased risk of encountering difficulties accessing accommodation (i.e. many housing providers request that people have support in place as a condition of securing a tenancy).
- Reduced supply of supported accommodation, which may result in increased levels of homelessness.
- Reduced quality of life of young people.
- Reduced likelihood of accessing education, training or employment.
- Increased risk of mental ill health.
- Increased risk of sexual exploitation.
- Increased risk of offending.
- Increased pressure on already strained relationships with families.
- Employees of providers will be impacted as there may be redundancies.
- Reduction in employment opportunities in the housing related support sector will impact on the Derbyshire economy.
- The significant budget cut in this area is likely to have a severe negative impact on a number of young vulnerable people.

4.3.3 Mitigation

Public Health Resource Fund has been obtained which will mitigate the impact in 2015-16, by delaying when the reductions in service capacity will be implemented. However, in the longer term, the identified impacts may occur at the point when the changes are implemented. Mitigating actions include:

- Signposting clients to alternative services such as voluntary and community sector provision, befriending service, welfare benefits service and the Citizens Advice Bureau.
- Intensive Housing Management - affected providers could apply for funding through Housing Benefit to deliver Intensive Housing Management activities. This would enable housing management services to be provided at a more intensive level for clients who require long term support than those that a standard general needs tenancy would include. It should be noted that this funding will only cover specific housing management activities and cannot totally replace HRS.
- Two other new services for young people are providing support around homelessness, employment and accommodation, such as Ambition East Midlands and Ambition North Derbyshire projects. These are currently being used by young people and could therefore mitigate the negative impacts of a reduction in HRS funding
- The reductions will be managed in a phased approach, and young people will be moved on in a planned way.
- Further work will continue in an attempt to identify other sources of funding to reduce the impact on the service for 2016-17, including commitment of a £25,000 contribution from Community Safety.
- The providers will implement a clear prioritisation criteria based on risk. This will seek to ensure that the most vulnerable clients will be given priority, which will reduce the potential increased risk to clients due to longer waiting times. Additionally, it will provide clarity to the referring agency around anticipated service delivery.

Whilst the services outlined above will, to a certain degree, assist protected groups in dealing with housing related issues, they will not fully replicate the existing service and so some detriment will be evident and adverse consequences experienced by both existing users and those who would have been able to avail themselves of the service in the future if it were available.

Officer Proposal

It is proposed to continue to fund the young people's HRS service delivered by the SAFE consortium led by Framework, at a contract value reduced from £1.031m to £0.172m, and the number of people who can be supported by the service is therefore reduced from a maximum of 294 to 148 at any one time from 1 April 2016.

4.4 Mental Ill Health Short Term Accommodation Based Service with Floating Support

The service is currently delivered by iDecide which is a consortium of three providers led by P3, and is designed to provide accommodation and floating support for a fixed two year maximum period. This service delivers support to people in their own home or tenancy, and also to those who move into designated accommodation in order to receive support. The aim of the service is to promote independence, secure and maintain a tenancy and promote independence. The consortium delivers support to a maximum of 294 people at any one time across Derbyshire.

The proposal is to continue to fund accommodation based and floating support for people with mental health problems delivered by iDecide, at a contract value reduced from £1.430m to £0.410m from 1 April 2016. This will result in the number of clients who can receive a service reducing from a maximum of 294 to 255 at any one time from 1 April 2016. It is also proposed to reduce the length of time support can be provided from two years to one year in the accommodation based service, and nine months in the floating support service.

4.4.1 Outcomes of the Consultation

Thirty eight questionnaires were returned in relation to this consultation, and 90% of these did not agree with the proposal to reduce the number of people supported. 82% did not agree with the proposal to reduce the length of stay in the service, many of these spoke about long term needs which would be picked up through referrals into statutory mental health services including care assessments.

The principal themes which emerged from the Consultation are as follows:

- The time is not long enough – recovery from mental health is a long process
- Fear of becoming homeless
- Additional stress on clients

The respondents to the proposed changes also made the following comments including:

- “You are taking the caring out of the support that is provided if you reduce the length of time support is allocated - it’s just not good enough – people need that follow on time.”
- “I need contract care – 9 months is not long enough”
- “It’s the extra anxiety that this will cause”

- “We all get emotional when we talk about Amber Trust because they have made such a difference to our lives”
- “The support in time from 1 year to 9 months in a house is not long enough – after a year you are only just starting to get better.”

4.4.2 Equality Impact Analysis

The Equality Impact Analysis identified potential areas of adverse impact which are set out in Appendix 2 and are also available to be viewed by Elected Members. The comments received referred to the negative impact on vulnerable people:

- Increased risk of tenancy breakdown, resulting in increased levels of homelessness.
- People with mental ill health encountering more difficulties accessing accommodation (i.e. many housing providers request people have support in place as a condition of securing tenancy).
- Reduced quality of life and increased social isolation resulting in health deterioration.
- Increased risk of further mental health problems/destabilisation.
- Increased risk of suicide.
- Increased risk of offending.
- Increased demand for statutory services including community health/social care interventions, inpatient hospital care and residential care.
- Increased waiting times for services.
- The burden on un-paid carers will be increased.
- People with a dual diagnosis and those assessed as not eligible to receive Adult Care services are at risk of suffering cumulative impacts due to the changes to the eligibility threshold.
- Employees of providers will be impacted as there may be redundancies.
- Reduction in employment opportunities in the housing related support sector will impact on the Derbyshire economy.

4.4.3 Mitigation

A successful bid to the Public Health Resource Fund has enabled this contract to continue at the 2014-15 value. The provider has agreed to use in year savings from 2014-15, and 2015-16, to re-model the service. It should be noted that the provider will not reduce the number of accommodation units and will continue to deliver 136 units for the duration of the contract. In addition the provider will be able to offer 119 floating support units from 2015-16 onwards, this is more than originally anticipated (84). The provider will also mitigate any reductions by providing additional support using their mobile resource, and will establish six community hubs to facilitate drop in sessions around the County.

Mitigating actions include:

- Offering an Adult Care assessment to enable those who meet the eligibility criteria to receive an appropriate care package, along with professional support delivered by Social Workers
- Signposting clients to alternative services such as voluntary and community sector provision, befriending service, welfare benefits service and the Citizens Advice Bureau.
- Accommodation based service providers could apply for funding through Housing Benefit to deliver Intensive Housing Management activities. This would enable housing management services to be provided at a more intensive level for clients who require long term support than those that a standard general needs tenancy would include. It should be noted that this funding will only cover specific housing management activities such as advice and assistance for fulfilling tenancy conditions and managing repairs and maintenance. This cannot replace housing related support which is one to one planned support to find appropriate accommodation and live independently
- The providers will implement a clear prioritisation criteria based on risk. This will seek to ensure that the most vulnerable clients will be given priority, which will reduce the potential increased risk to clients due to longer waiting times. Additionally, it will provide clarity to the referring agency around anticipated service delivery
- Clients and carers who are currently receiving HRS services where appropriate will be offered a care assessment, and if eligible they will be offered a care and support package. Those who do not meet the eligibility criteria will continue to receive HRS services; this will ensure that vulnerable people continue to receive a service.

Whilst the services outlined above will, to a certain degree, assist protected groups in dealing with housing related issues, they will not fully replicate the existing service and so some detriment will be evident and adverse consequences experienced by both existing users and those who would have been able to avail themselves of the service in the future if it were available.

4.4.4 Officer Proposal

It is proposed that the contract value is reduced from £1.430m to £0.410m from 1 April 2016. This will result in the number of clients who can receive a service reducing from 294 to a maximum of 255 from 1 April 2016. In addition, the proposal is to reduce the length of time support can be provided from two year to one year where the support is accommodation based and nine months for floating support.

The rationale for the proposed changes are that; It is recognised that mental ill health can fluctuate over time and that with support, people can recover from

mental ill health or manage their illness whilst maintaining independent living. The length of time a person requires support to achieve this will vary. Our intention to reduce the length of stay will strike a balance between supporting people to live independently and allowing providers to support an optimum number of people.

This contract is due to end 31 March 2017. During this time a review will take place to inform future commissioning intentions and a further report will be presented to Cabinet.

4.5 Mental Ill Health Floating Support Short Term Service

This service is delivered by Rethink and is designed to provide floating support services to a maximum of 180 people in their own homes and tenancies, and is delivered by support staff visiting the client to help them to achieve and maintain their tenancy and independent living. The service operates in Bolsover, Chesterfield and North East Derbyshire.

The proposal is to continue to fund floating support delivered by Rethink for people with mental health problems, at a contract value reduced from £0.439m to £0.126m from 1 April 2016, and to reduce the number of clients supported from a maximum of 180 to 52 at any one time from 1 April 2016 and reduce the length of time support can be provided from two years to nine months. This contract is due to end on 31 March 2017.

4.5.1 Outcomes of the Consultation

18 questionnaires were returned by clients and 84% did not agree with the proposal to reduce the number of people supported by this service, or to reduce the length of support. A meeting was also held which was attended by seven staff, seven clients and one carer.

The principal themes which emerged from the Consultation are as follows:

- Gratitude for quality of service currently provided
- Fear of how clients would cope if the service stopped or reduced.

The respondents to the proposed changes also made the following comments including:

- Increased burden on informal carers
- Increased vulnerability and isolation for people with mental health problems
- Comments on the benefits of the service included help with paperwork, support to reduce isolation, and a reduction in self harm.
- “It if was not for my support I would not be filling in this form now”
- “The support I'm receiving and others is very important to us, without the support, who knows how and what impact it would have on us, knowing we

have someone there to help and give us the support is crucial knowing we don't have to go through it alone, having a mental illness isn't easy to live with and at times can be the hardest thing a person has to live with, being alone and trying to deal with alone I wouldn't be able to do it without the support its frightening to even think about it."

4.5.2 Equality Impact Analysis

The Equality Impact Analysis identified potential areas of adverse impact on vulnerable people which are set out in Appendix 2 and are also available to be viewed by Elected Members. The comments received referred to the negative impact on vulnerable people:

- Increased risk of tenancy breakdown, resulting in increased levels of homelessness.
- People with mental ill health encountering more difficulties accessing accommodation (i.e. many housing providers request people have support in place as a condition of securing tenancy).
- Reduced quality of life and increased social isolation resulting in health deterioration.
- Increased risk of further mental health problems/destabilisation.
- Increased risk of suicide.
- Increased risk of offending.
- Increased demand for statutory services including community health/social care interventions, inpatient hospital care and residential care.
- Increased waiting times for services.
- The burden on un-paid carers will be increased.
- People with a dual diagnosis and those assessed as not eligible to receive Adult Care services are at risk of suffering cumulative impacts due to the changes to the eligibility threshold.
- Employees of providers will be impacted as there may be redundancies.
- Reduction in employment opportunities in the housing related support sector will impact on the Derbyshire economy.

4.5.3 Mitigation

A successful bid to the Public Health Resource Fund has been obtained, which will mitigate the impact in 2015-16 in relation to reduced availability of service, through delaying when the reductions in service capacity will be implemented. However, in the longer term, the identified impacts will occur at the point when the changes are implemented. Mitigating actions include:

- Signposting clients to alternative services such as voluntary and community sector provision, befriending service, welfare benefits service and the Citizens Advice Bureau.

- Offering Adult Care assessments to enable those who meet the eligibility criteria to receive an appropriate care package, along with professional support delivered by Social Workers
- The providers will implement a clear prioritisation criteria based on risk. This will seek to ensure that the most vulnerable clients will be given priority, which will reduce the potential increased risk to clients due to longer waiting times. Additionally, it will provide clarity to the referring agency around anticipated service delivery.

Whilst the services outlined above will, to a certain degree, assist protected groups in dealing with housing related issues, they will not fully replicate the existing service and so some detriment will be evident and adverse consequences experienced by both existing users and those who would have been able to avail themselves of the service in the future if it were available.

4.5.4 Officer Proposal

It is proposed that the contract value for floating HRS for people with mental health problems delivered by Rethink is reduced from £0.439m to £0.126m from 1 April 2016. This will result in the number of clients who can receive a service reducing from 180 to a maximum of 52 at any one time as of 1 April 2016. It is also proposed that the length of time support can be received for in this floating support service is reduced from two years to nine months.

4.6 Handy Van Network

The Handy Van Network is delivered by nine services (eight at District/Borough level and one at a Countywide level), and provide up to 8,400 visits per year delivering a range of practical tasks including home safety checks, assistive technology installation and small repairs, to people in Derbyshire who are over 60 or identified as being vulnerable.

The current contracts will end on 31 March 2016. The proposal is to continue to fund the Handy Van Network service at a contract value reduced from £0.498m to £0.252m from 1 April 2016, and to re-procure the service during 2015/16 to commence on 1 April 2016 at the revised contract rate. It is not possible to quantify at this stage what the impact will be in terms of the number of visits and clients supported, until the service has been re-procured at the reduced funding level.

4.6.1 Outcomes of the Consultation

116 questionnaires were returned, and 71% did not agree with the proposal. Comments related to the benefits of the service and how if it were reduced the clients would not be able to receive this kind of help from elsewhere. The principal themes which emerged from the Consultation are as follows:

- Suggestions for how services could be amended/changed eg 1 visit instead of 2 or concentrate the service on people living alone
- Really appreciated service which enhanced their independence
- Fear for an increase in accidents of service stopped or reduced.

The respondents to the proposed changes also made the following comments including:

- I live alone and depend of the help of the Handy Van scheme
- "This service would be surely missed by elderly, disabled and/or ill people in the community. I am all of the above and depend on such people for help."
- "The Derbyshire Handy Van Network has provided an immeasurable service throughout our area and enhanced the profile of the county. Reducing the funding of the h.v.n would have a serious effect on many vulnerable people; physically as well as taking away from them the 'peace of mind' that confidence in the availability of this service has given them. In your excellent booklet healthy and warm in Derbyshire."

4.6.2 Equality Impact Analysis

The Equality Impact Analysis identified potential areas of adverse impact which are set out in Appendix 2 and are also available to be viewed by Elected Members. The comments received referred to the negative impact on older people and disabled people being able to benefit from the service, resulting in:

- Increased risk of falls, and other injuries which could lead to increased hospital admissions and increased demand for Adult Care services
- Reduced fire safety, which could lead to an increase in injuries and deaths from accidental fires
- Reduced security, which could lead to an increased risk of burglary
- Delay in hospital discharge resulting in an increase in hospital bed days
- Reduced number of people being supported to maintain their independence
- Reduced energy efficiency of properties resulting in fuel poverty
- People who are at risk of domestic abuse may have to wait longer for the service, resulting in increased fear and potential increased risk of injury as the Handy Van install the Multi Agency Risk Assessment Conference alarm systems and any added security measures for this group.
- Older and vulnerable people will have to wait longer to receive the service. This may put some clients at increased risk of injury i.e. they make attempt to undertake the activity themselves
- Clients on low incomes will have added pressure by the possibility of having to pay the "Going Rate" for minor repairs / works.

4.6.3 Mitigation

Re-Modelling of Service.

A re-modelled service will seek to focus the efficiencies on back office functions such as management costs and overheads, as far as possible. However, the scale of the budget reduction will mean that the reduction of front line service provision is unavoidable.

Implementation of clear prioritisation criteria.

Clear prioritisation criteria, based on risk, will need to be implemented by the service. This will seek to ensure that the most vulnerable clients will be given priority, which will reduce the potential increased risk to clients due to longer waiting times. Additionally, it will provide clarity to the referring agency around anticipated service delivery

Signposting clients to Trusted Trader.

Clients requesting DIY tasks, who are unwilling to wait for the service to become available due to extended waiting times, will be signposted to Trusted Trader to access a private trader to complete the required task. This will ensure that vulnerable people are signposted on to traders who are quality approved, thus reducing the risk of them falling victim to a “rogue trader”. However, it does need to be highlighted that there is no guarantee of service availability and there is evidence that people may experience difficulty obtaining a trader to undertake some of the tasks as they may be considered “too small” by some traders.

Derbyshire County Council Community Safety and Derbyshire Fire and Rescue service also contribute to the overall cost of the Handy Van Network. An increased contribution (from £15,000 per annum to £50,000 per annum) has been agreed from Derbyshire County Council Community Safety to help to offset the reduction to the Housing Related Support element of the budget.

Review service provided.

The commissioning process will review the service delivery model being provided by the Derbyshire Handy Van Network and a revised service model will be developed and re-procured.

4.6.4 Officer Proposal

It is proposed to continue to fund the Handy Van Network service at a contract value reduced from £0.498m to £0.252m from 1 April 2016, and to re-procure the service during 2015/16 to commence on 1 April 2016 at the revised funding level as the current contracts will end on 31 March 2016.

4.7 Older People's Floating Support Service

This service provides floating support services to older people over 55 in their own homes and tenancies, and is delivered by support staff visiting the client to help them to achieve and maintain their tenancy and independent living. The service works with clients who have varying levels of support needs including those with dementia. The proposal is to continue to fund floating support for older people at a contract value reduced from £1.749m to £1.249m. This would mean a reduction in the number of people who would receive a service from 6,838 to a maximum of 5,924 at any one time, to be achieved by removing HRS from those who also receive an Adult Care package with a visiting element. The contract end date for these services is 31 March 2018.

4.7.1 Outcomes of the Consultation

1431 questionnaires were returned (1,085 of whom regarded themselves as clients), and 68% did not agree with the proposal. In addition letters and emails were received, alongside two meetings which took place and were attended by 14 clients, two carers and six provider staff members.

Comments related to the benefits of the service and how if it were reduced the clients would experience increased isolation and dependence on other services and carers.

The principal themes which emerged from the Consultation are as follows:

- increase pressure on other services plus alerting emergency services
- huge impact on independence if services taken away - reassurance service is there
- financial implications
- more pressure on family carers
- don't know what Floating support is
- increase in loneliness/social isolation feeling vulnerable

The respondents to the proposed changes also made the following comments including:

- "To help keep people in their own homes, without having to go into a Residential or nursing home, people may have family's that don't live near, and visit once in a while or family's that live near but have the need to work, having support in the home means that we know they are at hand should they need to be, it's a stepping stone, e.g.- don't need full time care, but just a little help where needed".

- “Cutting care at home would result in more people taken into care homes at a greater cost to the council, as well as the well-being to service users”.

Feedback from providers has raised concerns that housing related support and care are separate functions, with providers of housing related support being quality assured, delivering support to meet identified outcomes that are monitored.

4.7.2 Equality Impact Analysis

The Equality Impact Analysis identified potential areas of adverse impact which are set out in Appendix 2 and are also available to be viewed by Elected Members. The comments received referred to the negative impact on vulnerable people:

- Decreased number of older people able to live independently.
- Increased numbers of people requiring statutory social care and health services resulting in increased costs to DCC and Health going forward.
- Decreased quality of life, health and wellbeing for older people, including an increased incidence of social isolation for older people.
- Financially vulnerable older people will be disproportionately impacted by these proposals.
- Clients who are assessed as eligible for statutory care and are in receipt of a visiting element to their care package will be disproportionately impacted by these proposals.
- The burden on un-paid carers will be increased.
- Employees of providers, including those from Derbyshire District and Borough Councils, will be impacted.
- Reduction in employment opportunities in the housing related support sector will impact on the Derbyshire economy.

4.7.3 Mitigation

Review Adult Care Support Plans for Affected Clients

Where clients receive both HRS and domiciliary care, they will be reviewed and receive either a domiciliary care or HRS package. The allocated Adult Care worker will be notified of the withdrawal of housing related support.

Signpost people on to alternative services

Where clients are no longer in receipt of the service, Adult Care will work with the service provider to ensure that clients will be signposted on to alternative services such as relevant voluntary and community organisations, and risks are managed appropriately. This is part of the service delivered by the provider, as they signpost clients to other appropriate services as part of their current service.

The majority of the floating support clients will continue to receive the same service. Only those who receive a duplication of visits from HRS and domiciliary care will be impacted, as they will only receive one service in the future, following the outcome of the care assessment.

4.7.4 Officer Proposal

It is proposed to continue to fund floating support for older people at a contract value reduced from £1.749m to £1.249m. This would mean a reduction in the number of people who would receive a service from 6,838 to a maximum of 5,924 at any one time, to be achieved by removing HRS from those who also receive an Adult Care package with a visiting element, to be implemented during 2015-16.

4.8 People with a learning disability placed within a family type environment.

These services provide informal HRS in an ordinary domestic setting, sharing the daily life of their carer and family. Three providers currently receive funding to deliver this support. The proposal is to continue to fund these three providers at a contract value reduced from £21,188 to £10,137 per annum.

4.8.1 Outcome of the Consultation

Two consultation meetings were held with the families and two written submissions were received. The principal themes which emerged from the Consultation are as follows:

- The proposed budget reductions would not impact on the support that the clients receive,
- Financial reward is not their primary motive for providing the service.
- However, they also stated that reducing financial support to the household could result in a reduced quality of life for both the client and carer.

4.8.2 Equality Impact Analysis

The Equality Impact Analysis identified potential areas of adverse impact which are set out in Appendix 2 and are also available to be viewed by Elected Members. . The comments received referred to the negative impact on vulnerable people. The commitment of the carers towards their clients is such that the clients would still receive the support that they require from the family setting. The financial impact on the household could have a negative impact on the quality of life of both the client and the carer.

4.8.3 Mitigation

Signpost to Shared Lives

The Shared Lives scheme is a similar model to this particular housing related support service and focuses on care needs., Carers and those who are being cared for could be signposted to this service to identify if they are eligible. Shared Lives carers benefit from additional support from a Shared Lives Social Worker, as well as training and opportunities for respite.

Offer Adult Care Assessment

Adult Care will offer the affected clients and/or carers an Adult Care assessment. This would enable carers to receive advice and support to meet their needs. For clients who meet eligibility criteria, they could receive an appropriate care package that would meet any identified eligible social care needs. Where clients are already in receipt of an Adult Care funded domiciliary care package with a visiting element, then the HRS funding will cease.

4.8.4 Officer Proposal

It is proposed that funding for people with a learning disability placed with families continues to be funded for these three providers at a contract value reduced from £21,188 to £10,137 per annum from February 2016. Funding is ceased where clients in receipt of these services are also receiving an Adult Care funded domiciliary care package.

5. Legal and Human Rights Considerations

Proposals to make significant changes to service provision require consultation with those who are likely to be affected.

In reaching a decision the Council has a duty to read and give conscientious, genuine consideration to the responses to the consultation process set out in the report (including its appendices). In assessing these proposals, the Council should also have regard to its statutory duties under the Equality Act 2010 and under the Human Rights Act 1998.

So far as the Equality Act 2010 is concerned Cabinet Members are reminded that they are under a personal duty, when considering a decision, to have due regard to, in short, the need to protect and promote the interests of persons with protected characteristics (i.e. people who are vulnerable on account of age, gender reassignment, pregnancy or maternity, marriage/civil partnership, race, disability, religion or belief, sex, sexual orientation).

In order to discharge this duty, Cabinet Members will need to read and give careful consideration to what is said in the report, the consultation feedback

document (Appendix 1) and the Equality Impact Analysis (Appendix 2) about the potential adverse impact of the proposed changes to the HRS programme.

Members should also consider for themselves the types of adverse impacts that could result. Any final decision must take account of the human rights of service users as set out in the Human Rights Act. The right to respect for private and family life is a 'qualified' right set out in Article 8 of the Convention. Members will need to consider whether aspects of the potential adverse impact identified in the Equality Analysis, e.g. the increased risk of homelessness, could impact on this right or not.

Members are under a duty to consider whether these potential adverse impacts are justifiable and/or whether they should be mitigated and how. Members should also be aware that one of the available options is to decide it is not possible, because of the severity of the impact, to proceed with one or any of the proposals. In that event it would be necessary for the Council to consider alternative ways of making savings.

6. Financial Considerations

Adult Care has to meet budget cuts of £45.5m by 2017-18 with £8.5m cuts from the Housing Related Support Service.

Savings of £2.098m have already been realised in 2014-15, with a further cut of £3.498m in the process of being implemented. This cabinet report identifies further savings of £3.014m, bringing the total savings to £8.610m.

7. Equal Opportunities Considerations

In parallel with the consultation an Equality Impact Analysis has been completed and this is included as Appendix 2 to this report and are also available to be viewed by Elected Members.

The purpose of an Equality Impact Assessment is to highlight issues of concern and seek to address the implications of the proposals. The Equality Impact Analysis contains monitoring arrangements and an action plan.

8. Other Considerations

In preparing this report the relevance of the following factors has been considered – health, environmental, transport, human resources, property, and prevention of crime and disorder considerations.

9. Key Decision?

Yes

10. Is it necessary to waive the call-in period?

No

11. Background Papers

Derbyshire County Council Cabinet papers:

21 January 2014 'Consultation on proposed changes to Housing Related Support Services programme'

5 August 2014 'Consultation on the Proposed Changes to Housing Relating Support Programme – Phase Two'

10 February 2015 'Outcome of Consultation on Proposed Changes to the Older People's Housing Options Service and the Older People's Sheltered Housing with Warden (and Alarm) Services.'

12. OFFICER'S RECOMMENDATIONS

12.1 That Cabinet note the outcome of the recent consultation and equality analysis on the proposals to reduce funding and/or length of stay.

12.2 That Cabinet agrees to:

- Reduce funding for mental health HRS accommodation service from £93,600 to £29,120, from August 2015.
- Maintain the current funding level at £0.295m and the length of stay for clients receiving support from the floating support service for people with a learning disability.
- Reduce funding for the young people's HRS service from £1.031m to £0.172m, and to reduce the number of people who can be supported by the service from a maximum of 294 to 148 at any one time, from 1 April 2016.
- Reduce funding for the accommodation based and floating support for people with mental ill health from £1.430m to £0.410m from 1 April 2016. This will result in the number of clients who can receive a service reducing from a maximum of 294 to 255 at any one time from 1 April 2016. To reduce the length of time support can be provided from two years to one year in the accommodation based service, and nine months of floating support.
- Reduce funding for floating support for people with mental ill health, from £0.439m to £0.126m from 1 April 2016, and to reduce the number of clients supported from a maximum of 180 to 52 at any one time from 1 April 2016 and reduce the length of time support can be provided from two years to nine months.

