

EQUALITY/COMMUNITY IMPACT ASSESSMENT

<p>1. What is the name of the savings proposal and its current status?</p>
<p>ASC106 – Remodelling of Community Restart service</p>
<p>2. Which Service is responsible for this proposal?</p>
<p>Adult Care Service</p>
<p>3. Does this proposal impact on other services or other service savings proposals and if so, have you discussed this proposal with the Service Directors from those other services?</p>
<p>No, this proposal does not impact on other service savings proposals</p>
<p>4. Please state the name of the officer leading the EIA</p>
<p></p>
<p>5. Who has been involved in undertaking this assessment e.g. list the stakeholder groups which have been involved?</p>
<p>Those involved in producing this draft of the assessment have been internal staff.</p> <p>Full consultation will take place on this proposal and this will provide the opportunity to gather external input to this assessment (including from the PCT). This input will be included in the post-consultation version of this document.</p>
<p>6. What is the scope of this assessment?</p> <ul style="list-style-type: none"> • -what is included in this assessment • -does this proposal link to any other proposals (i.e. previous or current). If so, please state
<p>This assessment addresses the equality impact of the proposal to remodel the Community Restart service.</p> <p>Included in the scope is the impact of the proposed remodelling on current and future service users.</p> <p>There is no direct dependency between this proposal and any others.</p>
<p>7 a). What does the function currently do? b). Describe the needs which this service meets?</p>
<p>7.1 The Community Restart service is a service that supports people with severe and enduring mental health problems to live in the community, maintaining their tenancies and accessing crisis support as necessary. The service has been in operation for 25 years and currently receives</p>

mainstream funding from Adult Care, Housing Support (formerly Supporting People) funding and PCT funding.

- 7.2 The model is based on a hub and spoke model of service delivery. The hub provides crisis and intensive support for people with severe and enduring mental health problems, either on release from hospital or because they are experiencing a temporary crisis and require additional support. It is important to note that many severe and enduring mental illnesses fluctuate in their presentation and the level of support required can change overtime. The Community Restart model helps to prevent hospital admission when service users experience a crisis.

Until last year the 'hub' was based in a property on Kirkholt and consisted of 3 crisis beds which were part funded by the PCT. The property at Kirkholt was not DDA compliant and so last year the service was moved into Greave house, a former housing support service managed by Petrus. At this point the service was extended to provide 11 further 'step down' beds to support the rehabilitation of service users in residential care homes outside of the borough. Thereby reducing the cost of residential placements and providing move on options for people who had been in residential care homes for a number of years.

The service is a Care Quality Commission (CQC) registered service which was inspected in June 2012 and was found to be compliant with CQC essential standards.

- 7.3 The 'spoke' element of the service consists of the provision of floating support to service users within their own tenancies. Some of the tenancies are furnished and some are unfurnished. Service users access the tenancies via a mental health allocation panel which assesses the needs of the service users for supported accommodation. Service users supported by the floating support service have access to the crisis beds if their condition deteriorates.
- 7.4 The Community Restart service was affected by the reductions in Supporting People funding in 2012/13 and staff are currently being consulted on a proposed restructure to meet the budget reductions.
- 7.5 The service currently meets the needs of people with high level and complex mental health needs that relate to their long term mental health condition. Referrals for the service currently come via community mental health teams, GP's and Psychologists. Their main presenting needs relate to their health conditions. It does not necessarily follow that someone with a severe and enduring mental health condition automatically has high level social care needs. They may have family and friends who support them with these needs e.g. social isolation. Service users accessing the community restart service do not, at this stage, have their social care needs assessed against the Fair Access to Care social care eligibility criteria.

8. What changes do you propose to make?

- 8.1 This proposal remodels the Community Restart service and consists of the following elements:
- Retain the crisis beds jointly funded by health and social care.
 - Remodel the 'step down' element of the service into a mental health enablement service based on a recovery model which prevents admission to residential care or brings people back from out of borough residential care placements.
 - Redesign and recommission the spoke element of the service into a preventative mental health floating support service that supports people with mental ill health to maintain their tenancies.

8.2 Crisis Beds

The three crisis beds will be retained within the Greave House project. This proposal

disestablishes the business manager post. The management structure and some of the operational staff in the staffing structure for community restart also support the provision of the 'step down' beds.

8.3 Remodelling the 'Step Down' beds.

The existing service at Greave House will be remodelled to provide a recovery based enablement service for people with severe and enduring mental health illnesses with FACS eligible social care needs. The service will be an enablement service aimed at assessing and reviewing the needs of service users identified for a placement in residential care either preventing the need for a residential placement or identifying recovery goals and determining the care plan and length of stay if a placement in residential care is required.

A new recovery based specification will be developed for the service based on enabling service users to access independent living.

The service will also have an outreach service attached to it to support service users to achieve move on from the service. This service will support those individuals who do not require a residential care placement but require additional support within their own tenancies.

The service will continue to be a CQC registered service and will be managed by the registered manager. Oversight of the enablement service will come from the new Operational Manager post within the Adult Care and Support Senior Management Structure.