- Reduce funding for the Handy Van Network £0.498m to £0.252m from 1 April 2016, and to re-procure the service during 2015/16 to commence on 1 April 2016 at the revised contract rate.
- Reduce funding of floating support for older people from £1.749m to £1.249m, which would mean a reduced number of people would receive a service from 6,838 to a maximum of 5,924 at any one time.
- Reduce funding for support for people with a learning disability placed with families delivered by three providers at a contract value reduced from £21,188 to £10,137 per annum from February 2016.

Mary McElvaney
Strategic Director – Adult Care

(Appendix 1)**CONSULTATION REPORT**
Housing Related Support Programme – Phase 2**1. Purpose of the Report**

On 5th August 2014 Cabinet approved consultation on proposed changes to a number of schemes funded through the Housing Related Support (HRS) budget. This report explains the detail of the consultation and the responses received on each of the schemes affected by the proposal:

Mental Health HRS Accommodation Based Long Term Service (Over Two Years)

The proposal is to reduce the funding supplied by Derbyshire County Council from £93,600 to £29,120 during the year 2015/16.

Housing Related Support Services Provided at home for people with Learning Disabilities by Nottingham Community Housing (Floating Support)

The proposal is to reduce the length of support provided to people with a learning disability at home by Nottingham Community Housing Association (Floating support) from two years to nine months.

Young Peoples Housing Related Support Provided by SAFE

The proposal is to reduce the number of young people receiving the service from 294 to 148 young people during the year 2015/16. This is a reduction to the overall budget from £1,031,367 to £172,182.

Housing Related Support services for people with mental health conditions provided by iDecide.

This service is delivered by iDecide, a consortium of three providers. The three providers are P3, Derbyshire Federation of Mental Health and Amber Trust. The proposals are:

- 1 To reduce the number of clients supported on this scheme, from 294 to 220 people by 31st March 2016. Then for a further reduction to 193 clients supported by 1st April 2017.
- 2 To reduce the length of support in the accommodation based service from two years to one year and in the service provided at home (floating support) from two years to nine months.

The proposal amounts to a budget reduction from £1,430,058 to £410,000.

Housing Related Support services for people with mental health conditions provided by Rethink (floating support)

This service is provided by Rethink who support a maximum of 180 people at any time. The proposals are:

- 1 To reduce service provision to support a maximum of 67 people at any time during the year 2015/16, and then to 52 people from 1st April 2017.
- 2 To reduce the length of support received at home (floating support) from two years to nine months.

The proposal amount of a budget reduction from £439,229 to £125,971.

Handy Van Network

The Handy Van Network undertakes up to 8,400 visits per annum and is currently delivered by a network of nine services (eight of which deliver at a District/Borough level and one at a County wide level.) The network delivers a wide range of practical tasks such as small repairs, security and safety checks, to enable older and vulnerable adults to continue to live independently by reducing risks in the home environment. Derbyshire residents aged 60 or over and those identified as vulnerable by specified referring agencies can access up to two Handy Van visits each year. The proposal is to reduce the Handy Van Network funding from £453,602 to £251,951 from 1st April 2016. This reduction in funding could affect the number of people that the Handy Van can visit each year and the number of tasks they carry out. However it is not possible to quantify the reduction until the contract has been re-procured.

Housing Related Support Services for Older People at Home (Floating Support)

The service provides older people (over 55) living in Derbyshire with housing-related support to maintain and develop maximum levels of independence. The services work with clients with a variety of needs including people with dementia and their carers to maintain their accommodation, health and wellbeing. The proposal is to continue to provide support at home for older people (floating support) at a reduced level from the current delivery of 6,838 people to 5,924 people during the year 2015/16. There should be no significant impact, as the reduction in service delivery will be achieved by providing HRS support for those people who currently receive both a care package and a HRS package through the care and support package only.

2. Methodology and Approaches

The period of consultation on the above proposals took place between 5 January 2015 and 20 March 2015. This report will summarise views and opinions submitted by the people of Derbyshire during this period.

The consultation used a mixed method approach using both qualitative and quantitative ways to gather people's views about the proposed changes. Officers enabled as many people as possible by offering a range of ways in which people could share their views:

1. All current clients identified by each housing-related provider received an information pack detailing the proposed changes via a leaflet, an introductory letter and a postal questionnaire with a pre-paid envelope.
2. A set of factsheets gave information about the proposed end of funding for each specific scheme. This detailed how people could have their say and signposted them to further information either via the Derbyshire County Council website (www.derbyshire.gov.uk/challenge), a dedicated telephone helpline (supplied by Call Derbyshire) or via an email address: telladultcare@derbyshire.gov.uk.
3. The Derbyshire County Council website gave an outline of the proposals and provided the factsheets and letters in both standard and in easy read format, as well as the Cabinet reports and the questionnaires both in word version and online version.
4. If Call Derbyshire staff were unable to assist the caller fully then they passed the call to the specialist Adult Care consultation team – the Stakeholder Engagement and Consultation Team, who were able to answer all queries identified.
5. People were encouraged to send in their comments using the postal questionnaire or by completing the questionnaire online.
6. Participants were also encouraged to write in to the Council via a letter or email, dependent on their preferred method of communication.
7. For those people having difficulty in having their say, the Stakeholder Engagement & Consultation Team assisted them to take part either via a telephone interview or by a home visit.
8. The Stakeholder Engagement and Consultation Team also attended 15 meetings held across Derbyshire. Clients, staff and carers were given the option to comment about the proposals at these meetings.
9. Staff from the Housing Related Support Team also shared information with provider organisations to encourage them to help clients to take part in the consultation and for them as organisations to share their views.
10. Fact sheets and information were also made available via services and community centres and providers of housing related support. Staff employed by the Council and those contracted by the Council and partner agencies assisted clients and the public to take part in the consultation.

11. Press releases were sent to the media during the period of consultation. These press releases were also published on the Derbyshire County Council website explaining the proposals.

All responses were collected and collated by the Stakeholder Engagement and Consultation Team based in Adult Care and a thorough analysis was made of the material.

The Analysis

The Consultation was not a referendum, but a range of opportunities for the people of Derbyshire and their providers to register their views about a number of important proposals. We have based our analysis on the quantitative and qualitative approaches and have reported them side by side. Both approaches carry equal validity as both methods carry a mix of advantages and shortcomings. Lessons learnt from the consultation are considered at the end of the report.

Quantitative Approach

The tick box questions used in the postal and online questionnaires gave people an opportunity to indicate whether or not they agreed with the overall proposals. These were analysed to show the percentage of agreement and disagreement with each proposal.

Qualitative Approach

The open text material detailed in the questionnaires, letters, emails and comments given at meetings were all analysed using Microsoft excel. This allowed the information to be condensed into manageable summary categories or themes for analysis. Comments and quotes were coded by officers in the Stakeholder Engagement & Consultation Team which allowed themes to emerge directly from reading people's views. The team coded the information using classification, sorting and arranging of the information. This gave us an opportunity to widen our understanding of the views about the proposals and indicate some of the reasons behind people's opinions. It also allowed people to expand and give examples as to the potential impact of the proposed changes.

Who was encouraged to participate?

All clients in receipt of Housing Related Support from the services affected by these proposals were sent an information pack in the week commencing 5 January 2015.

9580 information packs were sent out in the post or passed to clients by their support workers.

Staff from the Adult Care Stakeholder Engagement and Consultation Team attended 15 specifically arranged meetings in which participants were given the opportunity to comment.

An email was also sent to all our housing-related support service providers explaining the Derbyshire Challenge. This email encouraged them to ensure that both they and their clients participated in the consultation.

Overall Derbyshire Challenge Webpage

People were directed to the Derbyshire Challenge webpage which gave additional information and stored all the consultation pack materials for people to browse and download at their leisure. Also provided was the link to complete the questionnaire online. The breakdown of number of page views on the overall Challenge page and subsequent documents specific to Adult Care are detailed below.

(Views 5 Jan – 20 March 2015)

Housing related support

Introduction

unique page views: 215
average length of time: 01:22

Young people's HRS provided by SAFE

unique page views: 76
average length of time: 02:59

MH services provided by Rethink

unique page views: 35
average length of time: 01:26

MH housing provided by Morning Rise

unique page views: 45
average length of time: 02:38

MH services led by iDecide

unique page views: 63
average length of time: 02:42

Handy Van Network

unique page views: 108
average length of time: 02:59

Floating support for people with LD

unique page views: 64
average length of time: 02:10

Floating support for older people

unique page views: 157
average length of time: 05:12

Housing Related Support Services for Mental Health HRS Accommodation Based Long Term Service (Over Two Years) provided by Morning Rise

16 questionnaires were delivered to clients of this service.

A total of 6 paper questionnaires were received back. All were completed using the standard format.

0 questionnaires were completed on-line.

In total 6 questionnaires were returned.

Return Rate

It is very difficult to give a return rate in percentage terms as we used a variety of ways of contacting people. Some of the ways we contacted people are quantifiable, for example, we know exactly how many packs were sent out in total to people. However it is very difficult to estimate how many people may have received information about the consultation from other sources including letters sent via the voluntary and provider sector, information displayed in community settings, and the number of people coming along to the group meetings. For this reason we have not quantified the percentage return rate.

Demographics of who replied via the questionnaires

Over half of the respondents were aged 25 – 34 the remainder were over 55. Slightly more male participants took part (4). There were no people from minority ethnic groups who took part in this survey, which does represent the client group currently residing at Morning Rise.

Quantitative Analysis of Questionnaire Responses

Have you used or are using the mental Health HRS Accommodation Based Long Term Service (over two years)?

		Frequency	Percent
Valid	Yes	6	100
	No	0	
	Total	6	100
Missing		0	
Total		6	100
Total			

**How strongly do you agree or disagree with the proposal to
reduce the funding supplied by DCC from £93,600 to £29,120
during the year 2015/16?**

	Frequency	Percent
Valid		
Strongly agree		
Agree		
Neither agree nor disagree		
Disagree		
Strongly disagree	6	100
Total		
Total	6	100

Meetings

One meeting was held at Morning Rise at which residents and staff were invited to share their views and opinions on the proposals and to ask any questions. 2 staff and 8 clients attended the meeting where clients shared how being at Morning Rise had provided an alternative to residential care and praised the quality of support received from the staff at Morning Rise and the difference overall to their quality of life. Some of the comments received included:

- “Morning Rise set aims and goals for me and help me to achieve these”
- “since being at Morning Rise I have found the confidence and support to go on holiday, found a partner and got engaged. My health has improved and I now have the confidence to go out and about
- “We are able to feel really at home here and are encouraged if we want to have our own pets and I now have a rescue cat – this has and is really helping me with my recovery”
- “– I am encouraged to play sport, go to the gym and lead a really active lifestyle – I would not get this if I didn’t live here with the support I get from Morning Rise staff.”
- “I was in hospital and they were looking at discharging me into residential care. I did not need that level of care so when I was offered a placement at Morning Rise I was so pleased. I was in hospital for 8 months and have only been here now for 5 days. I am only 57 and the option of residential care at my age was not good. My health will improve and with support I will get better here at Morning Rise. I am really independent and want to see my daughters and will be able to do so and lead a normal life whilst I am at Morning Rise. I would not have got that in residential care – and the cost would have been much greater.”

Qualitative Analysis

Free text boxes - Questionnaires

Respondents have detailed:

- “I dont know what i would do if M.R closed, I’ve got nowhere else to go.”
- “I have been keeping well while living at morning rise”
- “while living at morning rise my mental health has been stable.”

Conclusion / Lessons Learnt

Overall clients understood the proposals. Morning Rise has proposed to bridge the gap by accessing further housing benefit funding, asking clients to contribute towards their support costs and by putting in their own funding (a Directors loan). Clients understood that the level or quality of service provided will not change. They clearly express their satisfaction with the current service and the difference it has made to their quality of life and recovery.

Housing Related Support Services Provided at home for people with Learning Disabilities by Nottingham Community Housing (Floating Support)

66 questionnaires were delivered to clients of this service.

0 paper questionnaires were received back. 6 questionnaires were completed on-line. The Stakeholder Engagement and Consultation Team was advised by the provider, that due to the nature of their current client group it was unlikely that we would receive any returned completed questionnaires and that their preferred method of feedback would be through a face to face consultation meeting.

In total 6 questionnaires were returned. The online and postal questionnaire responses have been analysed together as the forms were identical. No comments were made on the question asked regarding impact on lives but overall all 6 people did not agree with the reduction in length of time support would be available.

Return Rate

It is very difficult to give a return rate in % terms as we used a variety of ways of contacting people. Some of the ways we contacted people are quantifiable for example we know exactly how many packs were sent out in total to people. However it is very difficult to estimate how many people may have received information about the consultation from other sources including letters sent via the voluntary and provider sector, information displayed in community settings, and the number of people coming along to the group meetings. For this reason we have not quantified the % return rate.

Meetings

One meeting was held at Chesterfield where 14 clients supported by 6 staff members attended. Clients understood that the proposal was to reduce the amount of time support was available from two years to nine months and overall were very appreciative of the quality of support that is currently provided. Clients commented on the impact that the support had made on their lives:

- “I was homeless because I couldn’t cope with paperwork. I have no family support and Northern Housing has helped me not to get homeless again”
- “It would be a big thing to lose this help, everyone will come unstuck without this help”
- “Makes me ill worrying about paying bills and they help me to do this”
- “I wouldn’t get any sleep”
- “They are well needed and everyone here wants support”
- “From 2 years help to 9 months would be a terrible loss “
- “They’ve helped me make new friends”
- “Without them I’d have nobody to talk to and just look at the walls all day”
- “I was getting into trouble with the police and they helped me not be with bad people, it wasn’t nice when the police were looking for me”
- “My life was s**t and now I’ve met Andy and he’s helping me, without him I’d be in prison”
- “I had problems with debt and alcohol, they found me a new flat in supported living”
- “In my old flat I was having nightmares, I was lonely, worried and drinking”
- “To bid on property takes months and I wouldn’t have got sorted in 9 months”
- “Found new friends”
- We had to have meetings to change a client’s banding with housing officers and it took 10 months to sort out
- Takes 6 weeks just to apply for housing benefit
- We do intensive support when a client first moves into a new flat
- We set up respite care for parents
- I have panic attacks and I’m even panicking now just talking to you – I try to sort things out but can’t on my own
- I have been homeless because of mix up over housing benefit and I never want to go back to that again
- I couldn’t get off the streets without their help
- I suffer with mental health and Asperger’s and have peaks and troughs, but when I’m well I don’t qualify for support and then that makes me ill
- I have autism and it takes me awhile to trust people – they helped me to sort out the bedroom tax, rent and housing benefit, my hoarding problem and set up a new bank account and that’s why 9 months isn’t long enough to do all this
- SMART is an out of hours phone number
- She helped to me with role play for interview practice
- If I feel really bad then all the services step in and help me

- If this service is cut I don't know what I'd do, this service stops me needing other services
- I trust them and they are reliable and support me
- 9 months isn't long enough to build up trust
- Why are all services being cut aimed at people who are disabled, elderly or vulnerable

Summary of the Consultation Responses from the Questionnaire

The following summarises the percentages agreeing or disagreeing to the proposal:

How strongly do you agree or disagree with the proposal?

Figures expressed as a percentage of questionnaires returned

	%
Strongly agree or agree	0
Neither agree nor disagree	0
Strongly disagree or disagree	100

The only data which has been analysed in this summary is the quantitative data provided above from the questionnaires.

Conclusion / Lessons Learnt

The consultation process has been comprehensive and has allowed people to contribute their views through the completion of a feedback questionnaire and invitation to meetings.

In summary, the proposal to reduce the length of support provided to people with a learning disability at home by Nottingham Community Housing Association from two years to nine months were opposed by the majority of respondents although it is disappointing the amount of people who actually took part in this consultation despite it being widely publicised and the offer of support made available to anyone who wished to participate. The overriding rationale for opposing the proposal was nine months was not felt to be a long enough time to support people with these identified issues as the first nine months is often a period of building a relationship and trust before any support work can begin.

Young Peoples Housing Related Support Provided by Safe

236 questionnaires were delivered to clients of this service.

A total of 10 paper questionnaires were received back. All were completed using the standard format.

17 questionnaires were completed on-line.

In total 27 questionnaires were returned. The online and postal questionnaire responses have been analysed together as the forms were identical.

Quantitative Analysis

Have you used or are using the young people's Housing-Related Support Service?

		Frequency	Percent
Valid	Yes	12	45
	No	15	55
	Total	27	100
Missing		0	0
	Total	27	100
Total			

How strongly do you agree or disagree with the proposal to reduce the number of young people receiving this service from 294 to 148 during the year 2015/16?

		Frequency	Percent
Valid	Strongly agree	0	0
	agree	0	0
	Neither agree nor disagree	0	0
	Disagree	2	7
	Strongly disagree	25	93
	Total		100
Missing		0	0
Total		27	100

100% of respondents did not agree with the proposal to reduce the number of people receiving the service from 294 to 148 during the year 2015/16

Letters and Emails

A large amount of material was received as a result of the SAFE consultation. This included:

- Petition with over 630 signatures (Volume 1)
- Further petition with around 525 signatures (Volume 2)
- Comments associated with signatures in both consultation periods

- 67 letters with identical contents addressed to Councillor Western urging the Council to reconsider its proposals
- A further 10 letters concerned about the impact the proposal would have on young people and again urging the Council to reconsider.
- Case studies written by clients
- A presentation made by service manager Sue Wood at a provider conference in Bakewell in February 2015
- Comments from providers and stakeholders at the same conference
- two DVD interviews with SAFE clients highlighting how the service has helped them
- A copy of the SAFE newsletter.

Meetings

One meeting took place at Brook House which provides support for young single homeless people aged 16-25 with support needs, including ex-offenders. SAFE had also obtained numerous case scenarios and quotes to supplement the views expressed in the meeting and in the questionnaires. Some of these quotes have been included in the examples below. This information has been taken into account within the analysis of the qualitative information. These representative quotes provide evidence of the significant impact the support provided under this contract has made to the young people's lives:

- "These cuts will mean more young people will be homeless on the streets which will have a big impact on their lives"
- "People can use this service and then build bridges and be able to return home and without this they won't have a chance"
- "This is the best care I have ever received and if it wasn't for Framework I don't know what would have happened to me as I suffer from depression"
- "I saw a homeless young person in Derby and I gave him a coffee, I couldn't walk by and do nothing. I also told a young man in a café about Framework and to go and tell the council that he was homeless"
- "Sanctions on benefits are causing people to go hungry – food banks are having to be used"
- "Without support I wouldn't have gone to the doctors and been diagnosed"
- "I had to sleep under a bridge until Framework helped me"
- "I now have help to apply for jobs"
- "I can't function without support, I have learnt life skills and learnt how to cook"
- "This service has helped me loads by helping me get my debts in order and getting my confidence back."
- I view my future quite well now – I have started to sort my issues – thanks to SAFE"
- Before I received the help that SAFE supply me with my life was miserable and every day I wanted to end my life as things at home were too much for me to handle, as a 17yr old girl I am now really happy that they helped me as I can

experience the rest of my life. The service has helped me so much with just getting my life on track and having someone to speak to “

- “Living in unsuitable private rented accommodation, very damp. Because homeless and I have M.E. it was very scary as I was heavily pregnant. We have now got a house and are sorted. We have our lives back and are helped with any problems we have and sorted all paperwork. Literally we now have a life and improved confidence and are a lot happier.”
- “I had lots of problems regarding housing issues and was homeless. Framework has helped me gain a tenancy and also has helped me look for jobs.... Well I’m not homeless no more since I have stopped taking drugs and stopped socialising with people who used to get me in trouble – this service has helped me a lot!”
- “I started off in a hostel, I was thrown in the deep end of independent living and felt lost and confused. Needed support on managing bills etc. Framework gave me all the support that’s needed and I become more independent become better at budgeting and dealing letters better like from the Council.”
- “I was living somewhere I felt was unsuitable as I was pregnant at the time – lots of drug users and offenders lived there. I was helped quite a lot supported me to make contact with the appropriate people and agencies. I am now married and feel more settled and feel I have my own home now.”
- “I was a complete mess, I’d let my flat get out of hand. When you guys came along it gave me a bit of stability and helped me get my flat back on track. I managed to save my flat and give me a better attitude towards keeping my flat clean and tidy.”
- “I was struggling with money problems and sofa surfing. They gave me all the help I needed. I seem to be feeling happier – this service has had a big impact on my life.”
- “I had problems with getting a house as being overcrowded living with parents. I struggled a lot with housing applications, looking for jobs, money problems etc. I am now a lot better, feel better in myself, sorted everything from money to getting housing sorted.”
- “I have struggled many years as a mental health sufferer but with the input of SAFE I have finally started to make progress and become more independent”

Qualitative Analysis

Free text boxes - Questionnaires

Respondents have detailed:

- I’d be homeless and in a substantial amount of danger
- I would have no secure place to have and would be out on the streets
- This has affected me as due to funding being cut I’ve had to move in less time than I had originally which means I’ve had less time to look for somewhere more permanent. Due to my other needs this has been quite stressful and has at times affected my health and well being as I need the support.

- If it wasn't for framework I wouldn't have got a property for me and my son before getting this property I was sofa surfing
- I am just about to be signed off but if I needed support from Framework in the future the service would not be available

Summary of the Consultation

The following summarises the percentages agreeing or disagreeing to the proposal:

How strongly do you agree or disagree with the proposal to reduce the number of young people receiving this service from 294 to 148 during the year 2015/16?

	%
Strongly agree or agree	0
Neither agree nor disagree	0
Strongly disagree or disagree	100

In summary, the proposals to reduce the number of young people receiving this service from 294 to 148 during the year 2015/16 were opposed by all of respondents.

Conclusion / Lessons Learnt

The consultation process has been comprehensive and has allowed people to contribute their views through the completion of a feedback questionnaire and invitation to various meetings.

All contributors were opposed to the proposal, reporting that reducing the amount of young people receiving a service would then impose a criteria for receiving a service. This would leave many young people vulnerable in a situation where a minor issue could escalate to a more serious difficulty and may then be too late as they may at that point have already "fallen through the net".

Housing Related Support services for people with mental health conditions provided by iDecide.

231 questionnaires were delivered to clients of this service. A total of 33 paper questionnaires were received back. All were completed using the standard format.

5 questionnaires were completed on-line.

In total 38 questionnaires were returned. The online and postal questionnaire responses have been analysed together as the forms were identical.

Return Rate

It is very difficult to give a return rate in % terms as we used a variety of ways of contacting people. Some of the ways we contacted people are quantifiable for example we know exactly how many packs were sent out in total to people. However it is very difficult to estimate how many people may have received information about the consultation from other sources including letters sent via the voluntary and provider sector, information displayed in community settings, and the number of people coming along to the group meetings. For this reason we have not quantified the % return rate.

Demographics of who replied via the questionnaires

This shows that a broad range of people took part in the consultation by filling in the questionnaire. The age ranged across the board between 25 and 64 with only one participant under 25 and one over 75. Slightly more male participants took part (19). People from minority ethnicity groups also took part in this survey representing a slightly higher proportionate level to that seen in Derbyshire (11% of the respondents identified themselves as being of a minority ethnic group origin).

Quantitative Analysis

Have you used or are using the accommodation based floating support for people with mental health provided by iDecide?

		Frequency	Percent
Valid	Yes	25	65
	No	12	32
	Total	37	97
Missing		1	3
	Total	1	
Total		38	100

How strongly do you agree or disagree with the proposal to reduce the number of people who are supported on the accommodation based or floating support services provided by iDecide?

		Frequency	Percent
Valid	Strongly agree	0	0
	agree	0	0
	Neither agree nor disagree	1	3
	Disagree	3	8
	Strongly disagree	31	82
	Total	35	93
Missing		3	7
Total		38	100

The majority (90%) of respondents did not agree with the proposal to reduce the number of people who are supported on the accommodation based or floating support services provided by iDecide.

How strongly do you agree or disagree with the proposal to reduce the length of support in the accommodation based or floating support service from two years to one year in the and in the floating support service from 1 year to 9 months?

		Frequency	Percent
Valid	Strongly agree	0	0
	agree	0	0
	Neither agree nor disagree	3	7
	Disagree	4	11
	Strongly disagree	27	71
	Total	34	89
Missing		4	11
Total		38	100

The majority (82%) of respondents did not agree with the proposal to reduce the number of people who are supported on the accommodation based or floating support services provided by iDecide.

Letters and Emails

1 letter was received concerning the consultation and no emails were received.

Meetings

It was highlighted that the clients currently receiving a service would not have the emotional confidence currently to attend such a meeting. It was agreed with the Stakeholder Engagement and Consultation Team that the notes captured during the meeting with some of the clients who had already benefitted from the service would be used to highlight the possible impact on current clients if the proposals went ahead. The notes from that meeting were also emailed through to Amber Trust to circulate and encourage clients to add their comments to the ones received.

Examples of some of the comments made at the meeting:

- “You are taking the **caring** out of the support that is provided if you reduce the length of time support is allocated - it’s just not good enough – people need that follow on time.”
- “I need contract care – 9 months is not long enough”
- “It’s the extra anxiety that this will cause”
- The additional stress in our lives of all the big changes that are being put in place by central government – like benefit changes and criteria etc means that we need the support now more than ever.”
- “We feel that people in Government don’t understand our lives”
- “ I would be devastated if I couldn’t come into Amber Trust – it makes me feel better”
- “The atmosphere at Amber Trust is changing because of the strains of the cuts”
- “Take the support away and we end up back in hospital – this costs more money”
- “Clients feel so anxious about losing accommodation that they have thought about committing suicide – the clients need a voice and this service for support.
- “The cuts are not always made in the right area.”
- “I would not be here today without Amber Trust – you can just ring them and they are there for you. I was in a bad relationship and Amber Trust got me a house, furniture etc. and they are there even when you help as a volunteer.”
- “I was very depressed and without the support of Amber Trust I would not be alive today”
- “I lost all my family through death and I was in a really bad place – Amber Trust helped me on the journey back by supporting with housing and supporting me to find a job – I am now working and volunteering with Amber Trust to help support other people who were like me back then.”
- “Nothing is too much trouble for Amber Trust – they really put themselves out.”
- If they take Amber Trust away from me – although I am OK at present – I still need them – they are my support net if I fall.”

- “At Amber Trust we make good friendships and develop an outside support network as well, which really helps us.”
- “if I had known about Amber Trust before my illness got so bad I would not have got so ill in the first place.”
- “We all get emotional when we talk about Amber Trust because they have made such a difference to our lives”
- “The support in time from 1 year to 9 months in a house is not long enough – after a year you are only just starting to get better.”

Qualitative Analysis

Free text boxes - Questionnaires

Respondents have detailed:

- “It worries me a lot that vulnerable people like myself will lose support potentially I don’t feel six months/a year is long enough to recover from a mental illness. I suffer from emotionally unstable personality disorder and the stress of moving and not having a support worker would have a very detrimental effect on me. I want to recover and be well enough to work again one day. I need help when I am not doing well , if I had no support worker I would still be at rock bottom because she is trained to understand me unlike my family.”
- “If the proposal goes ahead I am at risk of losing my home and support.”
- “If the service is reduced there will be more people homeless, including myself.”
- “The cuts effect everyone if they go ahead there will be more people in hospital or worse – support workers save money not cost”
- “I've always needed support all of my life from my parents & family and also support workers and C.P.N's and psychiatrist's etc, etc. All my life I've been frightened to death of things & I feel greatly insecure all of the time. I feel suicidal all of the time, and I've been this way since being 5 years old, I've tried to kill myself numerous times, I also self-harm from 4 or 5 year's old. I need people around me and to support me-I am like a new born baby who need's it's mothers breast to survive Literally and I put great emphasis on literally. Even at 50 year’s old.”
- “The reduced stay in accommodation based may be justified for some people, but the floating support in people's homes for as long as they need it is vital.”
- “The nature of a lot of mental health problems is that they are severe and enduring - they are not short term. If you have a condition like paranoid schizophrenia for example, it is necessary to develop a relationship with your worker; staying mentally healthy and being able to function in society is not a smooth path. The fall-out from the lack of this support can be a lot more expensive and distressing than anticipated and can mean that more people end up in crisis and having to have more expensive treatment or

support.”

- “Recovery from mental health issues and learning independent living skills takes time and support for one year is not long enough”
- “People with mental health issues often experience difficulties in building up relationships and trust with others - reducing the length of the support period could cause people to panic, become more anxious and prevent them from achieving the support goals.”
- The prospect of having to move after one year would make a lot of people ill with stress and worry. It takes a long time for the mentally ill to feel comfortable, settle and feel safer. I feel the cutbacks should not be on the length of stay “
- “Support is needed people come out of hospital with long term needs enduring mental health problems and if they do not get support they are back in hospital.”
- “This is making me feel greatly anxious and all of the insecurities I have in abundance are going to come true, this lot is putting the fear of God up me. I just wouldn't be able to cope nor would I be able to function properly either. Filling this form in is playing havoc with my mind & thoughts and fears much more than I can express or ever hope to. It's making me feel quite ill and anxious & panicky. Sorry.”
- “A year might not be long enough to get back on our feet after struggling with mental illness and find a comfortable safe home like supported accommodation”
- “I can safely say that if I was only to have nine months on floating support then the problems that were being worked on would not be completed in such a short time period. It is unrealistic especially if there are ongoing benefit issues – awaiting assessments for PIP/ESA and challenging wrong decisions all this takes time alongside health problems where people are in and out of hospital. Nine months soon passes. This is the one time in people's lives that they need the support the most. To take this away at the point things are about to be resolved means they end up back where they began – in a mess and no-one to turn to.”
- “It can take longer than 9 months or one year to help people. This puts too much pressure on the clients who are in a difficult and dark place in their lives. It's not a realistic period of time considering they need help with appealing benefit claims and waiting for DWP to re-assess and the support is needed throughout this period which can take over a year.”

Summary of the Consultation

The following summarises the percentages agreeing or disagreeing to the proposal:

How strongly do you agree or disagree with the proposal to reduce the number of people who are supported on the accommodation based or floating support services provided by iDecide?

Figures expressed as a percentage of answers received to the specific question

Strongly agree or agree	0
Neither agree nor disagree	3
Strongly disagree or disagree	90

How strongly do you agree or disagree with the proposal to reduce the length of support in the accommodation based or floating support service from two years to one year in the and in the floating support service from 1 year to 9 months?

Figures expressed as a percentage of answers received to the specific question

Strongly agree or agree	0
Neither agree nor disagree	7
Strongly disagree or disagree	82

The only data which has been analysed in this summary is the quantitative data provided above from the questionnaires.

In summary both proposals were opposed by the majority of respondents.

Conclusion / Lessons Learnt

The consultation process has been comprehensive and has allowed people to contribute their views through the completion of a feedback questionnaire and invitation to various meetings.

It is clear from the feedback received that clients appreciated the service and the length of time the service is in place and feel that it delivers valued support. Just the thought of the service not being available appeared to have raised anxiety levels and given rise to suggestions that this might have further cost implications on other services if the proposals go ahead.

Participants felt that reducing the number of clients supported would leave vulnerable people in an even more isolated and dangerous place. There was a consensus of opinion that the proposal to reduce the length of time for support received at home was not good and it would be better to look at the amount of hours that someone received rather than the length of time.

Housing Related Support services for people with mental health conditions provided by Rethink (floating support)

98 questionnaires were delivered to clients of this service.

A total of 15 paper questionnaires were received back. All were completed using the standard format.

3 questionnaires were completed on-line.

In total 18 questionnaires were returned. The online and postal questionnaire responses have been analysed together as the forms were identical.

Return Rate

It is very difficult to give a return rate in % terms as we used a variety of ways of contacting people. Some of the ways we contacted people are quantifiable for example we know exactly how many packs were sent out in total to people. However it is very difficult to estimate how many people may have received information about the consultation from other sources including letters sent via the voluntary and provider sector, information displayed in community settings, and the number of people coming along to the group meetings. For this reason we have not quantified the % return rate.

Demographics of who replied via the questionnaires

13 out of the 18 participants were aged between 45 – 64, two were 18 – 24 two 25 – 34 and one was aged 65 and over. Slightly more female participants took part (10). Only one person from a minority ethnic group took part in this survey representing a proportionate level to that seen in Derbyshire (5% of the respondents identified themselves as being of an ethnic origin).

Quantitative Analysis of Responses from the Questionnaire

Have you or are you using floating support services for people with mental health conditions?

		Frequency	Percent
Valid	Yes	18	100
	No		
	Total	18	100
Missing		0	
	Total		
Total		18	100

How strongly do you agree or disagree with the proposal 1 to reduce the number of people supported on this scheme?

	Frequency	Percent
Valid Strongly agree	1	5
Agree	0	0
Neither agree nor disagree	2	11
Disagree	3	17
Strongly disagree	12	67
Total	18	100
Missing		0
Total	18	100

The majority (84%) of respondents did not agree with the proposal to reduce the number of people supported by this scheme.

How strongly do you agree or disagree with the proposal 2 to reduce the length of support provided from two years to nine months?

	Frequency	Percent
Valid Strongly agree	1	5
Agree	0	0
Neither agree nor disagree	2	11
Disagree	3	17
Strongly disagree	12	67
Total	18	100
Missing	0	0
Total	18	100

The majority (84%) of respondents did not agree with the proposal to reduce the length of support provided from two years to nine months.

Letters and Emails

Three letters were received concerning the consultation. These highlighted:

- “If the proposals go ahead this would result in an increase in anxiety/depression.”
- “Rethink are helping people with mental health issues – often caused from suffering violence and sexual abuse.”
- “People like me and others who have gone through horrific things, are being helped and supported by Rethink.”
- “think of people like us when you sit in a pub having a drink with your friends...we would like to do that but are scared to be in public places, crowds.

We didn't ask to be abused – that choice was taken away from us- but we have the chance of a normal life – and now you want to take that away from us...”

Meetings

One meeting was held in Chesterfield where seven staff supported seven clients and one parent carer attended.

Comments on proposal 1 to reduce service provision to support a maximum of 67 people at any time during 2015/16, and then to 52 from 1st April 2017 were:

- “We as workers see people to work with them but it's the carers that have to live with the stress and carers get to a certain point and realise that they cannot always look after their family member. We help people to live independently and it takes time to build up trust and confidence and it can take months just to support someone to catch a bus on their own.”
- “My family don't understand me”
- “There will be more impact on mental health support services”
- “Rethink treat both the client and family to fight the stigma of mental health”

Comments on proposal 2 to reduce the length of time support is provided at home by rethink (floating support) from two years to nine months:

- “My son thinks I will always be there; he finds day to day living very difficult and needs support. It's taken longer than 9 months for him to even trust someone new so it would have been pointless to offer him this service if it only ran for that long. Feel like he has climbed Everest with the support from Rethink workers.”
- “It would have a huge impact on carers and clients and people will become isolated and vulnerable”
- “I wouldn't be half the person I am now without the Rethink workers and 9 months is not enough time”
- “There are people who need support for the full two years and some who only need a short time spent with them – others need longer than 2 years”

Qualitative Analysis

Free text boxes - Questionnaires

Comments from respondents of proposal 1 to reduce the number of people supported:

- “It if was not for my support I would not be filling in this form now”
- “Quality rather than quantity”
- “Rethink has been very supported to me, I was a strong person, never abuse or took things for granted until I had relationship problems I went downhill, I had support from different organisations including Rethink, I have come on a long way thanks to rethink which is still ongoing.”
- “Devastating without my support worker I could not survive. Rethink is my

life line if you stop it I have nothing. Clearly you are on cloud cuckoo land how vital this service is”

- “It’s not fair my support is really important to me – it’s something I really value. I feel I have made progress and feel the people that pay for us to have this service do not realise how hard it would be without rethink support.”
- “I need help if I don’t I’m scared. It would end up making me go back in the hospital and this ends up costing the Government – they have to pay more – as it cost to look after me there.”
- “I will feel alone & isolated without the support I receive.”
- “If you were to reduce numbers as proposed this would directly have an impact on the person coming off floating support. I myself would mean that I would not get the support that I need in moving at this time. It would mean people like me would be losing available service of the floating support workers in making the change to move forward and that would make people more anxious than they are like me. Also help with paperwork/forms can be helpful”
- “The support I’m receiving and others is very important to us, without the support, who knows how and what impact it would have on us, knowing we have someone there to help and give us the support is crucial knowing we don’t have to go through it alone, having a mental illness isn’t easy to live with and at times can be the hardest thing a person has to live with, being alone and trying to deal with alone I wouldn’t be able to do it without the support its frightening to even think about it.”
- “I have a severe mental health condition, autism and neurolepsy- Derbyshire lacks community support for my conditions especially my psychosis. I already have to travel to Sheffield because care in Derbyshire is terrible - causing me to become disturbed and extremely ill resulting in me being sectioned frequently. If I was to lose the support of Rethink in these cuts, I would be housebound, unable to manage bills etc. My family and I agree that the support I have received from Rethink this year has been invaluable and without it, we are certain that I would have died. There is a desperate need for Rethinks community and personal support in this area - they have stopped me from being sectioned a number of times.”
- “people need support and without these services would have nowhere to go”
- “Floating support can keep people in their homes; reduce the cost to health, police and other services. Some people may only need support for a minimum time, for a short term period of mental ill health, but others would find it hard to cope if the support is limited. To reduce numbers, should only be because there is strong evidence that fewer numbers need the service.”
- “Support for people I know is barely adequate at present. This type of cut is an easy one to make, mainly because disabled people are less vocal. Pick on important areas such as inefficiencies in administration and stop your Road workers spending hours asleep EVERY DAY”

Summary of the Consultation

The following summarises the percentages agreeing or disagreeing to the proposal:

How strongly do you agree or disagree with proposal 1

Figures expressed as a percentage of answers received to the specific question

Strongly agree or agree	5
Neither agree nor disagree	11
Strongly disagree or disagree	84

The only data which has been analysed in this summary is the quantitative data provided above from the questionnaires.

In summary, both proposal 1 and 2 were opposed by the majority of respondents.

Conclusion / Lessons Learnt

The consultation process has been comprehensive and has allowed people to contribute their views through the completion of a feedback questionnaire and invitation to various meetings.

The clients obviously value the support they are receiving from Rethink which in their view reduces their isolation and provides a separate body who understands their mental health condition. Clients did not feel that the length of time support was allocated now was long enough so overwhelmingly disagreed with the proposed reduction in support time in future. Clients also felt that it was most cost efficient to provide support as a preventative measure to try and prevent re-admissions to hospital – but also to allow them to have as ‘normal a life’ as possible.

Handy Van Network

2000 questionnaires were made available to clients of this service.

A total of 95 paper questionnaires were received back. All were completed using the standard format.

21 questionnaires were completed on-line.

In total 116 questionnaires were returned. The online and postal questionnaire responses have been analysed together as the forms were identical.

Return Rate

It is very difficult to give a return rate in percentage terms as we used a variety of ways of contacting people. Some of the ways we contacted people are quantifiable

for example we know exactly how many packs were sent out in total to people. However it is very difficult to estimate how many people may have received information about the consultation from other sources including letters sent via the voluntary and provider sector, information displayed in community settings, and the number of people coming along to the group meetings. For this reason we have not quantified the percentage return rate.

Demographics of who replied via the questionnaires

This shows that a broad range of people took part in the consultation by filling in the questionnaire. As would be expected the majority of participants were over 65 years (91) with the largest proportion of respondents coming from the 75 + age group (64). More female participants took part (73). People from different ethnicity also took part in this survey representing a slightly lower proportionate level to that seen in Derbyshire (4.% of the respondents identified themselves as being of an ethnic origin).

Quantitative Analysis from the Questionnaire

Have you used the Handy Van Service?

		Frequency	Percent
Valid	Yes	91	79
	No	20	17
	Total	111	96
Missing		5	4
Total		5	4
Total		116	100

How strongly do you agree or disagree with the proposal to reduce the funding to the Handy Van network?

		Frequency	Percent
Valid	Strongly agree	6	5
	Agree	9	8
	Neither agree nor disagree	11	9
	Disagree	22	19
	Strongly disagree	60	52
	Total	108	93
Missing		8	7
Total		116	100

The majority (71%) of respondents did not agree with the proposal to reduce the funding to the Handy Van network.

Letters and Emails

A provider sent in a detailed letter which provided details of how recipients of the handy van service value its service and how it improves their quality of life. This letter included comments such as:

- Handyperson services provide value for money, and while this is the overriding message, the “value-added” aspects of services can only strengthen the case for supporting these services. Small things do matter, and can make an enormous difference.
- The service provides value for money and also added value, identifying additional assistance, e.g. Home Fire Risk Checks, energy efficiency and sign posting to other services
- Consideration needs to be given to the impact cuts to one service may have on another.
- Approach the range of Partners who benefit from the service (using the tool kit information) for financial support, e.g. Police, Health Partners, Telecare
- Explore the option of consolidating equipment orders
- To introduce a charge for both labour and materials (unlikely full cost recovery) possible implications on administration
- To look for value for money of roles currently within the Network to make efficiencies, e.g. centralise administration
- If the proposed cuts affect the provision of the Countywide Support service, the 8 districts may struggle to cope during times of high demand and absences.
- Is there an opportunity for corporate sponsorship (Builders Merchant)
- Concerns that cuts & restructure of the service may lose the added value of localism

Qualitative Analysis

Free text boxes - Questionnaires

The small percentage of people who agreed or neither agreed nor disagreed with the reduction of funding to the Handy Van network made the following comments:

- Organise the service better. For example, I emailed a request over a month ago. Nothing happened - no reply. I got time again last week and the following day we got a phone call following by a visit. But the van came from Derby - surely a more local one could have been programmed?
- Concentrate on single persons. Living alone, I feel this is priority one, especially disabled. (currently not affected) ? possible listed like the vote register on a voluntary basis.
- Perhaps this could be cut in two e.g. reduce from 2 visits to 1. Or ask the client for a contribution
- I tick agree on the basis that I understand that you need to save money. I am 88 yrs old and have used the handy man for several years, for which service I have been more than grateful. It's usually for small jobs that really, need attention but

I don't like having to pay for a professional to come, for a few minutes work. Having said this I would be very willing to pay a contribution for a visit and I feel sure that in Bakewell most people in my position would agree. I think that calls for fire alarms etc should be classed as essential services. I do hope that scheme takes the time to read the comments.

The overriding number of respondents disagreed with the Handy Van service having its funding reduced. They indicated that they really appreciated the service which enhanced their independence particularly if they were now living alone and meant an overall reduction in the likelihood of accidents in their home:

- I have only called the service for faulty smoke alarm. other electricians don't want minor jobs like that so I wont struggle to find someone to do it
- Had a first call visit from mike at Buxton handy man team. He was very thorough, replaces 2 smoke alarms. Fitted door + window alarms. Giving us extra security + peace of mind. He checked the rest of the bungalow + gave us advice on fire prevention. He then advised us on how to keep our selves safe, in the event of a fire breaking out. This is an excellent service to elderly people very impressed! it would be a tragedy to cut this service
- I live alone and depend upon the help of the handy van scheme
- now left on my own it is a comfort to know this service can help me and others to stay in our own home, in the long run it will cost more to move us to care homes a small charge may help, hope we keep the service good work done for me thanks
- I live alone + I am well into the age of retirement I have no family living in the area. the son lives in Cornwall + is able to assist me in the jobs I need doing, I am disabled to some extent, although I can do many jobs myself, but some things I am not able to carry out repairs myself, both financially + physically
- This service would be sorely missed by elderly, disabled and/or ill people in the community. I am all of the above and depend on such people for help
- The Derbyshire handy van network has provided an immeasurable service throughout our area and enhanced the profile of the county. Reducing the funding of the h.v.n would have a serious effect on many vulnerable people, physically as well as taking away from them the ' peace of mind' that confidence in the availability of this service has given them. In your excellent booklet healthy and warm in Derbyshire"
- As a carer of an elderly person with Alzheimer's it is invaluable that my father-in-law is able to stay at home as long as possible. This is where he feels safest and is best able to function as it contains long term memories. It is really important that any small jobs are seen to as quickly as possible in order to maintain a safe environment for him. The handy van service is essential for us to be able to do this.
- I have used this service twice. In each case I could not get any one to do the job i asked for. People consider small jobs not worth attending. I am 87 years old. No one in my family could have fitted my home with a second hand rail and this is a life saver to me. Your services came and did a wonderful job.

- As a 83 year old woman living alone I've found the service invaluable sorting smoke alarms fixing buzzers on my doors and generally checking all is safe. It is always a very helpful man who calls which is reassuring as I have no relatives in the town.
- This service has helped me to live and stay at my home ie. Lowering cupboards and shelves so I can reach fixing fridge + freezer to have meals on hand and many other services. Many jobs I've rung professional won't come out for. They also keep check on fire alarms also life line appliance this is a wonderful service for someone who is 60yrs old very immobile and has no one else to help me.
- The handyvan service is an excellent service helping to keep people in their homes longer and keeping them out of hospital - thus saving excessive hospital costs. Any reduction in the service would put vulnerable adults at risk and have a knock on effect of a big increase in 'hidden' costs of people in hospital/care etc. The service is valued by its customers receiving constant positive feedback and filling a void that would exist if the service was no longer available.
- This will disadvantage vulnerable people who have no other source to go to. This may be necessary but needs to be balanced against alternative cuts that may or may not have the same impact
- Cuts in this service will put vulnerable/elderly people's lives at risk. For an elderly unsteady frail person changing a light bulb, small but necessary job would be difficult and even dangerous for such a person. They could fall hit their head, break an arm thus putting extra pressures on other services or they could even die from the fall. The Handy Van Network provides an invaluable service omitting such risks for these people. In the long term reducing costs on other services such as health care or even hospitalisation. This service makes those in our society who are venerable/ frail and elderly feel safe. Why is it always about the money? Why can't it be about the persons most in need?
- This proposal seems entirely out of keeping with The Care Act which states that promoting wellbeing should be at the heart of public services. For isolated older people who may be struggling to live independently with complex physical and mental health needs, it represents a lifeline that can help prevent falls, promote independent living and the ability to stay in their own homes for longer. Cutting this service will, I think, result in more older people having preventable crises and consequently coming to require care and support under FACS criteria, which will prove far more expensive in the medium to longer term. In being a service that older people are able to trust, it seems also to have a disproportionate impact on those who may have mental health problems (e.g. early stages of cognitive impairment) or disabilities and who may not have any family or friends who are able to help them in the locality. Their experience will be that they effectively have no alternative. Given that economies need to be made, sure it would be better to charge than abolish the service entirely. It is the flexibility of what the service provides that gives it enhanced value to those who use it. Whilst it may be laudable that you are inviting consultation how many of those who will be adversely affected will be able to participate? How many of the older people who use this service will be able to participate in the consultation? The very people who need this service the most are likely to be the least able to express their views. It also seems likely to indirectly have an adverse impact on

carers/ supporters of older and frail people, particularly those in poor health and/or on low incomes.

Summary of the Consultation Responses from the Questionnaire

The following summarises the percentages agreeing or disagreeing to the proposal:

How strongly do you agree or disagree with the proposal to reduce the funding to the Handy Van network?

Figures expressed as a percentage of answers received to the specific question

Strongly agree or agree	13
Neither agree nor disagree	9
Strongly disagree or disagree	71

The only data which has been analysed in this summary is the quantitative data provided above from the questionnaires.

In summary, the proposal to reduce the funding to the Handy Van network was opposed by the majority of respondents.

Conclusion / Lessons Learnt

The consultation process has been comprehensive and has allowed people to contribute their views through the completion of a feedback questionnaire and invitation to various meetings.

Respondents to the consultation on the Handy Van network and the proposal to reduce the funding to the service clearly indicated how they valued the current provision. They believed that the service enhanced their independence and provided safety in their own homes. Respondents indicated that this service assists when others are unable or unwilling. It takes added pressure away from family members and carers and also assists as private enterprise are reluctant to carry out the smaller tasks at an affordable rate to the elderly. They stated that this service provides an invaluable facility with the added bonus of reducing hospital admissions from accidents such as falls.

Housing Related Support Services for Older People at Home (Floating Support)

5972 questionnaires were delivered to clients of this service.

A total of 1404 paper questionnaires were received back. All were completed using the standard format.

27 questionnaires were completed on-line.

In total 1431 questionnaires were returned. The online and postal questionnaire responses have been analysed together as the forms were identical.

Return Rate

It is very difficult to give a return rate in percentage terms as we used a variety of ways of contacting people. Some of the ways we contacted people are quantifiable for example we know exactly how many packs were sent out in total to people. However it is very difficult to estimate how many people may have received information about the consultation from other sources including letters sent via the voluntary and provider sector, information displayed in community settings, and the number of people coming along to the group meetings. For this reason we have not quantified the percentage return rate.

Demographics of who replied via the questionnaires

This shows that a broad range of people took part in the consultation by filling in the questionnaire. As would be expected the majority of participants were over 65 years (1240) with the largest proportion of respondents coming from the 75 – 84 age group (537). More male participants took part (1403). People from minority ethnic groups also took part in this survey but these represented a lower proportionate level to that seen in Derbyshire (0.4% of the respondents identified themselves as being of a minority ethnic group origin).

1085 people completed the questionnaire who classified themselves as clients. 271 completed the questionnaire who classified themselves as either relatives, ex-clients or friends of residents. The remainder classified themselves as staff (75) or chose to leave this question blank.

Quantitative Analysis from the Questionnaire

Have you used or are using Housing Related Support for people at home (floating support)

		Frequency	Percent
Valid	Yes	912	64
	No	432	30
	Total	1344	94
Missing		87	6
	0		
	Total		
Total		1431	100

How strongly do you agree or disagree with the proposal to reduce the number of places available for older people at home (floating support)

		Frequency	Percent
Valid	Strongly agree	47	3
	Agree	102	7
	Neither agree nor disagree	258	18
	Disagree	354	25
	Strongly disagree	613	43
	Total	1374	96
Missing		57	4
Total		1431	100

The majority (68%) of respondents did not agree with the proposal to reduce the number of places available for older people at home (floating support).

Letters and Emails and Telephone Calls

Nine letters were received concerning the consultation. 174 telephone calls were received by Call Derbyshire and any that they were unable to address were put through to the Stakeholder Engagement and Consultation team through the telladultcare@derbyshire.gov.uk email address requesting a call back to the caller. All 34 emails to the Stakeholder Engagement and Consultation team were calls received from either clients or relatives. All were concerned with not understanding the term 'floating support'.

Issues raised in the letters of response were:

- “Concerned that carers and their supervisors/Care Manager would not have sufficient time during their role of assessing and providing a care service to deliver the support element that housing related support staff currently deliver.”
- “Housing related support services are delivered by trained staff, who have developed specific skills and knowledge to identify a clients’ support issues, and to constantly review those issues and needs in discussion with both the client themselves, their relatives or carers, and other agencies, in addition to a formal review every 6 months. Care staff have a different skills set and knowledge to those providing housing related support which could affect the quality of the support service received by clients with a visiting care package.”
- “The withdrawal of this service and the strong relationship that they will have built up with their support provider could affect their confidence, quality of life, and thereby their ability to maintain independent living. This is likely to put more pressure on care resources, either delivered in the home, or the need for a referral to nursing/residential care.”