8.4 Re-commissioning the floating support service

The current floating support element of the Community Restart service is a preventative service aimed at supporting people with mental ill health to maintain their tenancies and achieve independent living.

This part of the service will be reconfigured into a separate floating support service which will be procured from the open market via a tendering process.

A new specification will be designed for the service that maximises recovery and move on to independent living. This will be offered on a block contract and will outline the number of the outcomes to be achieved from the contract. The service will be a preventative housing support service aimed at service users who do not meet the social Care FACS eligibility criteria but who need support to maintain their tenancies because of their mental health condition.

All current service users will have their social care needs assessed against the FACS eligibility criteria over the next 3 – 4 months. Until these reviews have been completed it is difficult to accurately assess the number of service users who will access each element of the newly commissioned service. However, we estimate that 60 service users will access the floating support service, receiving approximately 5 hours support each week.

9. Who are the key stakeholders who may be affected by the changes proposed?

- All current and future users of the Community Restart service
- Heywood Middleton and Rochdale Primary Care Trust (PCT)

10. What impact will this proposal have on all the protected groups

Current demand for the service

The following table highlights Greave House (formerly Darlington Road) activity for the period April 2011 to March 2012

Crisis alternative to hospital admission:

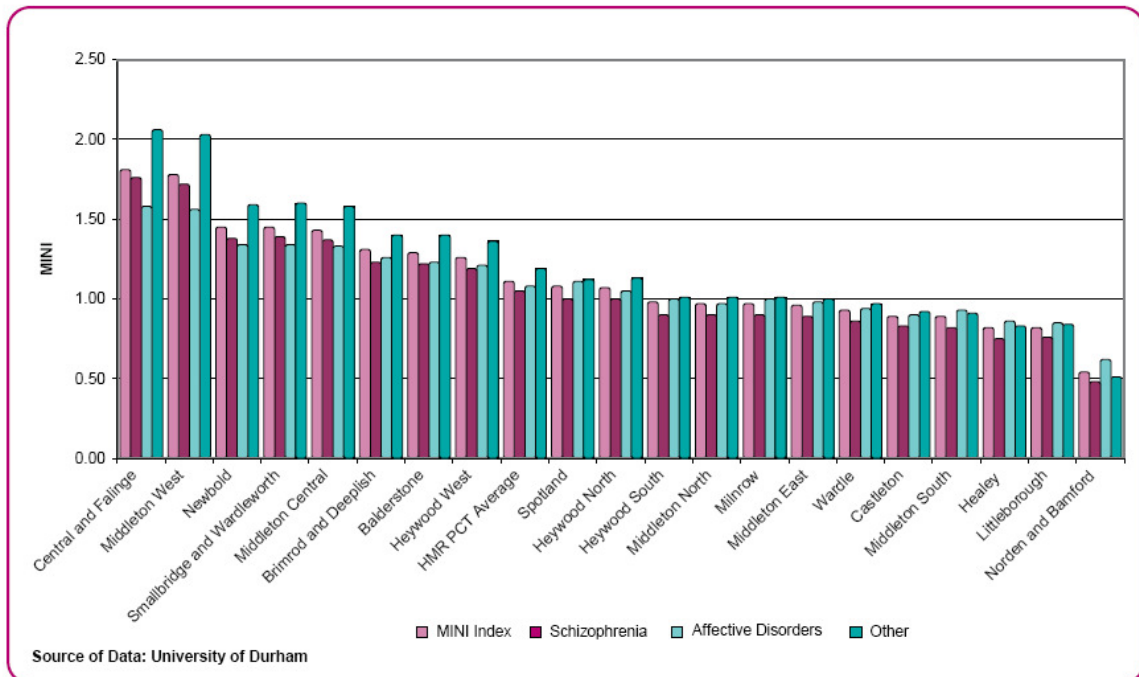
Respite alternative to residential / nursing care placement often preventing hospital admission

Crisis line contact / intervention, crisis prevention

	Heywood	Middleton	Rochdale/Pennine
Crisis	18	5	18
Respite	9	5	11
Crisis line	293	251	450

Prevalence of mental health issues in Rochdale

The chart below gives information about the prevalence of mental health problems in Rochdale. It uses data from the Mental Illness Need Index (MINI) 2000 – this is a statistical model that is used to predict the rates of hospital admissions for mental illness. The data are presented for three diagnoses; schizophrenia, affective disorders and others. Results are shown as ratios of the predicted admission rate for the borough, compared with the predicted admission rate for England. A score of 1=National Average. A score greater than 1 suggests admission rates higher than the national average.



There is evidence that people from disadvantaged backgrounds are more likely to suffer mental health disorders.

The study 'Ethnic Minority Psychiatric Illness Rates in the Community' (EMPIRIC) looked at mental health problems in different ethnic groups of the population:

- Prevalence rates of common mental health problems were 12.6% amongst Bangladeshi, 15.8% amongst White, and 19.6% amongst Pakistani samples
- In relation to severe mental health problems, significant differences were found. Pakistani people had a 60% higher rate of severe mental illness than the white population, with no apparent gender difference.