- “Overall, those in receipt of a visiting care service will experience a poorer quality of life due to the proposed changes.”
- “The Visiting service is preventative and can stop people deteriorating to a point they need carers and can help people live independently for longer. Having someone to talk to about problems can stop depression and help tackle loneliness”

Meetings

Two meetings took place on this consultation with 14 clients, two family carers and six staff attending. Comments were:

- I make lists of things that worry me and she helps me sort them out
- I have no family so if I fall ill, who will look after me
- It's a fantastic back up service and means my parents don't have to go into care
- I believe they stand in the gap when family can't help
- They are a godsend and I don't know what I'd do without them

Qualitative Analysis

Free text boxes - Questionnaires

1431 questionnaires were returned completed. Out of these 608 chose to add additional comments on what the impact should the proposals go ahead would have on them.

The general themes that emerged were:

- increase pressure on other services plus alerting emergency services
- huge impact on independence if services taken away - reassurance service is there
- financial implications
- more pressure on family carers
- don't know what Floating support is
- increase in loneliness/social isolation feeling vulnerable

Respondents have detailed where they believe there will be additional pressure on other services plus alerting emergency services:

- If older people's support is cut, there will be a bigger pressure on the NHS. At an old age most people feel safe in their own homes. Older people will also feel more isolated if this service is reduced any more than it already has been.
- Twice if my Housing support worker hadn't visited I could have died; sometimes she is the only person I see apart from my cleaner. And within the remit of her job she will talk to me and help and advise me wherever

possible. I could not possibly cope without seeing her every week. I'm quite sure it's the same feeling within the bungalows where I live. The support I've had from Housing related support has helped me keep my independence - she has advised me and referred me for aids and made sure my benefits are up to date and helped me to apply for benefits I was entitled to and didn't know.

- The floating support people has been there to get medical assistance and get me to hospital
- If you cut services to the older people, a lot more will end up in care homes, plus those who are poor would not be able to pay. That would cost more money needed to keep them.
- This gentleman is blind so he couldn't manage at all without help as he lives alone. It seems to me that it is liable to put more pressure on the NHS and care homes, if you reduce these numbers. It is accepted that it is better to help people in their own homes. These could be more people hospitalised through not eating properly and not being seen by someone every day.
- I do not appreciate that costs need to be reduced; however, this cannot be at the coal-face. People are living longer; therefore one would expect that the numbers of older people in the population would increase. This coupled with the lack of good care homes will mean that there is more need to support people in their homes. People should be able to stay in their own homes wherever this is possible. I think the council needs to look elsewhere for efficiencies.
- To help keep people in their own homes, without having to go into a Residential or nursing home, people may have family's that don't live near, and visit once in a while or family's that live near but have the need to work, having support in the home means that we know they are at hand should they need to be, it's a stepping stone, e.g.- don't need full time care, but just a little help where needed.
- Cutting care at home would result in more people taken into care homes at a greater cost to the council, as well as the well-being to service users
- If people are to be discharged into care in the community how can places/funding be cut especially when some older folk have no family or family close by.
- We rely on the support service as we are getting older, our health is not really very good now we get a support visit from the warden and we have careline who support us in an emergency. The service is a very important one. We do not agree with the cut backs.
- There is no room in hospitals you need more care in the `community not less.
- I would say that in the long term cutting this service will result in people being placed in long term care which surely will cost a dam site more!!
- If this house related support we receive stopped, our relative would be in danger to her & neighbours with cooking as she has Dementia. She would also become malnourished and forget to take her medication. The care she receives is crucial for the disease she has. If she didn't receive this service

she would have to go in a home.

- Reduced home care impacts on hospitals. People need to be in their homes not blocking hospital beds
- I would like to think that if and when I need help as I get older I could rely on these services to stay in my own home and not be put in a care home which are expensive and from people who I know have not had very good experiences.
- Mum is bed ridden and cannot do anything for herself she cannot wash or change herself, feed herself, she is incontinent. Mum has a stoamer which the bag has to be cleaned and changed every day. If this proposal went ahead and mum could not get the care she requires, she would have to go into a care home, then it would cost a lot more money to fund
- increase pressure on other services plus alerting emergency services

Respondents have commented on the huge impact on independence if the service is taken away.

- This support is my only means of keeping independent and able to live in my own home. I rely on the carers on a daily basis to bathe me in the morning and help me prepare for bed at night. My condition continues to deteriorate to the point where I am unable to even complete this form myself. I have not been able to go out for over 12 months now. This service is vital to people like me.
- I disagree as older people at home are very vulnerable, especially if living alone. Some people don't have anyone calling apart from the floating support. Maybe there are a minority who can get out and about and sort things out for themselves who could do without support but these cases most very carefully looked into.
- I'm disabled + can't get out I have a buggy + can't get it out of the gate as its not wide enough I don't get out my daughter puts my food + stuff on line to Morrisons. I'm not able to get in the car as I want room I need a wheelchair so they can take me out as the one time got hurt my sides + also burns. If they cut down my care I don't know what I'll do
- No family living by so need help to remain independent
- I have already been reduced from 5 days a week (3 vallies) visits to 3 days - then 2 day - then once a fortnight, (floating support) I am nearly 83 years and live alone and if visits are reduced further i will feel totally abandoned by your support system
- Providing this service helps older people maintain their independence and allows them to feel safe in their homes.
- It would affect me in every way. I'd have no support to stay in my home
- Without the help of carers i would not be able to get up in a morning/go to bed - shower/dress, cook my meals, go to the toilet, do my washing, get me drinks
- I could not live independently without support. I live on my own and pay for my carer's.
- The whole point about getting older is no one knows how they are going to be affected, so support should be there if needed. Older people don't wish to be a

burden, but they don't have a choice, age happens

- I am approaching 90 years old and have twice been referred for a level access shower as I live alone and cant access my bath - twice it has been ignored - further cuts are going to affect my independent living
- I'm now aged 62 and worry about my future care. I also realise that councils nationwide have the hardest job to decide which services to cut back on. However, adult/elderly care is fundamentally important as many elderly people cannot always be independent nor in control of their own lives once illness stops them. By the same token it's equally essential not to cut back on care within disabled vulnerable children's services. Extreme ends of the scale but ones that must not be weighed up for the sake of money!
- This would impact on my ability to live at home safely and independently, which is my choice.
- I believe elderly people deserve help from time to time, only the one's that really deserve help. I do not class people of 55 old people, only people over 60 years I myself have worked all my life, retired 2008, I have a few medical problems but I manage ok on my own, plus I hope I can carry on for many year without help.
- I am unable to see reg. Blind floating support is my life line with letter reading, helps with financial advice, helps order online food shop - make all phone calls keeps an eye on property kept to standard. Very isolated no family or friends local to help - float support my life line
- As i am housebound, the floating support (warden) is my only way of being able to live in my own home. I think my life would not be worth being here.
- I am 91 and live alone. I have been classed as having a severe mobility disability; I am unable to walk more than 50 yards without help. I have hearing problems and wear 2 hearing aid and also have sight impairment since moving into my present oap bungalow 4 years ago my daily support visits have been cut from cut from 5 to 3 days per week despite the fact that my mobility problems are now much more severe. I struggle with everyday tasks such as opening milk bottles
- It would have a huge impact on my day to day life i could not manage at home alone without it.
- I am nearly 92 years of age and if my help was reduced at stopped i do not know how I would manage, my eldest daughter helps as much as she can but is not in good health herself, not all of my family live local. I want to stay at home for as long as possible without being a burden and the help i receive in a morning and night means i can do this. The help with my personal care and dressing in a morning and at night undressing is greatly appreciated and helps with my independence because like me a lot of elderly people do not want to live in a care home.

Respondents commented on the financial implications – examples of which are as follows:

- With age does not always means you have the money as prices high, cost of living
- If a reduction in housing support for myself went ahead it would mean that I would reduce the available money from my pension would be affected so much so I would struggle to meet expenses thereafter
- When my children were small my husband left me I didn't know how to apply for all the benefits I could get so they grew up in poverty later I was given a good pension because of all the years when I didn't receive enough so now I am slim but full of rheumatism through not being able to buy coal to keep my house warm then only one room please when you send out questionnaires use plain English
- I am already paying out my pension for a carer. I have not received any monetary help. This proposal would not affect me as it is not doing me any good any way.
- Most elderly people have worked all their lives, and have paid for these services already. It won't affect me. But other elderly people in Eckington will be.
- How can you cut funding for elderly peoples care they are the most important people they fought 2 world wars for you to have the jobs you have got and if you remove funds from home care you will end up paying more for care in homes and the homes will become full and the hospital bed will become full ie bed blocking needs a lot more thought
- With the increase of elderly people trying to die at home, this was supposed to reduce the cost of hospital or care homes to the county I know if my floating supporter was stopped it would mean that I was isolated completely - I value the calls and help if I need some - opening tins, bottles. Closing top windows or opening, as I am unable to lift my arms, no relatives, am entirely at the mercy of others.
- It costs less to keep people at home. Rather than residential homes
- I think the proposed changes to the floating support should be left as it is. They should start at the top and cut the wages that are paid to those in high office which are over the top. Scrap the works uniforms that would save money. Also the floating support workers are someone who help old people at home instead of going into homes so please help to keep our life lines who are our ear's eyes + voices.
- I paid full rent for nearly 50yrs+ paid for the house over + over again. As my husband didn't earn enough to purchase the house we had no choice - even so we never stopped paying full rent. It was in 2000 that I first got any benefits (my husband dies in 94) that was because I was disabled in 99 but after paying full rent + all service on dd. I had less than £1 a day to survive on. Then when I got a small pension credit, I was finally granted rent rebate. It is very difficult to get any help at all. I pay a lady once a week + the gardeners, my own gardener + garden assistance scheme for which I am

very grateful. But I get no other help. I've asked for help to get to my scooter in the garage adjoining my garden but this was turned down. My only lifeline is my scooter I can't walk 100yds without sitting down i have bad heart problems + lack oxygen

- Maybe if you spent less money on absolutely useless schemes, cost xxx pensions for yourselves, inflated wages when you barely do anything sending out pointless pieces of paper you would be able to fund more important services. It doesn't take a genius to know that you are never going to be able to save the desired amount. Why not think about making money instead of hitting the people who are already down.

Respondents had commented regarding the impact on family carers:

- I am a disabled pensioner I can manage at this moment of time but what about the future? I have no family to look after my mother I was a full time carer for over a decade with the last 4 years of her life spent over 20 months in hospital
- It would make my family feel that I was in more danger if something happened to me in my home when they were not with me. This gives them the reassurance that i can get help if needed even if I cannot get to the telephone
- My family lives miles away and they have peace of mind knowing I have the service, also that my support officer comes to see me once a week, I am blind and she deals with repairs and helps with forms etc.
- My module gives me and my family piece of mind and security. However, in my opinion there is no need for the warden to call every few months. If I needed know how to contact her, I am capable of testing the machine myself.
- I am 63 years old and am a full time carer for my mother who lives with me and is 95 years old. Please, please do not take the support worker off as for the last 2 years I do not know what I would have done without her. I had to go into hospital a few weeks ago and she organised me to go into a home and sorted everything out for me as I was too ill to even think about it. It would ruin my life mums life and others we have no-one else to depend on please
- When independent living warden called they tested lifeline alarm and other detectors, will this now be my families' responsibility to test these?
- I am lucky & have family come to visit & help with care & shopping when needed but there are a lot of elderly people who don't so they need this help to continue!
- I look after myself and if I want it my daughter helps me
- Luckily my wife is my carer also but a lot of people have no one else at home
- Main carer is daughter but if I need help with benefits or form filling I would need the floating support.
- It would be a shame to lose the support for elderly people as some of them

only see the support team if they have no family it is a very good support service for the older people and they do very good days out for them it is great for people who cannot get about as it gives them something to look forward to.

- My daughter wants me to feel safe and she has peace of mind knowing that I can get help quickly when I need it. I am nearly 80 years of age and I have had both hips replaced so I have to be very careful. Anything that makes people independent and able to live at home and not go into a care home has got to be a good thing.
- I am my mum's main carer, however carers support as well as help me. Without their help and support I would find caring for my mum extremely difficult.
- It would not make any difference as my own family always support me and also do my shopping always are there for me when they can.

Some of the respondents commented that they did not understand the term floating support:

- Don't know what this service or whether it affects me
- I do not know if the proposals will affect me. The only service I get is visits by independent living service warden
- The reason we have put no to number 1 is, because, we do not know what it means
- I would be disappointed if I lost my floating support as I rely on it. I did not know what floating support was till it was explained. Warden" in the paperwork would have been helpful. I was not going to fill it in"

Respondents also indicated that if this proposal went ahead it would mean an increase in loneliness/social isolation/feeling vulnerable:

- Sometimes the warden is the only person we see. Many rely on a few friendly words and advice she gives gets jobs done. Repairs needed to be done that we often forget to ring up about
- There some old people who live on their own and the float in support is chance for them to have someone there to talk to and help them
- If my NSC did not call on me i would have no support at all and see no one during the week. She has helped me with lots of things to help me to continue living on my own in my home. I know if i need her she will be there. It also makes my family worry less as none of them live close by and can visit infrequently
- I would have to go in a home/ residential if I didn't get help at home. That would cost a lot more for council to pay. Filled in by care worker
- I am feel isolated where I am I have no friends or family in my area. So if it is stopped I would hardly see anyone
- The changes you are proposing would not greatly affect me as some other people I am in contact with. Just the knowledge that the service is available

is a great comfort

- It will impact on the elderly who live alone & rely on this support in order to have someone to talk with albeit for not very long.
- Some people do not see anyone only the warden so it would be very upsetting to reduce visits. I have family they all work so I don't see them too often but they are at least within call.
- As I have no family the support is my only form of contact and also for advice with forms, groups etc
- The floating support is invaluable to my mother & she looks forward to the visit.
- I disagree as older people at home are very vulnerable, especially if living alone. Some people don't have anyone calling apart from the floating support. Maybe there are a minority who can get out and about and sort things out for themselves who could do without support but these cases most very carefully looked into.
- The only support i have is a warden who calls once every 2 weeks she stays approx 5 mins. I have a sister who supports me.
- I would become even more vulnerable and isolated.
- I would feel lost and upset
- It's a good point of contact for help and assistant. Particularly for people who are House bound.
- I would feel very vulnerable

Summary of the Consultation

The following summarises the percentages agreeing or disagreeing to the proposal based on the questionnaires:

How strongly do you agree or disagree with the proposal to reduce the numbers of places available for older people at home (floating support)

Figures expressed as a percentage of answers received to the specific question

Strongly agree or agree	10
Neither agree nor disagree	18
Strongly disagree or disagree	68

The only data which has been analysed in this summary is the quantitative data provided above from the questionnaires.

In summary, the proposal to reduce the numbers of places available for older people at home (floating support) were opposed by the majority of respondents.

Conclusion / Lessons Learnt

The consultation process has been comprehensive and has allowed people to contribute their views through the completion of a feedback questionnaire and invitation to various meetings.

On receiving the initial letters at the start of the consultation, some clients contacted Derbyshire County Council as they were confused over the term “floating support”. They did not understand this term and therefore how the proposal to reduce the amount of people who receive this service would mean to them. It is clear that any future correspondence regarding “floating support” should contain a thorough meaning and example of what the service entails to enable consultees to provide informed responses and thoroughly understand how, if the proposal goes ahead, this would impact on the services they are currently receiving.

This said, once consultees were clear on the proposals it was evident that they clearly valued the service and the enhancement it made to their lives and the lives of their loved ones by providing reassurance and aid to their independence and a reduction on the demands on other services.

The majority of respondents were opposed to the proposal to reduce the service. There was a strong opinion that this would be a false economy as it would, for many older people, lead to loss of independence and push clients into residential care and put a strain on the NHS with more ambulance call outs and visits to and stays in hospital.

**EQUALITY IMPACT ANALYSIS RECORD FOR HOUSING RELATED SUPPORT
SERVICES PHASE 2**

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 - Mental Health Short Term Accommodation Based Service with Floating Support
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5. **Older People's Floating Support Service (page 135 – 149)**

Appendix 2



Derbyshire County Council

Equality Impact Analysis Record

Form 2014

Department	Adult Care
Service Area	Housing Related Support
Changes or proposals	Phase 2: Mental Ill Health
Chair of Analysis Team	Ram Paul
Date of Analysis	April 2015
Version	Final Draft

1. Prioritising what is being analysed

a. Description of current service arrangements

The Housing Related Support (HRS) budget currently funds a number of different services to support people with mental ill health to live independently in their own homes, which are subject to proposed changes as part of Phase 2 proposals to the Housing Related Support Programme. These include:

Mental Health Accommodation Based Long Term Service

This service is delivered by Morning Rise who provide long term, accommodation based support to a maximum of 16 clients with mental ill health.

Mental Health Short Term Accommodation Based Service with Floating Support

This service is delivered by a consortium of 3 providers, P3, Amber Trust and Derbyshire Federation for Mental Health, who support people with mental ill health for up to 2 years. Accommodation based support is delivered across the county and floating support is delivered in Amber Valley, Derbyshire Dales, Erewash, High Peak and South Derbyshire. A maximum of 294 clients can be supported at any one time.

Mental Health Floating Support (Short Term)

This service is delivered by Rethink and provides floating support for people with

mental ill health for up to 2 years. Clients are supported in Bolsover, Chesterfield and North East Derbyshire. A maximum of 180 clients can be supported at any one time.

b. Details of proposals or changes

The following proposals that impact on these services are included as part of the Phase 2 proposed changes to the Housing Related Support Programme. Cabinet will make a decision in relation to this in July 2015, following a period of formal consultation.

Mental Health Accommodation Based Long Term Service

It is proposed that the budget for this service will reduce by £93,600 per annum to £29,120 per annum during 2015/16. This will not result in any reduction in the capacity of the service as it is intended that the budget shortfall will be met through the Provider accessing Intensive Housing Management funding, increased client contributions and a contribution from the owners of the service.

Mental Health Short term Accommodation Based Service with Floating Support

It was originally proposed that the budget for this service would reduce by £1,430,058 per annum to £410,000 per annum from 1st April 2015. This would result in the number of clients in receipt of the service at any one time reducing from 294 to 220 by 31st March 2016, with a further reduction to 193 from 1st April 2017. Additional funding has since been secured from Public Health which will delay the implementation of these proposals by 1 year.

It is also proposed to reduce the length of service from 2 years to 1 year in the accommodation based service and from 2 years to 9 months in the floating support service.

Mental Health Floating Support (Short Term)

It was originally proposed that the budget for this service would reduce by £439,229 per annum to £125,971 per annum from 1st April 2015. This would result in the number of clients in receipt of the service at any one time reducing from 180 to 67 from 1st April 2015, with a further reduction to 52 from 1st April 2017. Additional funding has since been secured from Public Health which will delay the implementation of these proposals by 1 year.

It is also proposed to reduce the length of this service from 2 years to 9 months.

c. Rationale for proposed changes

Due to reductions in funding from Central Government, Adult Care must reduce its expenditure by £45.5m by 2018. It is in this context that it has been identified that expenditure on Housing Related Support cannot be sustained at previous levels and a phased reduction to the Programme has been proposed over a 2 year period from 2014 to 2016.

Housing Related Support provides cost effective, preventative support to a wide range of vulnerable people across Derbyshire. There is a strong evidence base that demonstrates that these services provide a positive return on investment for the Council and other partner agencies, delivering positive outcomes for clients, meeting cross-agenda strategic aims and reducing the potential of more costly interventions. However, the Council does not have a statutory duty to deliver these services. The rationale for determining priorities for future reduced investment in housing related support services is based on retaining services that help the Council to meet its statutory responsibilities and contribute to the Council's corporate and departmental service plans for Adult Care and Public Health, within the available resources.

2. The team carrying out the analysis

Name	Area of expertise/ role
Ram Paul (Chair)	Group Manager, Derbyshire Accommodation and Support Team, Adult Care
Karen Nicholson	Contracts Manager, Derbyshire Accommodation and Support Team, Adult Care
Louise Cope	Contracts Manager, Derbyshire Accommodation and Support Team, Adult Care
Sue Whetton	Service Manager, Commissioning, Adult Care
Representatives from the Commissioning Group for Accommodation and Support	Key stakeholders in Derbyshire's Housing Related Support Programme
Representatives from providers of the services affected	Providers of services impacted by proposals
Representatives from Clinical Commissioning Groups across the County	Stakeholders
Representatives from North and South Derbyshire Voluntary Sector Forums	Stakeholders
Helen Greig	Chair, Derbyshire Accommodation and Support Team Provider Forum
Fieldwork Mental Health Representatives	Service Managers, Mental Health Fieldwork, Adult Care

3. Existing information and consultation based feedback

a. Sources of data and consultation used

Source	Reason for using
Derbyshire Accommodation and Support	Identify Derbyshire Need and Service

Source	Reason for using
Team (DAST) Performance Indicator Workbooks	Performance
Derbyshire Challenge Consultation Feedback	To identify impact (from client and Provider perspective).
National Census Data	Comparison data.
Information from other Local Authorities	To identify impact of proposed changes.
Feedback from providers	To identify impact of proposed changes.
Feedback from Stakeholders, as identified by providers	To identify impact of proposed changes.
Research into the Financial Benefits of the Supporting People Programme	To identify the benefits delivered by these services and the potential impacts of the withdrawal of services.
Data from a range of stakeholder organisations.	To identify impact of proposed changes.

4. Known impact on different protected characteristic groups

- a. From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?

Protected Group	Findings
Age including children and families, older people	There is no evidence to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Disabled people including mobility, sensory, learning, mental health, HIV, and also include carers and relatives	<p>Mental Health Accommodation Based Long Term Service</p> <p>All clients in receipt of this service suffer from mental ill health, which means that this group will be potentially disproportionately affected by these proposals. There are currently 16 clients in receipt of this service. Based on the proposed changes negotiated with the Provider, there will not be a change to the support that the clients receive in this service. However, clients will be financially impacted by the proposed change, as they will be required to pay an increased contribution.</p> <p>Mental Health Short Term Accommodation Based Service with Floating Support and Mental Health Floating Support (Short Term)</p> <p>All clients accessing this service suffer from mental ill health, which means that this group will be disproportionately affected by these proposals. The proposed phased reductions in capacity of these services will result in fewer people being able to access these services. National research suggests that this could</p>

	<p>result in the following:</p> <ul style="list-style-type: none"> • Increased risk of tenancy breakdown, resulting in increased levels of homelessness. • Increased risk of encountering difficulties accessing accommodation (i.e. many housing providers request that people have support in place as a condition of securing a tenancy) • Reduced quality of life and increased social isolation, resulting in health deterioration. • Increased risk of further mental health problems/destabilisation. • Increased risk of suicide • Increased dependence on relatives/carers • Increased risk of offending. <p>All of these risk factors impact on people's ability to live independently, which in turn has an adverse impact on statutory services, with increasing demand for community health/social care interventions, in-patient hospital care, residential care and homelessness services. There is clear evidence of the potential financial impact for statutory services should these proposals be implemented, with £3.36 of savings being achieved for statutory services for every £1 invested in housing related support.</p> <p>The ethos of this service is for clients to receive an outcomes focussed support plan, ending the support when all identified outcomes have been achieved. As few clients have left the service within 9 months (for floating support) and 12 months (for accommodation based), this would indicate that the main impact of reducing the length of the floating element of the service would be that clients would not fully achieve all of their identified support outcomes. These outcomes include (but may not be limited to):</p> <ul style="list-style-type: none"> • Maximised income, including receipt of the correct welfare benefits • Reduced overall debt • Obtained or participated in paid work • Participated in work whilst in receipt of the service • Participated in desired training or education • Achieved or is working towards a qualification • Participated in leisure/cultural/faith and/or informal
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	<p>learning activities</p> <ul style="list-style-type: none"> • Participated in work-like activities • Established contact and maintained contact with external services/groups • Established contact and has maintained contact with friends/family • Better managed physical health • Better managed mental health • Better managed substance misuse issues • Maintained independent living as a result of assistive technology or adaptation • Maintained accommodation and avoided eviction • Supported to secure / obtain settled accommodation • Complied with statutory orders • Better managed self-harm • Avoided causing harm to others • Minimised risk of harm from others • Developed confidence and ability to have greater choice, control and involvement <p>National research has identified that failure to achieve all of the client's identified outcomes can result in clients reaching a crisis and either needing to re-access housing related support or, if their needs have escalated substantially, requiring an intervention from statutory services. Both of these scenarios have a negative impact on the client and also result in an inefficient use of resources.</p> <p>The lack of appropriate housing supply is a known barrier to move on from accommodation based support services across the county. Therefore, reducing the length of stay for the accommodation based services to 12 months may not be achievable for many clients.</p>
Gender (Sex) including men and women, boys and girls	There is no evidence to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Gender reassignment – including impact if any on Transgender people	There is no evidence to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Marriage and civil partnership – also include impacts on lone parents and unmarried couples	There is no evidence to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.

Pregnancy and maternity – including new mothers/ parents	There is no evidence to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Race – including all racial groups, including impact if any on Gypsies and Travellers	There is no evidence to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Religion and belief including non-belief, including religious minority communities, Humanists	There is no evidence to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Sexual orientation – including the impact if any on LGB people	There is no evidence to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.

Non-statutory

Poorer and disadvantaged communities and groups, including people who experience financial exclusion	<p>Mental Health Accommodation Based Long Term Service</p> <p>All of the clients who are in receipt of this service are in receipt of benefits, which indicates that the proposed changes to this service will disproportionately impact on financially disadvantaged people. As the proposed change includes an increased client contribution for the service, this will reduce affected clients disposable income.</p> <p>Mental Health Short Term Accommodation Based Service with Floating Support and Mental Health Floating Support (Short Term)</p> <p>There is an increased prevalence of mental ill health in poorer, disadvantaged communities. This would indicate that people from this group may be disproportionately impacted upon by these proposals. The nature of the impacts would be the same as those identified in the disabilities section above.</p>
Rural communities	There is no evidence to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.

Cumulative Impact

It should be noted that people with mental ill health may potentially experience a cumulative impact as a result of the proposed changes to the Housing Related Support programme and the possibility of other services they receive being subject to change. This is particularly the case for clients who have a dual diagnosis.
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In addition, there may be a cumulative impact as a result of the introduction of changes to the Adult Care eligibility threshold, co-funding and transport policy, which were approved by Cabinet in January 2014. Historically, clients with higher moderate needs who have completed their programme of housing related support but have identified long term needs have received an Adult Care assessment and received a personal budget to meet these long term needs. However, following changes to the eligibility criteria to access mainstream care it is possible that many of these clients will no longer be eligible to access care.

Impact on employees of Derbyshire County Council or prospective employees

No Derbyshire County Council employees will be directly affected by these proposals at this stage.

- b. From existing customer and other feedback – who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?

Protected Group	Findings
Age	There is no feedback to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Disability	<p>Mental Health Accommodation Based Long Term Service</p> <p>Feedback suggests that people who suffer from mental ill health, with moderate to high levels of need, will be impacted upon by these proposals, due to this being the primary client group of the service. Although these clients should not see any change in the support that they value highly, they will be required to pay an increased client contribution. It has been stressed the important role that this support plays in reducing the need for clients to access residential care.</p> <p>Mental Health Short Term Accommodation Based Service with Floating Support and Mental Health Floating Support (Short Term)</p> <p>The following is a summary of the adverse impacts that have been identified for people with mental ill health, as a result of the proposals, based on feedback:</p> <ul style="list-style-type: none"> • Fewer clients will be able to receive support and there will be increased waiting times for the service. Both of these factors will lead to a detrimental effect on the mental health and wellbeing of clients, which could lead to an increased demand on statutory services. “Some of the more important preventative work may be eroded and longer term problems may arise.”

	<p>(Stakeholder comment) “There is likely to be extensive wait times for clients.” (Provider comment) There will be a likelihood of destabilisation of mental health and....it often results in service users coming into the more acute services as a result.” (Stakeholder comment)</p> <ul style="list-style-type: none"> • The reduced length of stay for accommodation based services will have a detrimental impact on people with mental ill health and may not be achievable due to the lack of available move on accommodation. “People with mental ill health are generally best able to make a recovery when in a stable situation. Stable accommodation is of utmost importance in this and the decrease in length of service will be detrimental to the number of positive outcomes that the service can achieve for the clients.” (Provider comment) “At the point of move on, there are....problems for example, securing alternative suitable accommodation.” • The reduced length of service will lead to clients identified outcomes not being achieved due to insufficient time, particularly when the clients who are accessing the service have moderate to higher levels of need. The Provider does not have the resources to deliver more intensive levels of support to achieve identified outcomes. “With a reduced income, there will be reduced support interventions.” (Provider comment) “Reducing the period of service to 9 months is not realistic. Some of the client group we work with have ongoing tenancy issues which cannot always be resolved or maintained within a shorter term period. Without this ongoing tenancy support, I fear that some service users will be in danger of losing their tenancies, have unmanaged debt problems and develop social isolation.” (Stakeholder comment) • The reduction in the length of the services being delivered is being implemented at a time when changes to the benefit system are impacting on the levels of support being required. For example, applications for Personal Independence Payments have lengthy processing times, often exceeding 9 months.
Gender (Sex)	<p>There is no feedback to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.</p>

Gender reassignment	There is no feedback to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Marriage and civil partnership	There is no feedback to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Pregnancy and maternity	There is no feedback to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Race	There is no feedback to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Religion and belief including non-belief	There is no feedback to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Sexual orientation	There is no feedback to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.

Non-statutory

Poorer and disadvantaged communities	<p>Mental Health Accommodation Based Long Term Service</p> <p>Feedback suggests that people who are from poorer, disadvantaged communities may be disproportionately adversely impacted by these proposals. Clients in receipt of this support are generally in receipt of benefits and the proposed increase in client contribution will result in a decreased level of disposable income, which may have an impact on the client's quality of life.</p> <p>Mental Health Short Term Accommodation Based Service with Floating Support and Mental Health Floating Support (Short Term)</p> <p>Feedback suggests that people who are from poorer and disadvantaged communities will be adversely impacted upon by these proposals, due to increased prevalence of mental ill health in these communities. This impact will be compounded due to the negative impact that changes to the benefits system are having on this group.</p> <p>"Proposals are likely to compound the negative impact of financial hardships resulting from welfare reforms including reduction of Council Tax support, bedroom tax and benefit sanctions." (Stakeholder comment)</p>
Rural	There is no feedback to suggest that any of these proposals will disproportionately have an adverse impact on people in this protected characteristic group.

Employees or prospective employees

Mental Health Accommodation Based Long Term Service

No current or prospective employees of the Provider organisation will be adversely impacted by these proposals.

Mental Health Short Term Accommodation Based Service with Floating Support and Mental Health Floating Support (Short Term)

Current Employees

Some employees have been made redundant already as providers have re-structured in anticipation of these changes. Current employees may be at risk of redundancy, re-deployment or reductions to their contracted hours. It should be noted that some good quality support workers have chosen to leave and obtained alternative employment in anticipation of the proposed changes.

Prospective Employees

The proposals have the potential to reduce employment opportunities in the housing related support sector in Derbyshire. This could have a negative impact on the Derbyshire economy in the short and medium term. It would take time to re-establish services in the future due to the loss of appropriately trained staff.

- c. Are there any **other** groups of people who may experience an adverse impact because of the proposals?

Mental Health Accommodation Based Long Term Service

None identified.

Mental Health Short Term Accommodation Based Service with Floating Support and Mental Health Floating Support (Short Term)

Carers

If people who suffer from mental ill health are unable to access the service or clients who have accessed the service do not successfully achieve the identified outcomes within the service timescale, then this could result in additional pressure being placed on carers/relatives who may be required to fill the gap and provide additional support.

- d. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
No data is held around future projections of demand for services affected.	Monitor impact, including levels of unmet demand, through the monitoring processes for services going forward.

5. From the consultation you have carried out specifically in relation to proposed changes, what views or issues have been raised by those who have responded? (Include both their views and any issues they have raised which alludes to the likely impact)

a) Please summarise the consultation which has been carried out

Formal consultation on all of these proposed changes took place between 5th January 2015 and 20th March 2015. The consultation used a mixed method approach, with both quantitative and qualitative methods being utilised to gather views about the proposed changes. Information packs were sent out to clients in receipt of all services where there are proposed changes. The providers of these services, as well as local statutory organisations and voluntary sector groups, were also sent copies of the leaflets and invited to comment.

Adult Care recognised that the complexity of these proposals might result in some clients needing assistance in either understanding the proposals or formulating a response. A helpline was set up and staffed by Call Derbyshire to deal with queries, with members of the Adult Care Stakeholder Engagement and Consultation Team available to handle more complex questions.

In addition to existing clients, the consultation had to be made available to those who may have a legitimate expectation of accessing the affected services. Therefore, the consultation was publicised widely through local media and all of the documentation was made available on the Council's website.

During the course of the consultation, the following meetings were attended by the Stakeholder Engagement and Consultation Team as a further means of gathering feedback:

- 1 meeting with residents and staff at the Mental Health Accommodation Based Long Term Service.
- 1 meeting with clients who had benefitted from the Mental Health Short Term Accommodation Based Service with Floating Support
- 1 meeting with clients, staff and a carer from the Mental Health Floating Support

A full summary of the consultation process is set out in the Consultation Report, which is provided as an appendix to the Cabinet Report, "Outcome of Consultation on Proposed Changes to the Housing Related Support Programme".

b) Please summarise the feedback received. This should make clear where those who have responded have highlighted any potential adverse impact as well as their opinions on the proposals.

Mental Health Accommodation Based Long Term Service

Overall, clients understood the proposed changes, including the increased client contribution. They understood that the level and quality of the service that they receive will remain unchanged. The service is clearly valued by the clients,

improving their quality of life.

Mental Health Short Term Accommodation Based Service with Floating Support

The majority of respondents disagreed with the proposal to reduce the number of people supported by this service. It was felt that this proposal would result in vulnerable people being left in an even more isolated and dangerous place, which might have further cost implications on other services.

The majority of respondents disagreed with the proposal to reduce the length of the service to 9 months. It was suggested that limiting the number of hours of support received, rather than the length of time support is received, should be explored.

Mental Health Floating Support (Short Term)

The majority of respondents disagreed with the proposal to reduce the number of people supported by this service. Clients valued the support that they received, which in their view reduces isolation, and they felt it was most cost efficient to provide support as a preventative measure to try to prevent re-admission to hospital.

The majority of respondents disagreed with the proposal to reduce the length of the service to 9 months, with many clients stating that the current 2 years was not long enough.

A full summary of the consultation feedback is set out in the Consultation Report, which is provided as an appendix to the Cabinet Report, "Outcome of Consultation on Proposed Changes to the Housing Related Support Programme".

6. Are there any ways of avoiding or reducing likely possible adverse impact on any groups of people, what are those actions, and how will they assist?

Mental Health Accommodation Based Long Term Service

None identified as the Provider routinely supports all clients to access benefits to maximise their income, which will help to ensure that they are able to afford the increased client contribution. Throughout the negotiation process with the Provider, the aim has been to minimise the impact on clients in terms of the support that they receive.

Mental Health Short Term Accommodation Based Service with Floating Support and Mental Health Floating Support (Short Term)

Public Health Funding

Public Health funding has been obtained, which will mitigate the impact in the short term in relation to reduced availability of service, through delaying when the reductions in service capacity will be implemented. However, in the longer term, the identified impacts will occur at the point when the changes are implemented. This funding will not have any mitigating effect against the impacts occurring due to

the change in the length of service, as this change will be implemented as proposed.

Signposting Clients to Alternative Services

We will work with providers of the service to ensure that wherever possible clients leaving the service or unable to access the service are signposted on to other services in the community e.g. self-help groups, other service (i.e. Derventio, Rethink). However, this offer may not be consistent across the county and there is a risk that reductions to other funding for voluntary sector groups may limit availability of the services going forward.

Offer Adult Care Assessment

Adult Care could offer affected clients an Adult Care assessment. This would enable those who meet eligibility criteria to receive an appropriate care package that would meet any identified eligible social care needs, along with professional support delivered by Social Workers.

Intensive Housing Management

Affected providers could apply for funding through Housing Benefit to deliver Intensive Housing Management activities. This would enable housing management services to be provided at a more intensive level for clients who require long term support than those that a standard general needs tenancy would include. It should be noted that this funding will only cover specific housing management activities and cannot replace housing related support.

It should be noted that none of these measures will provide a like for like replacement of the current service being delivered to clients. These will simply work to reduce the impact of the proposals.

7. Main conclusions and Recommendations

CONCLUSIONS

Based on the analysis the following is believed to be of importance and should be noted by decision-makers prior to making any decisions:

Mental Health Accommodation Based Long Term Service

Although the clients would still receive the support that they require from the service, there will be a financial impact on the clients which could have a negative impact on their quality of life through a reduced level of disposable income.

Mental Health Short Term Accommodation Based Service with Floating Support and Mental Health Floating Support (Short Term)

The proposed reduction of funding for these services will have the following impacts:

- Increased risk of tenancy breakdown, resulting in increased levels of

homelessness.

- People with mental ill health encountering more difficulties accessing accommodation (i.e. many housing providers request people have support in place as a condition of securing tenancy).
- Reduced quality of life and increased social isolation resulting in health deterioration.
- Increased risk of further mental health problems/destabilisation.
- Increased risk of suicide.
- Increased risk of offending.
- Increased demand for statutory services including community health/social care interventions, inpatient hospital care and residential care.
- Increased waiting times for services.
- The burden on un-paid carers will be increased.
- People with a dual diagnosis and those assessed as not eligible to receive Adult Care services are at risk of suffering cumulative impacts.
- Employees of providers will be impacted.
- Reduction in employment opportunities in the housing related support sector will impact on the Derbyshire economy.

RECOMMENDATIONS (if any)

It is recommended that:

- Cabinet consider the identified adverse impacts that these proposals will have on people with mental ill health across the county as part of the decision making process.
- The information contained within this EIA informs the EIAs relating to the proposed changes to other Housing Related Support Services to ensure that all potential cumulative impact is identified.
- The identified measures to reduce the impact of the proposals are implemented.

8. Action planning in response to the completed analysis

Objective	Planned action	Who	When	How will this be monitored?
The following actions relate to all Mental Ill Health Services				
Identified impacts are taken into consideration as part of decision making process.	EIA is attached as an appendix to Cabinet Paper and is circulated to Adult care Senior management and Elected Members.	Julie Vollar	July 2015	EIA included in Cabinet Paper.
Monitor the impact of the proposals, should they be approved.	Work with partner agencies to monitor the impact	Ram Paul/ Commissioning Group for Accommodation and Support	July 2015 – April 2017	Quarterly monitoring reports.
Ensure that, where appropriate, clients and carers are offered a Care Assessment	Work with providers to identify individuals and make referrals to Adult Care Fieldwork teams for an assessment	Provider(s) AC Fieldwork Derbyshire Accommodation and Support Team (DAST)	August 2015 – March 2016	Contract management meetings DAST
Clients are supported to maximise their income through welfare benefit checks	Work with providers to monitor progress	Providers	August 2015 – March 2016	Contract management meetings DAST
Clients no longer in receipt of HRS service are supported to access the AC Universal Offer.	Clients are signposted to alternative services, such as voluntary and community sector	Providers Adult Care Prevention Team	Respond to individual clients as and when required	Monitoring of Universal Offer

	provision.			
The most vulnerable clients receive a service.	Providers implement a clear prioritisation criteria based on risk.	Providers DAST	November 2015	Contract management meetings DAST
Work with service providers to consider remodelling the service to limit the number of support hours provided rather than reduce the length of stay in service	To meet with all Mental Health service providers and the Accommodation Support Team Officers	Mental Health service providers /Ram Paul	July 2015 – April 2017	Contract monitoring process.
The following actions relate to Mental Ill Health Short Term Accommodation Based Service with Floating Support				
Providers of accommodation based services receive increased alternative income	Apply for Housing benefit funding for Intensive Housing Management activities.	Providers	Respond to individual clients as and when required	Contract management meetings DAST
Utilise in-year savings to re-model the service provided	Agree start date with Provider for re-modelled service including mobile resource and community hubs.	Provider DAST	August 2015 – March 2017	Contract management meetings DAST
Provide additional support using mobile resource.	Agree start date with Provider for re-modelled service including	Provider DAST	August 2015 – March 2017	Contract management meetings DAST

	mobile resource and community hubs.			
Establish 6 community hubs to facilitate drop-in sessions	Agree start date with Provider for re-modelled service including mobile resource and community hubs.	Provider DAST	August 2015 – March 2017	Contract management meetings DAST
The following actions relate to Mental Ill Health Short Term Floating Support				
Re-model the service provided	Agree start date with Provider for re-modelled service including mobile resource and community hubs.	Provider DAST	August 2015 – March 2017	Contract management meetings DAST

9. Monitoring and review arrangements

Please outline what steps will be taken to monitor and review the implementation of proposals if they are agreed here:

The implementation of these will be monitored through the contract management processes undertaken by the Derbyshire Accommodation and Support Team.

10. Confirmation that equality impact analysis (EIA) completed and read

Name of officer signing off EIA as completed: Julie Vollar

Date:

This Equality Impact Analysis has been read by:

Name	Date	Position

Where and when published e.g. with Cabinet Report, on DCC website

This Equalities Impact Analysis will be published, along with the Cabinet Report detailing the proposals, on the Derbyshire County Council website.

Decision-making processes

Attached to report (title): Outcome of Consultation on Proposed Changes to the Housing Related Support Programme

Date of report: July 2015

Author of report: Mary McElvaney (Strategic Director – Adult Care)

Audience for report e.g. Cabinet: Cabinet

Web location of report:

http://www.derbyshire.gov.uk/council/meetings_decisions/meetings/cabinet/default.asp

Decision in relation to report

Details of follow-up action or links to further EIAs

The follow up actions are detailed in the action plan contained within section 8 of the EIA.

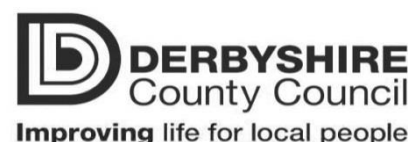
This EIA links to all of the EIAs produced in relation to proposed changes to the Housing Related Support Programme.

Updated by:

Date:

HRS v 0.14

Appendix 2



Derbyshire County Council

Equality Impact Analysis Record

Form 2014

Department	Adult Care
Service Area	Housing Related Support
Changes or proposals	Phase 2 : People with a Learning Disability
Chair of Analysis Team	Ram Paul
Date of Analysis	April 2015
Version	Final Draft

1. Prioritising what is being analysed

a. Description of current service arrangements

The Housing Related Support (HRS) budget currently funds a floating support service (short term) and services for people with a learning disability placed within a family type environment. These services support people with a learning disability, who have identified HRS needs, to live independently in their own homes. These services are subject to change as part of Phase 2 proposals to the Housing Related Support Programme and descriptions of each of these services follows.

Floating Support Service (Short Term)

Provides support for up to 2 years. In addition to supporting clients to live independently, clients seeking single tenancies are supported to access appropriate accommodation. This service is currently delivered by Nottingham Community Housing Association and supports up to 66 clients at any time.

People with a Learning Disability Placed within a Family Type Environment

These services provide informal HRS in an ordinary domestic setting, sharing the daily life of their carer and their family. Details of these services can be found in the following table.

Provider	Service Name	Max Capacity	Primary Client Group
Mr & Mrs A	Mr & Mrs A	1	Learning Disabilities
Mrs B	Mrs B	1	Learning Disabilities
The Briars R Y C	The Briars Res Youth Service	1	Learning Disabilities

The Housing Related Support budget also funds the following services that support people with a learning disability:

- Floating Support Services (Long Term)
- Supported Living

There are no proposed changes to these services at this time as part of the Phase 2 proposals to the Housing Related Support Programme. However, the supported living services are currently subject to a separate strategic review and if any changes are proposed as a result of this review that impact on the service provision for clients in receipt of HRS only, then these will be subject to a separate Equalities Impact Analysis.

b. Details of proposals or changes

The following proposals that impact on these services are included as part of the Phase 2 proposed changes to the Housing Related Support Programme. Cabinet will make a decision in relation to this in June 2015, following a period of formal consultation.

Floating Support Service (Short Term)

It is proposed to reduce the length of this service from 2 years to 9 months.

People with a Learning Disability Placed within a Family Type Environment

It is proposed that the budget for these services reduces from £21,188 per annum to £10,137 per annum. It is also proposed that where clients in receipt of these services are also receiving an Adult Care funded domiciliary care package, then the HRS funding will cease.

c. Rationale for proposed changes

Due to reductions in funding from Central Government, Adult Care must reduce its expenditure by £45.5m by 2018. It is in this context that it has been identified that expenditure on Housing Related Support cannot be sustained at previous levels and a phased reduction to the Programme has been proposed over a 2 year period from 2014 to 2016.

Housing Related Support provides cost effective, preventative support to a wide range of vulnerable people across Derbyshire. There is a strong evidence base that demonstrates that these services provide a positive return on investment for the Council and other partner agencies, delivering positive outcomes for clients, meeting cross-agenda strategic aims and reducing the potential of more costly interventions. However, the Council does not have a statutory duty to deliver these services. The rationale for determining priorities for future reduced investment in housing related support services is based on retaining services that help the Council to meet its statutory responsibilities and contribute to the Council's corporate and departmental service plans for Adult Care and Public Health, within the available resources.

2. The team carrying out the analysis

Name	Area of expertise/ role
Ram Paul (Chair)	Group Manager, Derbyshire Accommodation and Support Team, Adult Care
Louise Cope	Contracts Manager, Derbyshire Accommodation and Support Team, Adult Care
Deborah Jenkinson	Commissioning Manager (LD), Commissioning, Adult Care
Sue Knowles	Group Manager (Fieldwork), Adult Care
Representatives from the Commissioning Group for Accommodation and Support	Key stakeholders in Derbyshire's Housing Related Support Programme
Representatives from providers of the services affected	Providers of services impacted by proposals
Representatives from Clinical Commissioning Groups across the County	Stakeholders
Representatives from North and South Derbyshire Voluntary Sector Forums	Stakeholders
Helen Greig	Chair, Derbyshire Accommodation and Support Team Provider Forum

3. Existing information and consultation based feedback

a Sources of data and consultation used

Source	Reason for using
Derbyshire Accommodation and Support Team (DAST) Performance Indicator Workbooks	Identify Derbyshire Need and Service Performance

Source	Reason for using
Derbyshire Challenge Consultation Feedback	To identify impact (from client and Provider perspective).
Learning Disability Market Position Statement	Understand needs of people with a Learning Disability and DCC approach
National Census Data	Comparison data.
Information from other Local Authorities	To identify impact of proposed changes.
Feedback from providers	To identify impact of proposed changes.
Research into the Financial Benefits of the Supporting People Programme	To identify the benefits delivered by these services and the potential impacts of the withdrawal of services.
Strategic Review of Housing Related Support Services for People with a Learning Disability	To identify service need and strategic context.
The Impact of the Supporting People Programme on Adults with Learning Disabilities – Joseph Rowntree Foundation	To identify impact of proposed changes.

4. Known impact on different protected characteristic groups

a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?

Protected Group	Findings
Age including children and families, older people	<p>Floating Support Service (Short Term) There is no evidence to suggest that the proposal for this service will disproportionately have an adverse impact on people in this protected characteristic group.</p> <p>People with a Learning Disability Placed within a Family Type Environment It should be noted that there could be a disproportionate impact on older people with a learning disability, as 2 out of the 3 clients who are in receipt of support in this environment are over the age of 55.</p>
Disabled people including mobility, sensory, learning, mental health, HIV, and also include carers and relatives	<p>Floating Support Service (Short Term) All clients accessing this service have a learning disability, which means that this group will be disproportionately affected by these proposals. Up to 66 clients can access this support at any one time; during the first 3 quarters of 2014/15 93 clients received the service, with 16% of clients receiving the service for up to 9 months and 84% receiving the service for over 9 months. The ethos of this service is for clients to receive an outcomes focussed support plan, ending the support</p>

	<p>when all identified outcomes have been achieved. As few clients have left the service within 9 months, this would indicate that the main impact of reducing the length of service would be that clients would not fully achieve all of their identified support outcomes. These outcomes include (but may not be limited to):</p> <ul style="list-style-type: none"> • Maximised income, including receipt of the correct welfare benefits • Reduced overall debt • Obtained or participated in paid work • Participated in work whilst in receipt of the service • Participated in desired training or education • Achieved or is working towards a qualification • Participated in leisure/cultural/faith and/or informal learning activities • Participated in work-like activities • Established contact and maintained contact with external services/groups • Established contact and has maintained contact with friends/family • Better managed physical health • Better managed mental health • Better managed substance misuse issues • Maintained independent living as a result of assistive technology or adaptation • Maintained accommodation and avoided eviction • Supported to secure / obtain settled accommodation • Complied with statutory orders • Better managed self-harm • Avoided causing harm to others • Minimised risk of harm from others • Developed confidence and ability to have greater choice, control and involvement <p>National research has identified that failure to achieve all of the client's identified outcomes can result in clients reaching a crisis and either needing to re-access floating support (effectively being recycled through the service) or, if there needs have escalated substantially, requiring a mainstream care intervention. Both of these scenarios have a negative impact on the client and also result in an inefficient use of resources.</p> <p>National research has also indicated that people with a</p>
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	<p>learning disability will require longer periods of time to achieve support outcomes and gain the skills to remain independent than other client groups in receipt of housing related support.</p> <p>People with a Learning Disability Placed within a Family Type Environment</p> <p>All clients in receipt of these services have a learning disability, which means that this group will be potentially disproportionately affected by these proposals. There are currently 3 clients in receipt of this type of support. There is no data held that identifies the nature of any potential impact that there may be on these clients.</p>
Gender (Sex) including men and women, boys and girls	There is no evidence to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.
Gender reassignment – including impact if any on Transgender people	There is no evidence to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.
Marriage and civil partnership – also include impacts on lone parents and unmarried couples	There is no evidence to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.
Pregnancy and maternity – including new mothers/ parents	There is no evidence to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.
Race – including all racial groups, including impact if any on Gypsies and Travellers	There is no evidence to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.
Religion and belief including non-belief, including religious minority communities, Humanists	There is no evidence to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.
Sexual orientation – including the impact if any on LGB people	There is no evidence to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.

Non-statutory

Poorer and disadvantaged communities and	<p>Floating Support Service (Short Term)</p> <p>Data from the Performance Indicator Workbooks for the first 3 quarters of 2014/15 has indicated that 76% of</p>
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groups, including people who experience financial exclusion	<p>clients who have completed a programme of support had identified maximising income as a support outcome and 43% had identified managing debt as an outcome. This indicates that clients accessing the service may be from a financially disadvantaged group, resulting in a disproportionate impact on people from this group. The nature of the impact would be similar to those detailed in the disabled people section above.</p> <p>People with a Learning Disability Placed within a Family Type Environment</p> <p>There is no evidence to suggest that these proposals will disproportionately have an adverse impact on people in this protected characteristic group.</p>
Rural communities	There is no evidence to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.

Cumulative Impact

<p>It should be noted that people with a learning disability may potentially experience a cumulative impact as a result of all of the proposed changes to the Housing Related Support programme because they could potentially be in receipt of a number of services that are subject to change.</p> <p>In addition, there may be a cumulative impact as a result of the introduction of changes to the Adult Care eligibility threshold, co-funding and transport policy, which were approved by Cabinet in January 2014. Historically, clients with higher moderate needs who have completed their programme of housing related support but have identified long term needs have received an Adult Care assessment and received a personal budget to meet these long term needs. However, following changes to the eligibility criteria to access mainstream care it is possible that many of these clients will no longer be eligible to access care.</p>
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Impact on employees of Derbyshire County Council or prospective employees

No Derbyshire County Council employees will be directly affected by these proposals at this stage.
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- b From existing customer and other feedback – who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?