With regard to the protected characteristics, being in one or more of the following groups can increase the risk of suicide:

- Young men under 35
- Experiencing deprivation
 - People in social class v
 - Unemployed
 - People who are socially excluded
- Chronic illness
- Particular ethnic groups e.g. Pakistani women
- People who are gay, lesbian or bisexual
- Pregnant and postnatal women
- Older people

Weight and Scope of Impact

The Community Restart service exists to help people with severe and enduring mental health problems and this is the group of people impacted by this proposal.

Accessing an enablement service prior to placement in residential care will allow intensive work on recovery goals to take place which will support people in the community but also support them in their residential placement should they be assessed as requiring this type of service thereby minimising the time spent in residential care.

More information about the detail of the new service and the impact on service users will become clear during consultation and this document will be updated at the end of consultation to reflect this information.

Race Equality

As mentioned above, Pakistani people have a 60% higher rate of severe mental illness than the white population, and Pakistani women are at a greater than average risk of suicide. The impact of the proposal is therefore likely to be greater on Pakistani people than on the population at large.

Disabled People

Many of the service users may be considered to be disabled by virtue of their mental ill health.

Rochdale has more people with mental health problems than is average for the UK.

The impact of this proposal will fall on those individuals in Rochdale who have high-level and complex mental health needs.

Carers

Community Restart provides no direct service to carers.

Carers may benefit indirectly from the support the service provides to clients in managing their mental health conditions and this will continue to be the case with the implementation of this proposal.

Gender

There should be no differential impact in this area.

Older and Younger People

There should be no differential impact in this area.

People who are Socio-Economically Disadvantaged

There is a very strong correlation between people with mental ill health and socio-economic status.

The Community Restart service exists to help those people with severe and enduring mental health problems and this will continue to be the case under this proposal.
Religion or Belief
There should be no differential impact in this area.
Sexual Orientation
As mentioned above, people who are gay, lesbian or bisexual are at greater risk of suicide. The impact of the proposal is therefore likely to be greater on gay, lesbian and bisexual people than on the population at large.
Gender Reassignment
There should be no differential impact in this area
Pregnant Women or Those on Maternity Leave or Those who have given Birth in the Previous 26 weeks
As mentioned above, pregnant and postnatal women are at greater risk of suicide. The impact of the proposal is therefore likely to be greater on pregnant and postnatal women than on the population at large.
Marriage or Civil Partnership
There should be no differential impact in this area.

11. What are the main conclusions arising from this analysis?

The current service is delivered to people with high-level and complex mental health needs. Many of these people are more disadvantaged or vulnerable than the general population (as a result of their mental ill health) and therefore it is inevitable that the proposed change to the service will have its primary impact on this group.

An increased emphasis on re-ablement is expected to have a beneficial impact on this group as a whole with a number responding in a positive way.

Possible adverse impacts will be identified when more is known about the service to be provided in the future. This is currently expected to be in December 2012 and this document will be updated then.

A mitigation action plan will be put in place to address potential adverse impacts of the proposal when these are understood.

12. What measures do you propose to put in place to mitigate any adverse impacts?

Possible Adverse Impact	Mitigation Measure
Harm to potential service users through inadequate provision (including self harm)	The alternative provision will address service users' needs.
Reputational risk to the council	Consultation approach

Increased demand for emergency/crisis services, both for the council adult care and homelessness services and also health partners	The new re-ablement service will reduce the level of crisis demand, and the crisis element of the new service will address the needs of the fewer people who present in crisis. .
Exacerbation of current high prevalence of mental health issues in Rochdale Borough's population.	The new service aims to reduce the prevalence of severe and enduring mental health issues in Rochdale borough.

What evidence do you have which demonstrates that these measures will be effective?

The mitigation measures identified are in line with actions undertaken to mitigate the impact of previous savings proposals – these previous mitigation measures have proved to be effective in mitigating the impact of implementing previous savings proposals and in particular targeting actions towards the individuals most directly affected.

13. Please attach a copy of your consultation action plan.

Please briefly outline below who has been consulted and which consultation methods were used.

Please refer to Consultation Action Plan for details of planned consultation.

On completion of consultation, this section will be updated with details of who has been consulted and the methods used.

14. Please complete the mitigation action plan below.

A mitigation action plan will be produced during the consultation period and will be informed by the consultation process.

This will be included in this section in the updated version of this document produced at the end of the consultation period.

Mitigation Action Plan

Mitigation Measure	Action	Responsible Officer	End Date	Status
The alternative provision will address service users' needs.	Develop alternative provision that will meet service users' needs		March 2013	
Consultation approach.	Communicate the rationale for the change to relevant stakeholders as described in the agreed consultation approach.		December 2012	
The new re-ablement service will reduce the level of crisis	Develop provision to		March 2013	

demand, and the crisis element of the new service will address the needs of the fewer people who present in crisis.	include a re-ablement element and a crisis element			
The new service aims to reduce the prevalence of severe and enduring mental health issues in Rochdale borough.	Develop a provision model that aims to reduce the extent of mental ill health in the borough.		March 2013	

15. Equality impact analysis sign off by the Director of Service, and an Executive Leadership Team (ELT) Representative

Name	Position	Date
		9 th August