Protected Group	Findings
Age	There is no feedback to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.

Disability	<p>Floating Support Service (Short Term)</p> <p>Feedback has demonstrated that people with a learning disability require an increased amount of time to engage and gain trust, process information and put learning into practice, resulting in longer periods of time to achieve outcomes. Therefore, a client would be less likely to achieve identified support outcomes, which would effectively be setting clients up to fail from the outset. This could result in a long term detrimental effect in the clients trust and confidence with future support.</p> <p>“It takes time for many people (with LD) to engage, process and focus, therefore I have found that 2 years is about right.” (Stakeholder comment)</p> <p>“People with a learning disability need time to gain trust and process information.....this includes functional time to put the theory into practice.” (Stakeholder comment)</p> <p>“It can sometimes take people with LD longer to engage with others...to learn routines and become confident and competent in tasks. Two years gives enough time to reduce the support towards the end of the intervention and this will increase the rate of success.” (Stakeholder comment)</p> <p>Changes to the benefits system and problems experienced claiming Personal Independence Payments are resulting in support being required for a longer period.</p> <p>“This could add another 6 months to the support package, resulting in a period of 14 months support.” (Provider comment)</p> <p>Access to accommodation is also another issue that results in longer periods of support being required. Due to a lack of appropriate housing supply, the timescale to support clients to access appropriate accommodation can frequently exceed 9 months.</p> <p>People with a Learning Disability Placed within a Family Type Environment</p> <p>Feedback from carers have both stressed that they would not let these proposed budget reductions impact on the support that the clients receive, as financial reward is not their primary motive for providing the support. However, both have stated that reducing financial support to the household could result in a reduced quality of life, as this will impact on what the household can and cannot do.</p> <p>“The proposed changes will not change the way she is cared for and loved.....she lives an ordinary, happy life,</p>

	as part of her family and will continue to do so....cutting financial support for people who have a learning disability in general is having a huge effect on their lives, affecting what they can and cannot do...impacting on the quality and standard of life.” (Provider comment) “It will affect quality of life.” (Provider comment)
Gender (Sex)	There is no feedback to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.
Gender reassignment	There is no feedback to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.
Marriage and civil partnership	There is no feedback to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.
Pregnancy and maternity	There is no feedback to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.
Race	There is no feedback to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.
Religion and belief including non-belief	There is no feedback to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.
Sexual orientation	There is no feedback to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.

Non-statutory

Poorer and disadvantaged communities	<p>Floating Support Service (Short Term) Feedback suggests that people from poorer and disadvantaged communities will be adversely impacted upon as a result of these proposals. The reduction in length of service provision could result in clients not receiving adequate support with benefits applications, therefore their income would not be maximised. In addition, clients from this group may not have the resources to self-fund any additional support that they may require.</p> <p>People with a Learning Disability Placed within a Family Type Environment There is no feedback to suggest that the proposal for this service will disproportionately have an adverse impact on people in this protected characteristic group.</p>
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Rural	There is no feedback to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.
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Employees or prospective employees

Floating Support Service (Short Term)

Employees

This proposal will not have any impact on the employment of the employees who are currently delivering this service. However, it may result in changes being made to the working practices of those delivering the support to meet the required outcomes within a shorter timescale and in job satisfaction as a result of a lack of success/client achievement.

Prospective Employees

The proposals have the potential to reduce employment opportunities in the housing related support sector in Derbyshire. This would potentially have a negative impact on the Derbyshire economy in the short and medium term.

People with a Learning Disability Placed within a Family Type Environment

Due to the nature of these services i.e. support delivered by carers, no employees will be impacted upon as a result of the proposed budget reductions to these services. Details of the potential impacts on carers are contained within section 4c below.

- c Are there any **other** groups of people who may experience an adverse impact because of the proposals?

Floating Support Service (Short Term)

Carers

If clients who have accessed the service do not successfully achieve the identified outcomes within the service timescale, this could result in additional pressure being placed on carers/relatives who may be required to fill the gap and provide additional support.

People with a Learning Disability Placed within a Family Type Environment

Carers

The proposed reduction in the budget for this provision will have a significant financial impact on the carers providing the support. This could potentially affect their quality of life, health and wellbeing.

Clients in Receipt of a Domiciliary Care Package

Clients who are supported in this environment but receive a visiting domiciliary care package funded by Adult Care would be impacted upon as they would no longer be able to receive housing related support funding. Currently, none of the clients are in receipt of visiting domiciliary care packages, so there is no immediate impact.

However, clients will be impacted upon should their needs change and mainstream care and support is required in the future.

d Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
No detailed information held on impact reducing the budget for People with a Learning Disability Placed within a Family Type Environment will have on the client.	Impacts to be monitored through contract management process.
We do not hold detailed information about how the proposed reduction in the length of service for the floating support service would impact on working practices.	Impacts would be discussed as part of any implementation process and monitored as part of the contract management process.

5. From the consultation you have carried out specifically in relation to proposed changes, what views or issues have been raised by those who have responded? (Include both their views and any issues they have raised which alludes to the likely impact)

a Please summarise the consultation which has been carried out

Formal consultation on these proposed changes took place between 5th January 2015 and 20th March 2015. The consultation used a mixed method approach, with both quantitative and qualitative methods being utilised to gather views about the proposed changes. Information packs were sent out to clients in receipt of the Floating Support Service (Short Term). The Provider of the service, as well as local statutory organisations and voluntary sector groups, were also sent copies of the leaflets and invited to comment.

Adult Care recognised that the complexity of these proposals might result in some clients needing assistance in either understanding the proposals or formulating a response. A helpline was set up and staffed by Call Derbyshire to deal with queries, with members of the Adult Care Stakeholder Engagement and Consultation Team available to handle more complex questions.

In addition to existing clients, the consultation had to be made available to those who may have a legitimate expectation of accessing the affected services. Therefore, the consultation was publicised widely through local media and all of the documentation was made available on the Council's website.

During the course of the consultation, 1 meeting was attended by the Stakeholder Engagement and Consultation Team as a further means of gathering feedback. This meeting was specifically attended by recipients of the floating support service delivered by Nottingham Community Housing Association.

A full summary of the consultation process is set out in the Consultation Report, which is provided as an appendix to the Cabinet Report, "Outcome of Consultation on Proposed Changes to the Housing Related Support Programme".

Due to the nature of the services, a one to one approach was adopted when consulting about the proposed budget reductions to the People with a Learning Disability Placed within a Family Type Environment.

- b Please summarise the feedback received. This should make clear where those who have responded have highlighted any potential adverse impact as well as their opinions on the proposals.

Floating Support Service (Short Term)

Overall, the majority of the respondents opposed the proposal to reduce the length of the floating support service from 2 years to 9 months. The overriding rationale for opposing the proposal was nine months was not felt to be a long enough time to support people with these identified issues as the first nine months is often a period of building a relationship and trust before any support work can begin.

People with a Learning Disability Placed within a Family Type Environment

Both respondents were opposed to the proposal, raising similar issues as those previously stated. In addition, both respondents stated that they feel that these proposals de-value the support they provide, which is preventing/delaying those supported from accessing more costly support interventions.

"This action undervalues the commitment that is made to people who have a learning disability by the people who support them, but more so the people who are receiving support. It gives out the message that people are not worth the money." (Provider comment)

"The proposed cuts in this case are to be inflicted on people who have no alternative but to accept them." (Provider comment)

"In respect to reducing the housing related support payment we feel we are being penalised for supporting T and doing a good job." (Provider comment)

A full summary of the consultation feedback is set out in the Consultation Report, which is provided as an appendix to the Cabinet Report, "Outcome of Consultation on Proposed Changes to the Housing Related Support Programme".

6. Are there any ways of avoiding or reducing likely possible adverse impact on any groups of people, what are those actions, and how will they assist?

Floating Support Service (Short Term)

Offer Adult Care Assessment

Adult Care could offer affected clients an Adult Care assessment. This would enable those who meet eligibility criteria to receive an appropriate care package that would meet any identified eligible social care needs.

Signpost Clients on to Alternative Services

Affected clients could be signposted on to other services in their community_e.g. drop-in services, Citizens Advice etc. However, this offer will not provide like for like replacement, may not be consistent across the county, the services may struggle to meet the specific needs of a person with a learning disability and there is a potential for cumulative impact should funding for the voluntary sector be reduced.

People with a Learning Disability Placed within a Family Type Environment

Signpost to Shared Lives

The Shared Lives scheme is a similar model to the housing related support service but focuses on care, rather than housing related support. Carers and those who are being cared for could be signposted to this service to identify if they are eligible. Shared Lives Carers benefit from additional support from a Shared Lives Social Worker, as well as training and opportunities for respite.

Offer Adult Care Assessment

Adult Care could offer affected clients and/or carers an Adult Care assessment. This would enable carers to receive advice and support to meet their needs. For clients who meet eligibility criteria, they could receive an appropriate care package that would meet any identified eligible social care needs should they wish to do so.

7. Main Conclusions and Recommendations

CONCLUSIONS

Floating Support Service (Short Term)

Based on the analysis the following is believed to be of importance and should be noted by decision-makers:

The proposed reduction in the length of the Short Term Floating Support service from 2 years to 9 months may have the following impacts:

- Clients with a learning disability may not fully achieve all of their identified support outcomes. This could result in clients:
 - not being able to maximise their income. This could result in financially disadvantaged clients being unable to self-fund required support.

- being less likely to access appropriate accommodation
- being at an increased risk of requiring crisis intervention, resulting in increased demand for mainstream care services or re-referral into the floating support service and create a “revolving door” culture within the service.
- Carers of people with a learning disability may be required to provide additional support as a result of the client not achieving all of their identified outcomes.

People with a Learning Disability Placed within a Family Type Environment

Based on the analysis the following is believed to be of importance and should be noted by decision-makers:

- Although the clients would still receive the support that they require from the family setting, the financial impact on the household could have a negative impact on the quality of life of both the client and the carer.

RECOMMENDATIONS (if any)

Floating Support Service (Short Term)

It is recommended that:

- As the current contract for the Floating Support Service (Short Term) is due to end on 31st May 2016, then the proposed change to the length of service is not implemented. The information contained within this EIA will be used to feed into the re-commissioning of this service to ensure that the new service offers value for money and adequately meets the specialist needs of clients with a learning disability.

People with a Learning Disability Placed within a Family Type Environment

It is recommended that:

- Cabinet consider the identified adverse impacts that this proposal will have on people with a learning disability and their carers as part of the decision making process.
- The information contained within this EIA informs the EIAs relating to the proposed changes to other Housing Related Support services to ensure that potential cumulative impact is identified.
- The identified measures to reduce the impact of the proposals are implemented.

8. Action planning in response to the completed analysis

Objective	Planned action	Who	When	How will this be monitored?
Identified impacts are taken into consideration as part of decision making process.	EIA is attached as an appendix to Cabinet Paper and is circulated to Adult care Senior management and Elected Members.	Julie Vollor	July 2015	EIA included in Cabinet Paper.
Information contained within this EIA is used to inform re-modelled short term floating support service.	re-modelled short term floating support service.	Provider/Ram Paul	November 2015	Service Specification for re-modelled service.
Ensure that, where appropriate, People with a Learning Disability Placed within a Family Type Environment and their carers are offered a Care Assessment	Work with Families to make referrals to Adult Care Fieldwork teams for an assessment	Family AC Fieldwork	August 2015 – March 2016	Derbyshire Accommodation and Support Team (DAST)
Ensure that, where appropriate, People with a Learning Disability Placed within a Family Type Environment – Shared Lives	Work with Families to make referrals to Adult Care Shared Lives for an assessment	Family AC Shared Lives	August 2015 – March 2016	DAST

Monitor the impact of reduced funding for People with a Learning Disability Placed within a Family Type Environment, should the proposals be approved.	Work with Families	Work with Families /Ram Paul	From date when funding reduction implemented, for a period of 1 year	Contract management process.
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9. Monitoring and review arrangements

Please outline what steps will be taken to monitor and review the implementation of proposals if they are agreed here:

The implementation of the proposed reduction to the housing related support budget for People with a Learning Disability Placed within a Family Type Environment will be monitored through the contract management processes undertaken by the Derbyshire Accommodation and Support Team.

10. Confirmation that equality impact analysis (EIA) completed and read

Name of officer signing off EIA as completed: Julie Vollar

Date:

This Equality Impact Analysis has been read by:

Name	Date	Position

Where and when published e.g. with Cabinet Report, on DCC website

This Equalities Impact Analysis will be published, along with the Cabinet Report detailing the proposals, on the Derbyshire County Council website.

Decision-making processes

Attached to report (title): Outcome of Consultation on Proposed Changes to the Housing Related Support Programme

Date of report: July 2015

Author of report: Mary McElvaney (Strategic Director – Adult Care)

Audience for report e.g. Cabinet: Cabinet

Web location of report:

http://www.derbyshire.gov.uk/council/meetings_decisions/meetings/cabinet/default.asp

Decision in relation to report

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Details of follow-up action or links to further EIAs

The follow up actions are detailed in the action plan contained within section 8 of the EIA.

This EIA links to all of the EIAs produced in relation to proposed changes to the Housing Related Support Programme.

Updated by:

Date:

Derbyshire County Council

Equality Impact Analysis Record Form 2014



Department	Adult Care
Service Area	Housing Related Support
Changes or proposals	Phase 2: Young People
Chair of Analysis Team	Ram Paul
Date of Analysis	April 2015
Version	Final Draft

1. Prioritising what is being analysed

a. Description of current service arrangements

The Young People's Housing Related Support Service supports young people (aged between 18 and 24) who are homeless or at risk of homelessness, often with additional complex needs such as mental ill health or drug problems. The service aims to prevent homelessness, promote independence and ensure that clients can sustain their own accommodation into the future. The service is delivered by the Safe consortium, led by Framework, and can support up to 294 clients at any one time.

b. Details of proposals or changes

The original proposal was to reduce the budget for this service from £1,031,367 to £172,182 per annum from 1st April 2015. As a result of engagement with the Provider, the proposal was revised to re-model the service with immediate effect and make in-year savings during 2014/15 of £178,000. This saving would then be re-invested in the service during 2015/16 to continue the service to 31st March 2016. This re-modelled service would have a reduced capacity of 48 accommodation based units and 100 floating support units. Additional funding has since been secured from Public Health which will delay the implementation of these proposals by 1 year.

c. Rationale for proposed changes

Due to reductions in funding from Central Government, Adult Care must reduce its expenditure by £45.5m by 2018. It is in this context that it has been identified that expenditure on Housing Related Support cannot be sustained at previous levels and a phased reduction to the Programme has been proposed over a 2 year period from 2014 to 2016.

Housing Related Support provides cost effective, preventative support to a wide range of vulnerable people across Derbyshire. There is a strong evidence base that demonstrates that these services provide a return on investment for the Council and other partner agencies, delivering positive outcomes for clients, meeting cross-agenda strategic aims and reducing the potential of more costly interventions. However, the Council does not have a statutory duty to deliver these services. The rationale for determining priorities for future reduced investment in housing related support services is based on retaining services that help the Council to meet its statutory responsibilities and contribute to the Council's corporate and departmental service plans for Adult Care and Public Health, within the available resources.

2. The team carrying out the analysis

Name	Area of expertise/ role
Ram Paul (Chair)	Group Manager, Derbyshire Accommodation and Support Team, Adult Care
Karen Nicholson	Contracts Manager, Derbyshire Accommodation and Support Team, Adult Care
Louise Cope	Contracts Manager, Derbyshire Accommodation and Support Team, Adult Care
Susanna Williams	Commissioning Manager, Children and Younger Adults
Representatives from the Commissioning Group for Accommodation and Support	Key stakeholders in Derbyshire's Housing Related Support Programme
Representatives from providers of the services affected	Providers of services impacted by proposals
Representatives from Clinical Commissioning Groups across the County	Stakeholders
Representatives from North and South Derbyshire Voluntary Sector Forums	Stakeholders
Helen Greig	Chair, Derbyshire Accommodation and Support Team Provider Forum

3. Existing information and consultation based feedback

a Sources of data and consultation used

Source	Reason for using
Derbyshire Accommodation and Support Team (DAST) Performance Indicator Workbooks	Identify Derbyshire Need and Service Performance
Derbyshire Challenge Consultation Feedback	To identify impact (from client and Provider perspective).
National Census Data	Comparison data.
Information from other Local Authorities	To identify impact of proposed changes.
Feedback from providers	To identify impact of proposed changes.
Feedback from Stakeholders, as identified by providers	To identify impact of proposed changes.
Research into the Financial Benefits of the Supporting People Programme	To identify the benefits delivered by these services and the potential impacts of the withdrawal of services.
Safe Investing in our Future Service Review 2014	To identify the benefits delivered by these services and the potential impacts of the withdrawal of services.
Data submitted by Stakeholders	To identify impact of proposed changes.

4. Known impact on different protected characteristic groups

a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?

Protected Group	Findings
Age including children and families, older people	<p>This service is targeted at clients aged between 18 and 24, which means that young people will be disproportionately affected by these proposals. The proposed phased reductions in contract capacity will result in fewer young people being able to access this service. National research suggests that this could result in the following:</p> <ul style="list-style-type: none"> • Increased risk of tenancy breakdown, resulting in increased levels of homelessness. • Increased risk of encountering difficulties accessing accommodation (i.e. many housing providers request that people have support in place as a condition of securing a tenancy). • Reduced supply of supported accommodation, which may result in increased levels of homelessness. • Reduced quality of life.

	<ul style="list-style-type: none"> • Reduced likelihood of accessing education, training or employment. • Increased risk of mental ill health. • Increased risk of sexual exploitation. • Increased risk of offending. • Increased pressure on already strained relationships with families. <p>All of these risk factors impact on young people's ability to live independently, which in turn has an adverse impact on statutory services, with increasing demand for social care interventions, health services, criminal justice and homelessness services. There is clear evidence of the potential financial impact for statutory services should these proposals be implemented, with £3.36 of savings being achieved for statutory services for every £1 invested in housing related support.</p>
Disabled people including mobility, sensory, learning, mental health, HIV, and also include carers and relatives	<p>15% of clients accessing this service during 2013/14 had a disability, which would indicate that these proposals will disproportionately affect people with a disability. This includes 10% of clients with mental ill health and 6% of clients who have a learning disability.</p> <p>The nature of the potential impacts that will be experienced by this group are the same as those previously stated for young people.</p>
Gender (Sex) including men and women, boys and girls	There is no evidence to suggest that these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Gender reassignment – including impact if any on Transgender people	There is no evidence to suggest that these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Marriage and civil partnership – also include impacts on lone parents and unmarried couples	There is no evidence to suggest that these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Pregnancy and maternity – including new mothers/ parents	<p>10% of clients accessing this service during 2013/14 were teenage parents, which would indicate that these proposals will disproportionately affect this group.</p> <p>The nature of the potential impacts that will be experienced by this group are similar as those previously stated for young people.</p>

Race – including all racial groups, including impact if any on Gypsies and Travellers	There is no evidence to suggest that these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Religion and belief including non-belief, including religious minority communities, Humanists	There is no evidence to suggest that these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Sexual orientation – including the impact if any on LGB people	There is no evidence to suggest that these proposals will disproportionately have an adverse impact on people in this protected characteristic group.

Non-statutory

Poorer and disadvantaged communities and groups, including people who experience financial exclusion	Many clients accessing this service are from areas of high deprivation. This would indicate that people from this group may be disproportionately impacted upon by these proposals. The nature of the impacts would be similar to those identified in the young people's section above.
Rural communities	There is no evidence to suggest that these proposals will disproportionately have an adverse impact on people in this protected characteristic group.

Cumulative Impact

<p>It should be noted that young people may potentially experience a cumulative impact as a result of the proposed changes to the Housing Related Support programme and the possibility of other services they receive being subject to change.</p> <p>In addition, there may be a cumulative impact as a result of the introduction of changes to the Adult Care eligibility threshold, co-funding and transport policy, which were approved by Cabinet in January 2014.</p>

Impact on employees of Derbyshire County Council or prospective employees

No Derbyshire County Council employees will be directly affected by these proposals at this stage.
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- b From existing customer and other feedback – who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?

Protected Group	Findings
Age	<p>The following is a summary of the adverse impacts that have been identified for young people, as a result of the proposals, based on feedback.</p> <ul style="list-style-type: none"> <p>Fewer young people will be able to access this service and this will result in an increased likelihood of tenancy breakdown.</p> <p>“Likelihood of increased failure rate of failed tenancies amongst a cohort of young people who don’t have much family support, experience or know how.” (Provider comment)</p> <p>“Tenants within this age group (18-24) have a very significantly higher tenancy failure rate.” (Stakeholder comment)</p> <p>The increased levels of tenancy breakdown and reduction in the supply of supported accommodation will result in increased levels of homelessness, placing additional pressure on statutory services.</p> <p>“Increased pressure on other services, such as local authority housing, due to increase in failed tenancies/homelessness.” (Provider comment)</p> <p>“Less available accommodation spaces will likely lead to more young people becoming homeless or sofa surfing” (Provider comment)</p> <p>“Young people are particularly at risk of homelessness... This risk is mitigated by housing related support.” (Stakeholder comment)</p> <p>The loss of support will have a number of detrimental impacts on young people, including reduced quality of life, reduced likelihood of accessing education, training and employment, increased risk of mental ill health, increased risk of offending, increased risk of being a victim of sexual exploitation and increased risk of domestic abuse. All of which place additional pressure on statutory services.</p> <p>“Young people will be missing out on the support we give them to achieve and reach their potential either in work, training or volunteer opportunities.” (Provider comment)</p> <p>“Offending behaviour will likely increase due to the increase in vulnerable young people on the street.” (Provider comment)</p> <p>“The client group that we support are particularly at risk of sexual exploitation and without the support of our services this will be increased.” (Provider comment)</p>

	<p>“All young people who find themselves homeless because of reduction in support in maintaining their tenancies will have an increased risk of participation in crime, have poorer health outcomes, increased worklessness and higher rates of unplanned pregnancies and domestic violence.” (Stakeholder comment)</p> <p>“I believe the withdrawal of a support service to young people living independently will make them much more vulnerable to isolation, exploitation, risk of homelessness and significant financial risk.” (Stakeholder comment)</p> <p>“Link to this is an increase in anti-social and criminal behaviour, an increased risk of domestic abuse and harm and substance misuse.” (Stakeholder comment)</p>
Disability	<p>Feedback suggests that people with a disability will be adversely impacted upon by these proposals, with many current clients being supported due to additional needs as a result of their disability.</p> <p>“People with minor Learning Disabilities are not given the help they need with advocacy, reading and writing and understanding.” (Provider comment)</p> <p>People can be poorly treated in relation to behavioural disabilities....there is an increased need for advocacy in order to sustain tenancies.” (Provider comment)</p>
Gender (Sex)	There is no feedback to suggest that these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Gender reassignment	There is no feedback to suggest that these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Marriage and civil partnership	There is no feedback to suggest that these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Pregnancy and maternity	<p>Feedback suggests that teenage parents will be adversely impacted upon by these proposals, with many teenage parents currently being supported.</p> <p>“Lack of support at a particularly vulnerable time will increase chances of the young people who are pregnant not seeking health care and support they need in order to give the baby the best possible start.” (Provider comment)</p>
Race	There is some feedback to suggest that these proposals may adversely impact on members of the Polish community. The current service has actively engaged with the Polish community and has raised concerns that

	these proposals could lead to increased homelessness in this community.
Religion and belief including non-belief	There is no feedback to suggest that these proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Sexual orientation	There is no feedback to suggest that these proposals will disproportionately have an adverse impact on people in this protected characteristic group.

Non-statutory

Poorer and disadvantaged communities	<p>Feedback suggests that people who are from poorer and disadvantaged communities will be adversely impacted upon by these proposals, due to concentrated work being undertaken by the current service in areas of high deprivation. This impact will be compounded due to the negative impact that changes to the benefits system are having on this group.</p> <p>“The service currently works in areas of high deprivation, removing these services from these areas will lead to increasing levels of deprivation and remove the valuable support provided to try and give equal opportunities to these communities”. (Provider comment)</p> <p>“Changes due to welfare reforms have had a particular impact on our service group, sanctions, universal credit implications have all lead to heightened financial hardship and a negative impact on our young people’s health and wellbeing. Housing related support is a keystone to negotiating with this complex area of need” (Provider comment)</p>
Rural	<p>Feedback suggests that people from rural communities may be adversely impacted by these proposals due to the lack of housing supply and alternative services available in these areas.</p> <p>“There is already a lack of specialist services in rural locations, removing our services will considerably isolate young people.” (Provider comment)</p>

Employees or prospective employees

Current Employees

28 employees may be impacted upon as a result of these proposals. Employees may be at risk of redundancy, re-deployment or reductions to their contracted hours. In addition the uncertainty around the future of the service has impacted on staff morale and increased anxiety. It is more difficult to retain skilled staff who may seek alternative employment

Prospective Employees

The proposals have the potential to reduce employment opportunities in the housing related support sector in Derbyshire. This could potentially have a negative impact on the Derbyshire economy in the short and medium term. It would take time to re-establish services due to the loss of appropriately trained staff.

- c Are there any **other** groups of people who may experience an adverse impact because of the proposals?

Care Leavers

Young people who are leaving care frequently access this service, which will result in this group experiencing an adverse impact as a result of these proposals. The nature of the impacts will be similar to those stated earlier.

“Young people leaving are particularly at risk of losing their homes and are in need of support to reduce this risk. Failure to maintain their tenancies will make them more at risk of cyclical homelessness, poor parenting when they have children themselves, and low levels of economic activity.” (Stakeholder comment)

Ex-Offenders

Ex-offenders or people at risk of offending currently access this service and may experience an adverse impact as a result of these proposals. The nature of the impact sustained will be similar to those stated in previous sections.

Drug and Alcohol Problems

People who misuse substances currently access this service and may experience an adverse impact as a result of these proposals. The nature of the impact sustained will be similar to those stated in previous sections.

“Young people who are involved in drug and alcohol misuse will have particular difficulties in accessing services due to reduced motivation and chaotic lifestyles. They are more at risk of homelessness and difficulty in accessing accommodation due to chaotic lifestyles, anti-social behaviour, lack of motivation, unemployment and education, use of limited income for drugs and/or alcohol. With no stable accommodation and a continued involvement in misuse of drugs and/or alcohol, there is a destructive cycle of lack of access to further accommodation, association with people under similar circumstances, higher risks of sexual and other exploitation, involvement in violence (as victims and perpetrators), criminality, employability, lack of education, mental and physical ill health and serial homelessness. Specialist support reduces the impact on individuals and communities.” (Stakeholder comment)

Families

If young people are unable to access the service then this could result in additional pressure being placed on families. In many cases this is set against a backdrop of already strained relationships between the young person and their family.

d Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

No gaps in data identified.

5. From the consultation you have carried out specifically in relation to proposed changes, what views or issues have been raised by those who have responded? (Include both their views and any issues they have raised which alludes to the likely impact)

a Please summarise the consultation which has been carried out

Formal consultation on these proposed changes took place between 5th January 2015 and 20th March 2015. The consultation used a mixed method approach, with both quantitative and qualitative methods being utilised to gather views about the proposed changes. Information packs were sent out to clients in receipt of the service. The providers of this service, as well as local statutory organisations and voluntary sector groups, were also sent copies of the leaflets and invited to comment.

Adult Care recognised that the complexity of these proposals might result in some clients needing assistance in either understanding the proposals or formulating a response. A helpline was set up and staffed by Call Derbyshire to deal with queries, with members of the Adult Care Stakeholder Engagement and Consultation Team available to handle more complex questions.

In addition to existing clients, the consultation had to be made available to those who may have a legitimate expectation of accessing the affected services. Therefore, the consultation was publicised widely through local media and all of the documentation was made available on the Council's website.

During the course of the consultation, 1 meeting was attended by the Stakeholder Engagement and Consultation Team as a further means of gathering feedback. This meeting was attended by recipients of the service.

A full summary of the consultation process is set out in the Consultation Report, which is provided as an appendix to the Cabinet Report, "Outcome of Consultation on Proposed Changes to the Housing Related Support Programme".

b Please summarise the feedback received. This should make clear where those who have responded have highlighted any potential adverse impact as well as their opinions on the proposals.

All respondents opposed the proposal to reduce the budget for the young people's housing related support service. It was felt that the reduction in the number of clients receiving a service would leave many young people in a vulnerable situation where a minor issue could escalate to a more serious difficulty, resulting in the young person falling through the net.

A full summary of the consultation feedback is set out in the Consultation Report, which is provided as an appendix to the Cabinet Report, "Outcome of Consultation on Proposed Changes to the Housing Related Support Programme".

6. Are there any ways of avoiding or reducing likely possible adverse impact on any groups of people, what are those actions, and how will they assist?

Public Health Funding

Public Health funding has been obtained, which will mitigate the impact in the short term, by delaying when the reductions in service capacity will be implemented. However, in the longer term, the identified impacts will occur at the point when the changes are implemented.

Signposting Clients to Alternative Services

We will work with providers of the service to ensure that wherever possible clients leaving the service or unable to access the service are signposted on to other services in the community e.g. Derventio. However, this offer may not be consistent across the county and there is a risk that reductions to other funding for voluntary sector groups may limit availability of the services going forward.

Utilisation of Ambition Services

Utilisation of Ambition East Midlands <http://www.p3charity.org/ambition-east-midlands> and Ambition North Derbyshire <http://www.ne-derbyshire.gov.uk/about-north-east-derbyshire/news-homepage/bulletins/news-archive/ambition-scheme-set-to-help-young-people/> projects which are recent externally funded schemes to mitigate a reduction in HRS support units.

Intensive Housing Management

Affected providers could apply for funding through Housing Benefit to deliver Intensive Housing Management activities. This would enable housing management services to be provided at a more intensive level for clients who require long term support than those that a standard general needs tenancy would include. It should be noted that this funding will only cover specific housing management activities and cannot replace housing related support.

It should be noted that none of these measures will provide a like for like replacement of the current service being delivered to clients. These will simply work to partially reduce the impact of the proposals.

7. Main conclusions and Recommendations

CONCLUSIONS

Based on the analysis the following is believed to be of importance and should be noted by decision-makers:

The proposed reduction of funding for these services will have the following impacts:

- Increased risk of tenancy breakdown, resulting in increased levels of homelessness.
- Increased risk of encountering difficulties accessing accommodation (i.e. many housing providers request that people have support in place as a condition of securing a tenancy).
- Reduced supply of supported accommodation, which may result in increased levels of homelessness.
- Reduced quality of life of young people.
- Reduced likelihood of accessing education, training or employment.
- Increased risk of mental ill health.
- Increased risk of sexual exploitation.
- Increased risk of offending.
- Increased pressure on already strained relationships with families.
- Employees of providers will be impacted.
- Reduction in employment opportunities in the housing related support sector will impact on the Derbyshire economy.

RECOMMENDATIONS (if any)

It is recommended that:

- Cabinet consider the identified adverse impacts that this proposal will have on young people across the county as part of the decision making process.
- The information contained within this EIA informs the EIAs relating to the proposed changes to other Housing Related Support Services to ensure that all potential cumulative impact is identified.
- The identified measures to reduce the impact of the proposals are implemented.

8. Action planning in response to the completed analysis

Objective	Planned action	Who	When	How will this be monitored?
Identified impacts are taken into consideration as part of decision making process.	EIA is attached as an appendix to Cabinet Paper and is circulated to Adult care Senior management and Elected Members.	Julie Vollar	July 2015	EIA included in Cabinet Paper.
Monitor the impact of the proposals, should they be approved.	Work with partner agencies to monitor the impact	Ram Paul/ Commissioning Group for Accommodation and Support	July 2015 – April 2017	Quarterly Monitoring reports.
Identified impacts and mitigating measures are used to inform commissioning of future service for young people from April 2016 onwards.	Information from this EIA is used to inform the Strategic Review, which will be undertaken to identify the commissioning priorities for the service from April 2016 onwards.	Ram Paul	July 2015 – April 2016	Outcome of Strategic Review.
Ensure that, where appropriate, clients are offered a Care Assessment	Work with Provider to identify individuals and make referrals to Adult Care Fieldwork teams for an assessment	Provider AC Fieldwork Derbyshire Accommodation and Support Team (DAST)	August 2015 – March 2016	Contract management meetings DAST
Clients are supported to maximise their income through welfare benefit	Work with Provider to monitor progress	Provider	August 2015 – March 2016	Contract management meetings DAST

checks				
Clients no longer in receipt of HRS service are supported to access the AC Universal Offer.	Clients are signposted to alternative services, such as voluntary and community sector provision.	Provider Adult Care Prevention Team	Respond to individual clients as and when required	Monitoring of Universal Offer
The most vulnerable clients receive a service.	Providers implement a clear prioritisation criteria based on risk.	Provider DAST	Respond to individual clients as and when required	Contract management meetings DAST
The Provider will apply for Intensive Housing Management funding.	Apply for Housing benefit funding for Intensive Housing Management activities.	Provider	On a case by case basis	Contract management meetings DAST
Utilise 2 new services, Ambition East Midlands and Ambition North Derbyshire.	Ensure that vulnerable young people access the new services.	Provider DAST	Verification procedure	Contract management meetings DAST
To manage the reduction in provision.	Continue to work with Provider to plan and implement a phased reduction in service.	Provider DAST	Implementation plan	Contract management meetings DAST
Seek alternative sources of funding.	Work with Provider and Partners to identify other sources of funding.	Provider DAST	Action plan	Contract management meetings DAST

9. Monitoring and review arrangements

Please outline what steps will be taken to monitor and review the implementation of proposals if they are agreed here:

The implementation of these will be monitored through the contract management processes undertaken by the Derbyshire Accommodation and Support Team.

10. Confirmation that equality impact analysis (EIA) completed and read

Name of officer signing off EIA as completed: Julie Vollar

Date:

This Equality Impact Analysis has been read by:

Name	Date	Position

Where and when published e.g. with Cabinet Report, on DCC website

This Equalities Impact Analysis will be published, along with the Cabinet Report detailing the proposals, on the Derbyshire County Council website.

Decision-making processes

Attached to report (title): Outcome of Consultation on Proposed Changes to the Housing Related Support Programme

Date of report: July 2015

Author of report: Mary McElvaney (Strategic Director – Adult Care)

Audience for report e.g. Cabinet: Cabinet

Web location of report:

http://www.derbyshire.gov.uk/council/meetings_decisions/meetings/cabinet/default.asp

Decision in relation to report

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Details of follow-up action or links to further EIAs

The follow up actions are detailed in the action plan contained within section 8 of the EIA.

This EIA links to all of the EIAs produced in relation to proposed changes to the Housing Related Support Programme.

Updated by:

Date:

Derbyshire County Council

Equality Impact Analysis Record Form 2014



Department	Adult Care
Service Area	Housing Related Support
Changes or proposals	Phase 2 : Handy Van Network
Chair of Analysis Team	Ram Paul
Date of Analysis	April 2015
Version	0.1

1. Prioritising what is being analysed

a Description of current service arrangements

The Derbyshire Handy Van Network delivers a wide range of practical tasks e.g. small repairs, security and safety checks, to enable older people (aged 60 or over) and vulnerable adults to continue to live independently by reducing risks in the home environment. The Network also provides assistive technology services such as installations, repairs and maintenance. Details of the services that make up the Network are in the table below.

Provider	Service Name	Max Capacity (Visits)	Primary Client Group
Bolsover DC	DHVN Bolsover	700	Older People
Chesterfield BC	DHVN Chesterfield	700	Older People
Medequip	DHVN Amber Valley	700	Older People
Medequip	DHVN Erewash	700	Older People
Metropolitan	DHVN Countywide Support	2,800	Older People
N E Derbys DC	DHVN North East Derbyshire	700	Older People
SD CVS	DHVN South Derbyshire	700	Older People
Vol & Com Serv	DHVN Derbyshire Dales	700	Older People
Vol & Com Serv	DHVN High Peak	700	Older People

The majority of the funding for this service comes from the Housing Related Support budget. Additional funding is received from other Council budgets and

Derbyshire Fire and Rescue Service provide, fuel and maintain 8 out of the fleet of 12 vehicles.

The Housing Related Support budget also funds the following services that are primarily targeted at older people:

- Floating Support Service
- Older Peoples Sheltered Housing with Warden On Site (Category 2)
- Community Alarm Monitoring
- Extra Care

As there are also proposed changes to the Older Peoples Floating Support and Older Peoples Sheltered Housing with Warden On Site (Category 2) these are subject to separate Equalities Impact Analyses.

There are no proposed changes to the Community Alarm Monitoring or Extra Care.

b Details of proposals or changes

As part of the Phase 2 proposed changes to the Housing Related Support Programme it is proposed that the funding from the Housing Related Support budget for this service is reduced from £453,602 to £251,951 per annum from 1st April 2016. This will be achieved through re-modelling and re-procurement of the current provision and therefore, it is not possible to quantify how many visits and associated tasks will be completed going forward. Cabinet will make a decision in relation to this in July 2015, following a period of formal consultation that ran from January to March 2015.

Please note that this only relates to the funding for the service from the Housing Related Support budget and does not include funding from other Council departments or the contribution from Derbyshire Fire and Rescue Service.

c. Rationale for proposed changes

Due to reductions in funding from Central Government, Adult Care must reduce its expenditure by £45.5m by 2018. It is in this context that it has been identified that expenditure on Housing Related Support cannot be sustained at previous levels and a phased reduction to the Programme has been proposed over a 2 year period from 2014 to 2016.

Housing Related Support provides cost effective, preventative support to a wide range of vulnerable people across Derbyshire. There is a strong evidence base that demonstrates that these services provide a return on investment for the Council and other partner agencies, delivering positive outcomes for clients, meeting cross-agenda strategic aims and reducing the potential of more costly interventions. However, the Council does not have a statutory duty to deliver these

services. The rationale for determining priorities for future reduced investment in housing related support services is based on retaining services that help the Council to meet its statutory responsibilities and contribute to the Council's corporate and departmental service plans for Adult Care and Public Health, within the available resources.

2. The team carrying out the analysis

Name	Area of expertise/ role
Ram Paul (Chair)	Group Manager, Derbyshire Accommodation and Support Team, Adult Care
Ian Gregory	Contracts Manager, Derbyshire Accommodation and Support Team Adult Care
Louise Cope	Contracts Manager, Derbyshire Accommodation and Support Team, Adult Care
Graham Spencer	Commissioning Manager (Older People), Adult Care Commissioning
Representatives from the Commissioning Group for Accommodation and Support	Key stakeholders in Derbyshire's Housing Related Support Programme
Representatives from providers of the Derbyshire Handy Van Network	Providers of service impacted by proposals
Michelle Collins	Community Safety Manager, Health and Communities – Joint funder of the service
Julie Crooks	Community Cohesion Officer, Derbyshire Fire and Rescue Service – Joint funder of the service
Andrew Raynor	Public Health, Health and Communities
Representatives from Clinical Commissioning Groups across the County	Stakeholders
Representatives from North and South Derbyshire Voluntary Sector Forums	Stakeholders
Helen Greig	Chair, Derbyshire Accommodation and Support Team Provider Forum

3. Existing information and consultation based feedback

a Sources of data and consultation used

Source	Reason for using
Performance Data for the Derbyshire Handy Van Network from FEMIS/Case Manager	Identify Derbyshire Need and Service Performance.
Derbyshire Handy Van Network Quality Survey	Identify outcomes achieved by, and client's views about the service.
National Census Data	Comparison data.
Derbyshire Challenge Consultation Feedback	To identify impact (from client and Provider perspective).
Supporting People Older People and Physical Disability Strategic review	To identify service need and strategic context.
Evaluation Report - Derbyshire Handy Van Network	To identify service need and strategic context.
Information from other Local Authorities	To identify impact of proposed changes.
Feedback from providers of Derbyshire Handy Van Network	To identify impact of proposed changes.
National Evaluation of the Handyperson Programme – Communities and Local Government	To identify impact of proposed changes.
Handypersons Financial Benefits Toolkit	To identify impact of proposed changes.
Derbyshire data – Financial Benefits	To identify impact of proposed changes.
Re-Evaluation of the Handy Van Service – Derbyshire Fire and Rescue Service	To identify impact of proposed changes.

4. Known impact on different protected characteristic groups

a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?

Protected Group	Findings
Age including children and families, older people	<p>The majority of clients accessing this service are aged 60 or over, which means that older people will be disproportionately affected by the proposal to reduce funding for this service.</p> <p>National research has identified that this service delivers a range of positive outcomes for clients through the services that it provides. Should the funding for this service be reduced then fewer older people may be able to benefit from these outcomes. This could result in an increased risk of:</p>

	<ul style="list-style-type: none"> • Falls and other injuries, potentially leading to an increased risk of hospital admission and dependence on Adult Care services. • Injury or death as a result of accidental fire, due to reduced levels of fire safety. • Fear of crime. • Being a victim of burglary due to lower level of home security. • Having a hospital discharge delayed. • Fuel poverty due to home being less energy efficient. • Being a victim of a “rogue trader”. <p>All of these factors could potentially have an adverse impact on the health, wellbeing and independence of older people who are unable to access the service. There is clear evidence that these negative outcomes could result in a greater financial burden to statutory services including Adult Care, health, police and the Fire service, due to increased demand.</p> <p>The reduced level of funding may also result in longer waiting times for clients to receive the service. This could potentially result in an increased risk of injury if they attempt to undertake the required activity themselves e.g. falling while attempting to change a light bulb.</p> <p>It should be noted that population projections predict that Derbyshire’s population of older people will increase by 73.6% between 2010 and 2035. Therefore, the impact of these proposals will proportionately increase over this time period.</p>
Disabled people including mobility, sensory, learning, mental health, HIV, and also include carers and relatives	<p>33% of clients who have accessed the service have been identified as having a disability. Therefore, this group of people will be disproportionately affected by these proposals.</p> <p>The nature of the potential impacts that will be experienced by this group are the same as those previously stated for older people.</p>
Gender (Sex) including men and women, boys and girls	<p>73% of clients who have accessed the service were female, which would indicate that these proposals will disproportionately affect females, particularly older females. This is explained by the demographic breakdown of older people, due to the longer life expectancy of females. It should also be noted that</p>

	<p>specialist services are provided for victims of domestic abuse and a higher percentage of this client group is female.</p> <p>The nature of the potential impacts that will be experienced by this group are the same as those previously stated for older people.</p>
Gender reassignment – including impact if any on Transgender people	There is no evidence to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Marriage and civil partnership – also include impacts on lone parents and unmarried couples	There is no evidence to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Pregnancy and maternity – including new mothers/ parents	There is no evidence to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Race – including all racial groups, including impact if any on Gypsies and Travellers	There is no evidence to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Religion and belief including non-belief, including religious minority communities, Humanists	There is no evidence to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Sexual orientation – including the impact if any on LGB people	There is no evidence to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.

Non-statutory

Poorer and disadvantaged communities and groups, including people who experience financial exclusion	This service is currently delivered free of charge to Derbyshire residents who are aged 60 or over or identified as vulnerable by a referring agency. Those clients who are from poorer or disadvantaged groups may be adversely impacted by these proposals as they will be less likely to be able to self-fund minor works/repairs through a private trader at the “going rate”.
Rural communities	There is no evidence to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.

Cumulative Impact

It should be noted that older people, older females, people with a disability, people from poorer and disadvantaged communities and victims of domestic abuse may potentially experience a cumulative impact as a result of all of the proposed changes to the Housing Related Support programme because they could potentially be in receipt of a number of services that are subject to change. In addition, there may be a cumulative impact as a result of the introduction of changes to the Adult Care eligibility threshold, co-funding and transport policy, which were approved by Cabinet in January 2014.

Impact on employees of Derbyshire County Council or prospective employees

As this service is delivered by external providers, no Derbyshire County Council employees will be directly affected by these proposals at this stage.

- e. From existing customer and other feedback – who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?

<i>Protected Group</i>	<i>Findings</i>
Age	<p>The quality survey, issued to all recipients of the Handy Van Network, clearly demonstrates the high levels of client satisfaction and positive outcomes delivered by the service. The results from 2014 evidence:</p> <ul style="list-style-type: none"> • 98% are satisfied with the service and 99% would definitely recommend it to a friend. • 93% feel that the service made them feel more confident to live independently. • Clients state that they have increased feelings of safety in relation to fear of crime, falling, physical harm and fire as a result of the service. <p>The following is a summary of the adverse impacts that have been identified for older people as a result of the proposals, based on feedback.</p> <ul style="list-style-type: none"> • Fewer older people are likely to receive the assistance that they need to help them to remain independent, safe and secure in their own homes. This may result in older people being at an increased risk of falls, injury/death due to fire and victim of crime. All of which can result in health deterioration and loss of independence, leading to increased pressure on statutory services. <p>“Reducing the funding for the Derbyshire Handy Van</p>

	<p>Network would have a serious effect on many vulnerable people". (Client comment)</p> <p>"Significant impact regarding the reduction in safety checks carried out.....resulting in likely increase in falls and admissions to hospital and subsequent health deterioration....This health deterioration is nearly impossible to fully recover from." (Stakeholder comment)</p> <p>"Older people will suffer an increase in targeted crime." (Stakeholder comment)</p> <p>"The Handy Van is an excellent service, helping to keep people in their homes longer....Any reduction in the service would put vulnerable adults at risk and have a knock on effect of a big increase in hidden costs of people in hospital/care." (Stakeholder comment)</p> <p>"Handyperson services provide value for money....Small things do matter and can make an enormous difference." (Provider comment)</p> <ul style="list-style-type: none"> • Older people are likely to have to wait longer for a Handy Van visit, leading to increased risk of injury and fear during this time.
Disability	From feedback received, it has been identified that people with a disability will be disproportionately affected by these proposals as a high proportion of the service's clients have a disability. The nature of these impacts will be the same as those stated in the older peoples section above.
Gender (Sex)	From feedback received, it has been identified that females will be disproportionately affected by these proposals as a high proportion of the service's clients are female. The nature of these impacts will be the same as those stated in the older peoples section above.
Gender reassignment	There is no feedback to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Marriage and civil partnership	There is no feedback to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Pregnancy and maternity	There is no feedback to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Race	There is no feedback to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.

Religion and belief including non-belief	There is no feedback to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Sexual orientation	There is no feedback to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.

Non-statutory

Poorer and disadvantaged communities	Feedback has identified that people who are financially disadvantaged would be adversely impacted by these proposals due to them being less likely to afford to purchase services from a private trader. “...vulnerable clients who would likely not access alternative services due to lack of money. House conditions are then likely to deteriorate resulting in a person’s deteriorating health.” (Stakeholder comment)
Rural	Some feedback was received highlighting that people from rural communities may be disproportionately impacted upon due to fewer alternative services being available in rural communities. “Restricting service access could well lead to this group of people (people from rural communities) feeling more vulnerable around safety and security and (less) willing to want to remain in their own home.” (Stakeholder comment)

Employees or prospective employees

Current Employees

The proposed reduction of DCC funding for this service may have an impact on the employees of the external providers who deliver the service. These impacts could include employees having reductions in their contractual hours, potential re-deployment or being made redundant. The employees potentially affected include employees of organisations from the voluntary sector, private sector and other local authorities within Derbyshire.

Prospective Employees

The proposals have the potential to reduce employment opportunities in the housing related support sector in Derbyshire. This could potentially have a negative impact on the Derbyshire economy in the short and medium term.

- f. Are there any **other** groups of people who may experience an adverse impact because of the proposals?

Victims of Domestic Abuse

The Handy Van Network provides targeted services to clients who have experienced domestic abuse. These include security checks with remedial action and the installation of specialist community alarms. The proposed reduction of funding for the Network may potentially result in these clients experiencing fear and increased risk of harm for a longer period of time due to increased waiting times for the service. The proposed reduction to this service is set against a potential increase in demand for the service from this client group due to the introduction of Domestic Violence Protection Orders, which may result in more victims remaining in their own home and the perpetrator being prohibited access, rather than fleeing, as a result of domestic abuse. This is in addition to the year on year increase in referrals for security checks for victims of domestic abuse between 2013/14 and 2014/15.

- g. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
As the reduced budget will be used to procure a re-modelled service, it is currently unclear what level of impact the budget reduction will have on the number of clients who can be supported in the future, the type of support received and the number of employees potentially impacted upon. Therefore, it is not possible to quantify the scale of the identified impacts.	Use evidence from the EIA to inform the commissioning of the re-modelled service.

5. From the consultation you have carried out specifically in relation to proposed changes, what views or issues have been raised by those who have responded? (Include both their views and any issues they have raised which alludes to the likely impact)

- c) Please summarise the consultation which has been carried out

Formal consultation on these proposed changes took place between 5th January 2015 and 20th March 2015. The consultation used a mixed method approach, with both quantitative and qualitative methods being utilised to gather views about the proposed changes. Information packs were distributed to all clients who received

a visit from the Handy Van Network during the consultation period. Providers of the service, as well as local statutory organisations and voluntary sector groups, were also sent copies of the leaflets and invited to comment.

Adult Care recognised that the complexity of these proposals might result in some clients needing assistance in either understanding the proposals or formulating a response. A helpline was set up and staffed by Call Derbyshire to deal with queries, with members of the Adult Care Stakeholder Engagement and Consultation Team available to handle more complex questions.

In addition to existing clients, the consultation had to be made available to those who may have a legitimate expectation of accessing the affected services. Therefore, the consultation was publicised widely through local media and all of the documentation was made available on the Council's website.

A full summary of the consultation process is set out in the Consultation Report, which is provided as an appendix to the Cabinet Report, "Outcome of Consultation on Proposed Changes to the Housing Related Support Programme".

- d) Please summarise the feedback received. This should make clear where those who have responded have highlighted any potential adverse impact as well as their opinions on the proposals.

Overall, the majority of the respondents opposed the proposal to reduce the funding for the Handy Van Network. It was clear that the current service is highly valued, enhancing clients independence and improving safety in the home. Common themes from the consultation echoed the impacts identified within section 4 of this Equalities Impact Analysis.

A full summary of the consultation feedback is set out in the Consultation Report, which is provided as an appendix to the Cabinet Report, "Outcome of Consultation on Proposed Changes to the Housing Related Support Programme".

6. Are there any ways of avoiding or reducing likely possible adverse impact on any groups of people, what are those actions, and how will they assist?

Re-Modelling of Service Provision

The re-modelling of service provision will seek to focus the efficiencies on back office functions, as far as possible. However, the scale of the budget reduction will mean that the reduction of front line service provision is unavoidable but will be at a reduced rate than simply applying the budget reduction to the current service model.

Implementation of clear prioritisation criteria

Clear prioritisation criteria, based on risk, will need to be implemented by the service. This will seek to ensure that the most vulnerable clients will be given

priority, which will reduce the potential increased risk to clients due to longer waiting times. Additionally, it will provide clarity to the referring agency around anticipated service delivery.

Signposting clients to Trusted Trader

Clients requesting DIY tasks, who are unwilling to wait for the service to become available due to extended waiting times, will be signposted to Trusted Trader to access a private trader to complete the required task. This will ensure that vulnerable people are signposted on to traders who are quality approved, thus reducing the risk of them falling victim to a “rogue trader”. However, it does need to be highlighted that there is no guarantee of service availability and there is evidence that people may experience difficulty obtaining a trader to undertake some of the tasks as they may be considered “too small” by some traders.

Seek increased funding from partners i.e. Community Safety and Derbyshire Fire and Rescue Service

As previously stated, DCC Community Safety and Derbyshire Fire and Rescue service also contribute to the overall cost of the Handy Van Network. An increased contribution (from £15,000 per annum to £50,000 per annum) has been agreed from DCC Community Safety to help to offset the reduction to the Housing Related Support element of the budget. This could be further offset by Derbyshire Fire and Rescue Service being approached to supply, maintain and fuel additional vehicles in the Handy Van fleet.

Review service provided

As part of the commissioning process for the re-modelled service, a review of the services being provided by the Derbyshire Handy Van Network will be completed. For example, currently residents of Derbyshire can receive up to 2 free visits per year; this could potentially be reduced to 1 free visit.

Introduce a charge for DIY activities

The potential to introduce a charge for the DIY tasks delivered by the Network will be explored as part of the commissioning process. This has the potential to help to off-set the budget reduction through the generation of an income. This would not be a full cost recovery, instead it would be a nominal contribution, which would help to minimise the impact on clients who are financially disadvantaged. This approach would be in line with other similar schemes across the country and evidence from the Handy Van quality survey suggests that 80% of clients who had received a visit would still use the service if there was a charge.

Explore the potential of commercial sponsorship

The fleet of Handy Van vehicles provide a physical presence across the county and an ideal opportunity for commercial sponsorship, which could be used to generate an income to offset the running costs of the vehicles. As the vehicles are provided by Derbyshire Fire and Rescue Service, this would need to be led by them.

7. Main conclusions and Recommendations

CONCLUSIONS

Based on the analysis the following is believed to be of importance and should be noted by decision-makers:

The proposed reduction in funding for the Derbyshire Handy Van Network may have the following impacts:

- Reduced number of older and disabled people able to benefit from the service, resulting in:
 - Increased risk of falls, and other injuries which could lead to increased hospital admissions and increased demand for Adult Care services
 - Reduced fire safety, which could lead to an increase in injuries and deaths from accidental fires.
 - Reduced security, which could lead to an increased risk of burglary
 - Delay in hospital discharge resulting in an increase in hospital bed days
 - Reduced number of people being supported to maintain their independence.
 - Reduced energy efficiency of properties resulting in fuel poverty.
- People who are at risk of domestic abuse may have to wait longer for the service, resulting in increased fear and potential increased risk of injury.
- Older and vulnerable people will have to wait longer to receive the service. This may put some clients at increased risk of injury i.e. they make attempt to undertake the activity themselves.
- Clients on low incomes will have added pressure by the possibility of having to pay the “Going Rate” for minor repairs / works.

RECOMMENDATIONS (if any)

It is recommended that:

- Cabinet consider the identified adverse impacts that this proposal will have on older and vulnerable people across the county as part of the decision making process.
- The information contained within this EIA informs the EIAs relating to the proposed changes to other Housing Related Support Services to ensure that the potential cumulative impact is identified.
- The identified measures to reduce the impact of the proposals are considered as part of the re-commissioning of the future service.

8. Action planning in response to the completed analysis

Objective	Planned action	Who	When	How will this be monitored?
Identified impacts are taken into consideration as part of decision making process.	EIA is attached as an appendix to Cabinet Paper and is circulated to Adult care Senior management and Elected Members.	Julie Vollar	July 2015	EIA included in Cabinet Paper.
Re-model service.	Mitigating measures detailed in section 6 are implemented as part of the commissioning process.	Ram Paul	November 2015	Service Specification for re-modelled service.
The most vulnerable clients receive a service.	Providers implement a clear prioritisation criteria based on risk.	Provider Derbyshire Accommodation and Support Team DAST	Respond to individual clients as and when required	Contract management meetings DAST
Clients requiring DIY tasks who are unwilling to wait for the service access alternative provision.	Signpost clients to Trusted Trader to access a private trader to complete required task.	Provider DAST	Respond to individual clients as and when required	Contract management meetings DAST
Seek additional funding from partner agencies.	Continue discussion with Derbyshire Fire and Rescue Service and Derbyshire Community safety to increase their contribution to	DAST	July - September 2015	The outcome will inform the re-modelled service and procurement. DAST

	the service.			
Monitor the impact of reduced funding for Derbyshire Handy Van Network, should the proposals be approved.		Ram Paul	April 2016 – March 2017	Contract monitoring process for newly commissioned service.

9. Monitoring and review arrangements

Please outline what steps will be taken to monitor and review the implementation of proposals if they are agreed here:

The implementation of the proposed reduction to the housing related support budget for the Derbyshire Handy Van Network will be monitored through the commissioning and contract management processes for future re-modelled provision, undertaken by the Derbyshire Accommodation and Support Team.

10. Confirmation that equality impact analysis (EIA) completed and read

Name of officer signing off EIA as completed: Julie Vollar

Date:

This Equality Impact Analysis has been read by:

Name	Date	Position

Where and when published e.g. with Cabinet Report, on DCC website

This Equalities Impact Analysis will be published, along with the Cabinet Report detailing the proposals, on the Derbyshire County Council website.

Decision-making processes

Attached to report (title): Outcome of Consultation on Proposed Changes to the Housing Related Support Programme

Date of report: July 2015

Author of report: Mary McElvaney (Strategic Director – Adult Care)

Audience for report e.g. Cabinet: Cabinet

Web location of report:

http://www.derbyshire.gov.uk/council/meetings_decisions/meetings/cabinet/default.asp

Decision in relation to report

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Details of follow-up action or links to further EIAs

The follow up actions are detailed in the action plan contained within section 8 of the EIA.

This EIA links to all of the EIAs produced in relation to proposed changes to the Housing Related Support Programme.

Updated by:

Date:

Derbyshire County Council

Equality Impact Analysis Record Form 2014



Department	Adult Care
Service Area	Housing Related Support
Changes or proposals	Phase 2: Older Peoples Floating Support
Chair of Analysis Team	Ram Paul
Date of Analysis	April 2015
Version	Final Draft

1. Prioritising what is being analysed

c. Description of current service arrangements

The Housing Related Support (HRS) budget currently funds older peoples floating support services, which are subject to proposed changes as part of Phase 2 proposals to the Housing Related Support Programme. These services provide older people (aged over 55), living in Derbyshire, with housing related support to maintain and develop maximum levels of independence. The services work with clients with a variety of needs, including people with dementia and their carers, across all tenure to maintain their accommodation, health and wellbeing. Details of these services are in the table below.

Provider	Service Name	Max Capacity (Clients)	Primary Client Group
Bolsover DC	Older Peoples FS (Bs)	1241	Older People
Chesterfield BC	Older Peoples FS (Ch)	1045	Older People
Futures Homescape	Older Peoples FS (AV)	1500	Older People
High Peak BC	Older Peoples FS (HP)	630	Older People
Making Space	Older Peoples FS (DD)	650	Older People
Making Space	Older Peoples FS (Er)	800	Older People
Rykneld	Older Peoples FS (NED)	1443	Older People
South Derbys DC	Older Peoples FS (SD)	900	Older People

The Housing Related Support budget also funds the following services that are primarily targeted at older people:

- Older Peoples Sheltered Housing with Warden On Site (Category 2)
- Derbyshire Handy Van Network
- Home Improvement Agency
- Community Alarm Monitoring
- Extra Care

There are proposed changes to the Older Peoples Sheltered Housing with Warden On Site (Category 2, and the Derbyshire Handy Van Network, which are subject to separate Equalities Impact Analyses.

d. Details of proposals or changes

As part of the Phase 2 proposed changes to the Housing Related Support Programme, it is proposed to reduce the budget commitment for Older People's Floating Support from £2,534,002 to £1,828,581 per annum from 1st April 2015. Originally, it was suggested that this would result in the number of clients in receipt of the service reducing from 6,383 (based on 2013/14 utilisation data) to 5,924 per annum from 1st April 2015. However, as a result of revised proposals to continue to fund Older Peoples Sheltered Housing with Warden On Site (Category 2), these figures may change.

It is also proposed that clients who are assessed as eligible for statutory care with a visiting element to their care package will no longer receive Housing Related Support.

e. Rationale for proposed changes

Due to reductions in funding from Central Government, Adult Care must reduce its expenditure by £45.5m by 2018. It is in this context that it has been identified that expenditure on Housing Related Support cannot be sustained at previous levels and a phased reduction to the Programme has been proposed over a 2 year period from 2014 to 2016.

Housing Related Support provides cost effective, preventative support to a wide range of vulnerable people across Derbyshire. There is a strong evidence base that demonstrates that these services provide a return on investment for the Council and other partner agencies, delivering positive outcomes for clients, meeting cross-agenda strategic aims and reducing the potential of more costly interventions. However, the Council does not have a statutory duty to deliver these services. The rationale for determining priorities for future reduced investment in housing related support services is based on retaining services that help the Council to meet its statutory responsibilities and contribute to the Council's corporate and departmental service plans for Adult Care and Public Health, within the available resources.

2. The team carrying out the analysis

Name	Area of expertise/ role
Ram Paul (Chair)	Group Manager, Derbyshire Accommodation and Support Team, Adult Care
Ian Gregory	Contracts Manager, Derbyshire Accommodation and Support Team Adult Care
Louise Cope	Contracts Manager, Derbyshire Accommodation and Support Team, Adult Care
Graham Spencer	Commissioning Manager (Older People), Adult Care Commissioning
Representatives from the Commissioning Group for Accommodation and Support	Key stakeholders in Derbyshire's Housing Related Support Programme
Representatives from providers of the Older Peoples Floating Support services	Providers of service impacted by proposals
Andrew Raynor	Public Health, Health and Communities
Representatives from Clinical Commissioning Groups across the County	Stakeholders
Representatives from North and South Derbyshire Voluntary Sector Forums	Stakeholders
Helen Greig	Chair, Derbyshire Accommodation and Support Team Provider Forum

3. Existing information and consultation based feedback

f. Sources of data and consultation used

Source	Reason for using
Derbyshire Accommodation and Support Team (DAST) Performance Indicator Workbooks	Identify service performance.
National Census Data	Comparison data.
Population Projections	To assess long term impact.
Derbyshire Challenge Consultation Feedback	To identify impact (from client, provider and stakeholder perspective).
Research into the Financial Benefits of	To identify the benefits delivered by

Source	Reason for using
the Supporting People Programme	these services and the potential impacts of the withdrawal of services.
Supporting People Older People and Physical Disability Strategic Review	To identify service need and strategic context.
Information from other Local Authorities	To identify impact of proposed changes.
Social Relationships and Mortality Risk: A Meta-analytic Review	To identify impact of proposed changes.
Feedback from providers of Older Peoples Floating Support Services	To identify impact of proposed changes.

4. Known impact on different protected characteristic groups

- h. From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?

Protected Group	Findings
Age including children and families, older people	<p>As this is a specialist older persons' service, all clients accessing these services are aged 55 and over and therefore older people will be disproportionately affected by the proposed reduction of funding for these services. It is not possible to identify how many of these clients may be impacted upon as a result of these proposals.</p> <p>National research has identified that these services deliver a range of benefits to clients. These include increased quality of life, decreased levels of social isolation, decreased fear of crime and easier access to appropriate services. Should funding be reduced for these services, then fewer people will be able to experience these benefits, resulting in a significant negative impact on their health and wellbeing.</p> <p>Communities and Local Government commissioned research that explored the impact the withdrawal of these types of services may have. This demonstrated that should they no longer receive housing related support, many older people would experience a deterioration in their ability to live independently, with increased numbers of older people reaching crisis. This in turn would have an adverse impact on statutory services, with increasing demand for domiciliary, residential and nursing care, increasing numbers of hospital admissions and increasing demand for other health services e.g. GPs, ambulances, mental health services. There is clear evidence of the potential financial impact for statutory</p>

	<p>services should these proposals be implemented, with £3.36 of savings being achieved for statutory services for every £1 invested in housing related support.</p> <p>The detrimental impact of social isolation on health has been clearly evidenced, with national research stating that social isolation can be as damaging to health as smoking. Therefore, this would indicate that reducing the funding for this service could lead to increased numbers of older people becoming more socially isolated, which may result in a significant impact on their health.</p> <p>It should also be noted that population projections predict that Derbyshire's population of older people will increase by 73.6% between 2010 and 2035. Therefore, the impact of these proposals will proportionately increase over this time period.</p>
<p>Disabled people including mobility, sensory, learning, mental health, HIV, and also include carers and relatives</p>	<p>Data around disability is not collated for clients in these services by DCC Adult Care. Therefore, it is not possible to assess any potential impact these proposals may have on this group of people based on exact figures.</p> <p>However, evidence from other areas demonstrates that clients in these types of schemes are more likely to have some form of disability, suggesting that there is a potential for disabled people to be disproportionately affected by these proposals. The nature of the potential impacts that will be experienced by this group are the same as those previously stated for older people.</p>
<p>Gender (Sex) including men and women, boys and girls</p>	<p>There are more female clients currently in these services than male, which would indicate that these proposals will disproportionately affect older females. This may be explained by the demographic breakdown of older people, due to the longer life expectancy of females.</p> <p>The nature of the potential impacts that will be experienced by this group are the same as those previously stated for older people.</p>
<p>Gender reassignment – including impact if any on Transgender people</p>	<p>There is no evidence to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.</p>
<p>Marriage and civil partnership – also include impacts on lone parents and unmarried couples</p>	<p>There is no evidence to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.</p>

Pregnancy and maternity – including new mothers/ parents	There is no evidence to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Race – including all racial groups, including impact if any on Gypsies and Travellers	There is no evidence to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Religion and belief including non-belief, including religious minority communities, Humanists	There is no evidence to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Sexual orientation – including the impact if any on LGB people	There is no evidence to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.

Non-statutory

Poorer and disadvantaged communities and groups, including people who experience financial exclusion	In order to access these services, clients must meet the required eligibility criteria. Clients are eligible to access these services if they are in receipt of Housing Benefit or are assessed as a result of a Fairer Charging Assessment, which are both based on income and savings thresholds. Therefore, all of the clients are a more financially vulnerable group due to low income, resulting in a disproportionate impact on people from this group. These clients are less likely to be able to self-fund low level preventative support, which could result in them requiring statutory Adult Care services sooner and for longer periods, resulting in increased costs for DCC.
Rural communities	There is no evidence to suggest that the proposals for either service will disproportionately have an adverse impact on people in this protected characteristic group.

Cumulative Impact

It should be noted that older people, older females, people with a disability, people from poorer and disadvantaged communities, carers and clients who are assessed as eligible for statutory care with a visiting element to their care package may potentially experience a cumulative impact as a result of all of the proposed changes to the Housing Related Support programme because they (or the person they care for) could potentially be in receipt of a number of services that are subject to change. In addition, there may be a cumulative impact as a result of the introduction of changes to the Adult Care eligibility threshold, co-funding and transport policy, which were approved by Cabinet in January 2014.
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Impact on employees of Derbyshire County Council or prospective employees

As these services are delivered by external providers, no Derbyshire County Council employees will be directly affected by these proposals at this stage.

- i. From existing customer and other feedback – who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?

<i>Protected Group</i>	<i>Findings</i>
Age	<p>The following is a summary of the adverse impacts that have been identified for older people as a result of the proposals, based on feedback:</p> <ul style="list-style-type: none"> • Clients who loose support may no longer be able to continue to live independently, requiring support from mainstream care services sooner than they may otherwise have. “The obvious impact of the cuts is that elderly and vulnerable people will be unable to remain living independently for as long, and will move into residential care much sooner; the costs of which far outweigh the costs of supporting individuals to continue living in their own homes.” (Provider comment) • If clients are no longer able to receive this support, then this will have a negative impact on their health, wellbeing and quality of life, including increased social isolation. “The links between social isolation and mental health are evident and the removal of these vital preventative functions will without doubt hasten an individual’s need for medical and long term care interventions.” (Provider comment) “The withdrawal of this service and the strong relationship that they have built up with their support provider could affect their confidence, quality of life, and thereby their ability to maintain independent living.” (Provider comment) “We assist clients to participate in learning, social, leisure or faith/cultural activities, whilst working with clients to establish and maintain contacts with family and friends.” (Provider comment) • Fewer clients will be supported to access assistive technology. “Our staff assisted clients to have additional Telecare sensors”

Disability	<p>From feedback received, it has been identified that people with a disability will be disproportionately affected by these proposals as a high proportion of the service's clients have a disability. The nature of these impacts will be the same as those stated in the older peoples section above.</p> <p>"Over a third of clients receiving support recognise themselves as having some form of disability." (Provider comment)</p>
Gender (Sex)	<p>From feedback received, it has been identified that females will be disproportionately affected by these proposals as a high proportion of the service's clients are female. The nature of these impacts will be the same as those stated in the older peoples section above.</p> <p>"The percentage of female clients supported through housing related support services is significantly higher than the percentage of male clients." (Provider comment)</p>
Gender reassignment	There is no feedback to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Marriage and civil partnership	There is no feedback to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Pregnancy and maternity	There is no feedback to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Race	There is no feedback to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Religion and belief including non-belief	There is no feedback to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.
Sexual orientation	There is no feedback to suggest that this proposal will disproportionately have an adverse impact on people in this protected characteristic group.

Non-statutory

Poorer and disadvantaged communities	<p>From feedback received, it has been identified that people from poorer and disadvantaged communities will be disproportionately affected by these proposals as access to the service is based on eligibility criteria linked to income. These clients will be less likely to self-fund alternative provision.</p>
Rural	From feedback received, it has been identified that rural communities will be disproportionately affected by these

	proposals as it is more difficult to access alternative services in these areas due to transport issues and availability of services.
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Employees or prospective employees

Current Employees

The proposed reduction of funding may have an impact on the employees of the providers who deliver these services. These impacts could include employees having reductions to their contractual hours, potential re-deployment or being made redundant. The employees potentially affected include employees from external organisations and other local authorities within Derbyshire.

Prospective Employees

The proposals have the potential to reduce employment opportunities in the housing related support sector in Derbyshire. This could potentially have a negative impact on the Derbyshire economy in the short and medium term.

- j. Are there any **other** groups of people who may experience an adverse impact because of the proposals?

Clients who in receipt of a statutory care package with a visiting element

It is proposed that clients who are assessed as eligible for statutory care and are in receipt of a visiting element to their funded care package, will no longer be eligible to receive housing related support. This will result in a disproportionate adverse impact on this group of clients. Feedback from providers has raised concerns that housing related support and care are separate functions, with providers of housing related support being quality assured, delivering support to meet identified outcomes that are monitored. These proposals would lead to clients no longer receiving the same quality of housing related support. Concerns about the time pressures and quality of domiciliary care were also raised.

“We believe that the housing related support service can be more effectively delivered by being kept separate from the delivery of a care package....Overall, those in receipt of a care package will experience a poorer quality of life due to the proposed changes.” (Provider comment)

“Housing related support services are delivered by trained staff, who have developed skills and knowledge to identify a client’s support needs....Care staff have a different skill set. (Provider comment)

Carers

Clients and potential future clients who previously would have been eligible for DCC funded support may no longer be able to access this support. If these clients are unable to access or fund alternative preventative support, then this is likely to increase the burden on un-paid carers who may potentially fill this gap. This may result in un-paid carers feeling the pressure of caring less tolerable as care and

support needs start to increase.

k. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
Changes to the original proposals concerning the future of Older Peoples Sheltered Housing with Warden On Site (Category 2) provision may impact on the nature of the reductions to older peoples Floating Support. Therefore, the scale of impact cannot be identified.	A clear picture of the scale of impact will be obtained when proposals for Older Peoples Sheltered Housing with Warden On Site (Category 2) are finalised.

5. From the consultation you have carried out specifically in relation to proposed changes, what views or issues have been raised by those who have responded? (Include both their views and any issues they have raised which alludes to the likely impact)

e) Please summarise the consultation which has been carried out

Formal consultation on these proposed changes took place between 5th January 2015 and 20th March 2015. The consultation used a mixed method approach, with both quantitative and qualitative methods being utilised to gather views about the proposed changes. Information packs were sent out to clients in receipt of the Older Peoples Floating Support Services. The providers of these services, as well as local statutory organisations and voluntary sector groups, were also sent copies of the leaflets and invited to comment.

Adult Care recognised that the complexity of these proposals might result in some clients needing assistance in either understanding the proposals or formulating a response. A helpline was set up and staffed by Call Derbyshire to deal with queries, with members of the Adult Care Stakeholder Engagement and Consultation Team available to handle more complex questions. A number of comments were received that those being consulted with were unclear over what we were consulting on as the service is badged differently in each of the district and boroughs.

In addition to existing clients, the consultation had to be made available to those who may have a legitimate expectation of accessing the affected services. Therefore, the consultation was publicised widely through local media and all of the documentation was made available on the Council's website.

During the course of the consultation, 2 meetings were attended by the Stakeholder Engagement and Consultation Team as a further means of gathering feedback. These meetings were attended by recipients of the Older Peoples Floating Support Services, along with family carers and staff members.

A full summary of the consultation process is set out in the Consultation Report, which is provided as an appendix to the Cabinet Report, “Outcome of Consultation on Proposed Changes to the Housing Related Support Programme”.

- f) Please summarise the feedback received. This should make clear where those who have responded have highlighted any potential adverse impact as well as their opinions on the proposals.

Overall, the majority of the respondents opposed the proposal to reduce the funding for Older Peoples Floating Support Services. It was clear that the current service is highly valued, enhancing clients independence and providing reassurance to both clients and their relatives. Common themes from the consultation echoed the impacts identified within section 4 of this Equalities Impact Analysis.

A full summary of the consultation feedback is set out in the Consultation Report, which is provided as an appendix to the Cabinet Report, “Outcome of Consultation on Proposed Changes to the Housing Related Support Programme”.

6. Are there any ways of avoiding or reducing likely possible adverse impact on any groups of people, what are those actions, and how will they assist?

Review Adult Care Support Plans for Affected Clients

For those clients who are assessed as eligible for statutory care and are in receipt of a visiting element to their care package, their allocated Adult Care worker will be notified to inform them of the withdrawal of housing related support. If the loss of this support results in any unmet eligible needs, then the support plan will be reviewed to include appropriate support to meet these needs.

Signpost people on to alternative services

Where clients are no longer in receipt of the service, Adult Care will work with the service provider to ensure that clients will be signposted on to alternative services and risks are managed appropriately.

It should be noted that none of these measures will provide a like for like replacement of the current service being delivered to clients. These will simply work to reduce the impact of the withdrawal of support.

7. Main conclusions and Recommendations

CONCLUSIONS

Based on the analysis the following is believed to be of importance and should be noted by decision-makers:

The proposed reduction of funding for these services will have the following impacts:

- Decreased number of older people able to live independently.
- Increased numbers of people requiring statutory social care and health services resulting in increased costs to DCC and Health going forward.
- Decreased quality of life, health and wellbeing for older people, including an increased incidence of social isolation for older people.
- Financially vulnerable older people will be disproportionately impacted by these proposals.
- Clients who are assessed as eligible for statutory care and are in receipt of a visiting element to their care package will be disproportionately impacted by these proposals.
- The burden on un-paid carers will be increased.
- Employees of providers, including those from other local authorities, will be impacted.
- Reduction in employment opportunities in the housing related support sector will impact on the Derbyshire economy.

RECOMMENDATIONS (if any)

It is recommended that:

- Cabinet consider the identified adverse impacts that this proposal will have on older and vulnerable people across the county as part of the decision making process.
- The information contained within this EIA informs the EIAs relating to the proposed changes to other Housing Related Support Services to ensure that all potential cumulative impact is identified.
- The identified measures to reduce the impact of the proposals are implemented.

8. Action planning in response to the completed analysis

Objective	Planned action	Who	When	How will this be monitored?
Identified impacts are taken into consideration as part of decision making process.	EIA is attached as an appendix to Cabinet Paper and is circulated to Adult care Senior management and Elected Members.	Julie Vollor	July 2015	EIA included in Cabinet Paper.
Monitor the impact of the proposals, should they be approved.	Work with partner agencies to monitor the impact	Ram Paul/ Commissioning Group for Accommodation and Support	July 2015 – April 2017	Monitoring reports.
Ensure that, where appropriate, clients and carers are offered a Re-Assessment	Work with providers to identify individuals for Adult Care Fieldwork teams to conduct a re-assessment	Provider(s) AC Fieldwork Derbyshire Accommodation and Support Team (DAST)	August 2015 – March 2016	Contract management meetings DAST
Clients no longer in receipt of HRS service are supported to access the AC Universal Offer.	Clients are signposted to alternative services, such as voluntary and community sector provision.	Providers Adult Care Prevention Team	Respond to individual clients as and when required	Monitoring of Universal Offer

9. Monitoring and review arrangements

Please outline what steps will be taken to monitor and review the implementation of proposals if they are agreed here:

The implementation of the proposed reduction to the housing related support budget for Older peoples Floating Support will be monitored through the contract management processes undertaken by the Derbyshire Accommodation and Support Team.

10. Confirmation that equality impact analysis (EIA) completed and read

Name of officer signing off EIA as completed: Julie Vollar

Date:

This Equality Impact Analysis has been read by:

Name	Date	Position

Where and when published e.g. with Cabinet Report, on DCC website

This Equalities Impact Analysis will be published, along with the Cabinet Report detailing the proposals, on the Derbyshire County Council website.

Decision-making processes

Attached to report (title): Outcome of Consultation on Proposed Changes to the Housing Related Support Programme”.

Date of report: July 2015

Author of report: Mary McElvaney (Strategic Director – Adult Care)

Audience for report e.g. Cabinet: Cabinet

Web location of report:

http://www.derbyshire.gov.uk/council/meetings_decisions/meetings/cabinet/default.asp

Decision in relation to report

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Details of follow-up action or links to further EIAs

The follow up actions are detailed in the action plan contained within section 8 of the EIA.
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This EIA links to all of the EIAs produced in relation to proposed changes to the Housing Related Support Programme.
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Updated by:

Date: