

Equality Impact Assessment

Name of the proposal, project or service
Supporting People RPPR 2016-17: <u>Accommodation based services for people with mental health issues; Accommodation based services for single homeless people</u>

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Contents

Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)1

Part 2 – Aims and implementation of the proposal, project or service4

Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.14

Part 4 – Assessment of impact.....26

Part 5 – Conclusions and recommendations for decision makers50

Part 6 – Equality impact assessment action plan53

How to use this form

Press F11 to jump from field to field in the form.

There are comments on some questions which you can view by pressing the show/hide pilcrow icon in the tool bar of Word. Some of you may use this to show paragraph and other punctuation marks:



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Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)

1.1 The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.

1.3 The Public Sector Equality Duty (PSED)

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to

- eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act,
- advance equality of opportunity and foster good relations between those who share a “protected characteristic” and those who do not share that protected characteristic (see below for “protected characteristics”)
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

These are sometimes called equality aims.

1.4 A “protected characteristic” is defined in the Act as:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21stCentury Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

1.6 Advancing equality (the second of the equality aims) involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation in disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the

elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

Part 2 – Aims and implementation of the proposal, project or service

2.1 What is being assessed?

a) Proposals to remove all funding from:

Accommodation based services for people with mental health issues (£341k)

1. Bal Edmund Hastings – 12 bed spaces (Sanctuary Supported Living)
2. Hyde Garden Eastbourne -19 bed spaces (Sanctuary Supported Living)
3. Pathways Rother – 12 bed spaces (Family Mosaic)

Accommodation services for single homeless people (£287k)

(All provided by Sanctuary Supported Living)

1. Merrick House Hastings - 12 bed spaces
2. Priory Avenue Hastings – 19 bed spaces
3. St Aubyn's Eastbourne – 9 bed spaces

b) What is the main purpose of these proposals?

Accommodation based services for people with mental health issues

The purpose of the proposal is to remove funding to help achieve the required savings presented to Cabinet on 13th October 2015

Accommodation services for single homeless people

The purpose of the proposal is to remove funding to help achieve the required savings presented to Cabinet on 13th October 2015

Manager(s) responsible for completing the assessment

Jude Davies / Sue Dean

2.2 Who is affected by the proposals and how?

Accommodation based services for people with mental health issues

Current clients, staff and carers will be affected. The service provides specialist on site housing support and accommodation to meet the complex and multiple needs of adults who are homeless / at risk of homelessness and have a mental health issue. 43 people can receive a service at any one time. (66 people used the services in 14/15).

The people who will be affected by this proposal are a cohort of people who need support to:

- Keep safe;
- prevent their mental health from deteriorating into crises including supporting accessing and engaging with relevant professionals particularly when presenting a risk to themselves or others;
- learn and maintain the practical life skills necessary to live independently;
- engage with education, employment, volunteering and training;

- address the emotional and psychological barriers that reduce an individual's capacity to live an independent life;
- move on to independent accommodation.

The following table provides a snapshot of data on many of the clients living at the three mental health services who will be directly impacted upon by the proposal to remove 100% funding illustrating where they came from, professionals involved and individual progress made within the services:

Snap shot of clients living in accommodation based services for people with mental health issues affected by the proposals to cut 100% funding:				
Client reference	Living situation on referral	Professionals involved on referral	Under Care Management /CPA	Progress during support
1	Supported housing	ASC forensic team Psychiatrist CMHT	Yes	CPN/Psych appnts reduced from weekly to monthly
2	Amberstone hospital	CPN Psychiatrist	Yes	CPN/Psych appnts reduced from weekly to monthly
3	Refuge	CPN Psychiatrist	Yes	CPN/Psych appnts reduced from weekly to monthly
4	Acute MH ward	Psychiatrist ASC Nurse	No	Reduction in paramedic visits from 7 a week to none
5	Residential care home	Psychiatrist ASC CMHT	Yes	No further acute admissions
6	Homeless	Psychiatrist	Yes	CPN/Psych appnts reduced from weekly to monthly
7	Forensic secure unit	Psychiatrist ASC CMHT	Yes	Reduction in OCD and self harming behaviour from 10 to once a month
8	Amberstone hospital	Psychiatrist ASC CMHT	Yes	Reduction in self harm: 2 less ambulance call outs, 6 less paramedic call outs and 6 fewer GP calls per week
9	Family	Psychiatrist	No	Stabilised mental health
10	Acute psychiatric	Psychiatrist Psychologist	Yes	CPN/Psych appnts reduced from weekly to monthly

	ward	CMHT		
11	Amberstone hospital	Psychiatrist ASC CMHT	Yes	Stabilised mental health
12	Dept of Psychiatry	Psychiatrist CMHT	Yes	Stabilised mental health
13	Amberstone hospital	Psychiatrist CMHT Assertive outreach	Yes	Reduction in substance misuse and crisis intervention from NHS
14	Forensic secure unit	Forensic social worker Psychiatrist CMHT	Yes	Reduction in suicide risk and use of crisis services
15	Bed and breakfast	ASC CMHT	Yes	Reduction in use of acute care, emergency services and crisis teams
16	Homeless	CMHT	No	Reduction in use of GP and A and E. Stopped accessing rough sleeper services
17	B and B	CMHT STAR D and A service	Yes	Reduction in A and E use and acute admissions
18	Supported accommodation	CMHT	n/k	Reduction in A and E use and acute admissions
19	Psychiatric hospital	ASC	Yes	Reduced admissions to acute and crisis services, reduced drug use.
20	Own tenancy	CMHT	n/k	Reduced self harm and access to acute and crisis services
21	ASC CMHT	Yes	Yes	Reduction in use of acute and crisis services and use of CMHT
22	B and B	Perinatal service Psychiatry Children's services	Yes	Reduction in acute admissions and self harm
23	Homeless	CMHT	Yes	Reduction in use of acute and crisis services and use of CMHT
24	Own tenancy	CMHT ASC	Yes	In substance misuse. Accessed psychiatric support for first time

25	Family Home	CMHT	Yes	Reduction in presentations to CMHT
26	B and B	EIS	Yes	Reduction in use of CMHT and discharged from services
27	Family	None	No	Reduction in self harm, improved self care
28	Homeless	CMHT Probation	Yes	No incidents of self harm/attempted suicide
29	Living at home	CMHT	Yes	Improved independence skills and family relationships. Engaged in education and training
30	Dept of Psychiatry	CMHT Psychiatrist	Yes	Removed from MH section, supported to engage in education and training
31	B and B	CMHT DAAT	Yes	Engaging with substance misuse support
32	Homeless	ASC	No	Rebuild familial relationships including with 4 yr old daughter. Achieving independence
33	Family	CMHT	Yes	Keeping self safe, reduction in abuse and vulnerability
34	Family	CMHT	Yes	Reduction in self harm and suicide attempts.
35	Family	CMHT	Yes	Reduced social isolation and improved family links. Gained work
36	Homeless	CMHT Health (other)	No	Rebuilding familial relationships. Gained employment
37	Dept of psychiatry	CMHT	Yes	Had Community Treatment order removed. Gained independent living skills
38	Family	CMHT	Yes	Restored familial relationships. Gained diagnosis of MH issues and accepting treatment

Above clients have the following range of mental health issues:

paranoid schizophrenia, schizophrenia, schizoaffective disorder, Tourette syndrome, bi-polar, autism, Asperger syndrome, alcoholism, substance misuse, depression, OCD, PTSD, paranoia and personality disorder

Above clients have the following range of long term physical conditions:

Arthritis/Rheumatism, Sensory impairments, Hypertension, Asthma, Heart disease, Respiratory conditions,

Parkinsons, epilepsy

Accommodation services for single homeless people

Current clients, staff and carers will be affected. The service provides specialist on site housing support service and accommodation for homeless people with complex needs including mental health, learning disabilities, physical and sensory impairments and drug and alcohol issues. The people who will be affected by the proposals are a cohort of people who need support to:

- Keep themselves safe
- Prevent a crisis
- To develop and maintain the life and social skills required to achieve independent living
- Engage with education , training, employment , volunteering
- Find and move to a home of their own

40 people can receive a service at any one time. (92 people used the services in 14/15)

The current residents of both services will cease to have accommodation if these services close. Some may have moved on in a planned way with support by the time of closure. Others may be 'street homeless'

The following tables provide a snapshot of data on many current clients living at the three homelessness services who will be directly impacted upon by the proposal to remove 100% funding , illustrating where they came from, professionals involved and individual progress made within the services:

Snap shot of clients living in accommodation based services for people who are single homelessness with complex needs affected by the proposals to cut 100% funding:				
Client reference	Living situation on referral	Professionals involved on referral	Under Care Management /CPA	Progress during support
1	Sofa surfing	None	No	Gained daily living skills, confidence and education opportunities
2	Homeless	ASC	Yes	As above
3	Homeless	Psychiatrist	Yes	As above
4	Homeless	Awaiting ASC allocation	n/k	Reduction in substance misuse, improved wellbeing, voluntary work
5	Sofa surfing	None	No	Supported to gain independent housing,
6	B and B	Awaiting allocation	n/k	Gained some control over behaviour and has remained outside of prison. Improved

				MH and improved debt management
7	Amberstone hospital	Psychiatrist	Yes	Reduction in substance misuse and suicidal ideation.
8	Prison	Psychiatrist ASC	Yes	Released from life sentence
9	B and B	ASC	No	Supported to access benefits, accommodation and education
10	Own flat	CMHT	No	Reduction in overdoses and A and E presentations
11	B and B	CMHT	No	Reduction in CMHT presentations
12	Temporary accommodation	None	No	Accessed health and social care support
13	B and B	None	No	Accessed appropriate mental health support
14	B and B	None	No	Reduced use of A and E and accessed CMHT support. Reduced substance use
15	Supported lodgings	None	No	Accessed accommodation and daily living support. Accessed Health in Mind
16	Family	ASC	No	Reduction in demands on ASC. Accessing education
17	B and B	None	No	Accessed support from CMHT. Gained independent living skills
18	Sofa surfing	CMHT	No	Reduced pressure on CMHT and reduced self harm and drug use
19	Own tenancy	CMHT	No	Maintained tenancy and moved to independent living

20	B and B	CMHT	No	Reduced demand on CMHT and discharged from psychiatrist
21	Emergency accommodation	STAR (drug service)	No	Reduced substance misuse and accessed voluntary work
22	Homeless	STAR	No	Reduced use of street homeless services
23	Homeless	None	No	Reduced debt – accessed training
24	Homeless	None	No	Secured housing, managed debt and maintained paid work
25	Homeless and sofa surfing	STAR	No	Reduced use of A and E, accessed training
26	Homeless	STAR	No	Reduced demand on street homeless services, reduced use of A and E
27	Homeless	STAR	No	Reduced use of A and E and GP, improved mental health
28	Prison	Probation	No	Reduced time in prison, better management of behaviour issues
29	Ford open prison	Probation STAR	No	Stable housing, reduced debt, reduction in use of A and E and started voluntary work
30	Prison	Probation	No	Reduced drug use and access to work options
31	Prison	STAR	No	Reduction in prison sentence and access to training
32	Own tenancy	None	No	Reduction in substance misuse and accessed work

Above clients have the following range of mental health issues: Depression, Autism, Anxiety, OCD, Personality Disorder, Schizophrenia, Drug/ alcohol misuse, suicidal thoughts, Bi-polar disorder, Aspergers, ADHD.

Above clients have the following range of long term physical conditions: Asthma, Epilepsy,

Arthritis, Sensory impairment, Physical disabilities, Liver disorder, Hepatitis,

2.3 How will the proposals be put into practice and who is responsible for carrying these out?

All providers have been made aware of the budget proposals by the Supporting People team. The proposals were discussed at Cabinet on 13th October and are now out to public consultation which began on 23rd October and ends on the 18th December. The process involves reviewing the consultation findings, following which recommendations will be made to members with a final decision being made by full council on the 9th February 2016.

The Health, Housing, Social Care and Probation Strategic Forum is responsible for making decisions about the Supporting People programme. East Sussex County Council's Adult Social Care Department is responsible for the budget. If the proposals are ratified, there is a minimum three month notice period on all contracts which would be implemented, where required, by the Supporting People team. However, where the occupancy arrangements are Assured Shorthold Tenancies there may be a legal requirement for providers to give a longer period of notice to tenants. These tenancies are fixed for the first six months and there is a complexity to achieving legal possession. Where the occupancy agreement is a licence, the provider can give 3 month notice period.

Providers will be asked to communicate the notice periods to people using the service at that time and work to identify alternative housing and support options for them.

For all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning.

For clients and carers who have a current assessment and support plan (which may or may not include the service), a letter will be offered to advise them to contact ASC for review if they are concerned that their eligible needs may no longer be manageable.

Local authorities have a statutory duty to assess applications from all applicants that are homeless or at threat of homelessness within 28 days in accordance with the Housing Act 1996 Part VII (as amended). Through the assessment the Local authority determines 'priority need'. Typically, single homeless applicants will only be considered to be in 'priority need' i.e. meet the priority need criteria, as set out in Section 189 of the 'Act', if they are 'vulnerable' as a result i.e. considered significantly more vulnerable than ordinarily vulnerable.

If a 'priority need' is identified, District and Boroughs may have limited access to other housing options such as links with private sector landlords, financial assistance, which are considered where appropriate. Where there is no 'priority need' identified, no duty is accepted and no support offered beyond information and advice. The client data detailed at 2.2 indicates that for many current clients their needs are such that even if they were found in priority need and a bricks and mortar solution was sourced their care and support needs are such that this solution would not meet all of their needs and a more costly statutory intervention would be required for that purpose.

2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?

Accommodation based services for people with mental health issues

The Supporting People programme has historically been governed as a partnership across Adult Social Care, Children's Services, Health, Probation and all five of the District and Boroughs in East Sussex.

All the above partners would work with the service to support the achievement of positive outcomes for the clients in respect of health, resilience, safety, social inclusion, family relationships and care as well as to achieve move on solutions.

The services affected also work in partnership with a range of voluntary and statutory organisations in order to support clients to achieve agreed outcomes. In particular these services support the work of the community mental health team, and other services as highlighted in the snapshot charts above.

Accommodation services for single homeless people

The Supporting People programme has historically been governed as a partnership across Adult Social Care, Children's Services, Health, Probation and all five of the District and Boroughs in East Sussex.

All the above partners would work with the service to support the achievement of positive outcomes for the clients in respect of health, resilience, safety, social inclusion, family relationships and care as well as to achieve move on solutions.

The services affected also work in partnership with a range of voluntary and statutory organisations in order to support clients to achieve agreed outcomes

2.5 Are these proposals, affected by legislation, legislative change, service review or strategic planning activity?

Adult Social Care will have £40 million less to spend on adult social care services by March 2019. This is in addition to the £28 million that has already been saved from services since 2013. The cuts proposed to the services within this EIA are in line with that agenda.

The proposals are made as part of ESCC's budget planning process, **Reconciling Policy, Planning and Resources for 2016-17**. The Council and Adult Social Care's statutory duties under the **Care Act 2014** will impact these proposals as well. These duties include:

- **A general duty to promote wellbeing** (this includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships; suitability of living accommodation; and the individual's contribution to society).
- **Focussing on the person and their needs**, their choices and what they want to achieve.
- Providing, arranging for **the provision of services, facilities or resources**, or taking other steps to prevent, reduce or delay the development of needs for care and support (including carers).
- Providing, or facilitating access to, **information and advice** to enable people, carers and families to take control of, and make well-informed choices about, their care and support (including independent financial advice).

- Arranging **independent advocacy** where someone has substantial difficulty being involved and there is no-one appropriate to support and represent them.
- **Parallel rights for carers and a focus on the whole family.**
- Joining up with **health and housing.**
- **Market shaping** including supporting sustainability and encouraging a variety of different types of providers to ensure people have a choice of different types of service. This includes independent private providers, third sector, voluntary and community based organisations, user-led and small businesses.

Local authorities have a statutory duty to assess applications from all applicants that are homeless or at threat of homelessness within 28 days in accordance with the Housing Act 1996 Part VII (as amended). See paragraph 2.3 above

2.6 How do people access or how are people referred to the services? Please explain fully.

Accommodation based services for people with mental health issues

Eligible people are normally referred to the service by district and boroughs with the origin of the referrals being generally hospital ward , CMHT etc

Accommodation services for single homeless people

Eligible people are normally referred to the service by district and boroughs.

2.7 If there is a referral method how are people assessed to use services? Please explain fully.

Accommodation based services for people with mental health issues

People are assessed against the following eligibility criteria:

- aged 18 and over **and**
- have a recognised mental illness or disorder **and**
- are receiving ongoing support for their mental illness from a mental health practitioner; **or**
- require support to access a mental health professional or practitioner **and**
- cannot live with their family or are unable to manage to live in any other independent accommodation; **and**
- require specialist accommodation to minimise the risk to themselves or others; **and**
- understand the purpose of the service and are prepared to engage with the housing support; **and**
- are ordinarily resident within the geographical area of East Sussex.

Accommodation services for single homeless people

People are assessed against the following eligibility criteria:

- aged 18 and over **and**
- homeless (this includes insecurely housed with friends and family) **and**
- they require specialist accommodation to minimise the risk to themselves or others **or**

- they have complex and/or challenging needs and cannot live with their family but do not have the skills to live independently **and**
- understand the purpose of the service and are prepared to engage with the housing support; **and**
- are ordinarily resident within the geographical area of East Sussex.

2.8 How, when and where are the services provided? Please explain fully.

Accommodation based services for people with mental health issues

The services are provided in Hastings, Eastbourne and Rother (see above) . The service is delivered by on site staff using a personalised, psychologically informed approach to support planning. All services provide a service to support clients 24 hours

Accommodation services for single homeless people

The services are provided in Hastings and Eastbourne (see above). The service is delivered by on site staff using a personalised, psychologically informed approach to support planning. All services provide a service to support clients 24 hours

Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have X marked against them			
	Employee Monitoring Data		Staff Surveys
x	Service User Data	x	Contract/Supplier Monitoring Data
x	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
x	Complaints	x	Risk Assessments
	Service User Surveys		Research Findings
x	Census Data	x	East Sussex Demographics
	Previous Equality Impact Assessments	x	National Reports
	Other organisations Equality Impact Assessments		Any other evidence

3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

None

3.3 Are there any potential impacts concerning safeguarding that this assessment should take account of? Please consider any past evidence of safeguarding events or potential risks that could arise.

In 14/15 there were two Safeguarding alerts from the Mental Health Services and one from the Single Homeless Services. Removal of these services will leave this cohort more vulnerable to abuse and self-neglect.

Comments from the Safeguarding lead:

In general, the consequences of reducing or removing services may be an increase in abuse or neglect of adults. This may be due to reduced opportunities for safeguarding issues (abuse or neglect) to be picked up by workers within those agencies, reduced opportunities for disclosure by adults at risk themselves of abuse and neglect and reduced resilience of adults to protect themselves from factors which may increase the risk of abuse and neglect.

Once safeguarding issues have been identified, there may be an increase in the number of safeguarding concerns and consequent safeguarding enquiries. Issues of abuse and neglect may become apparent at a later stage e.g. abuse may have gone on longer or have become of a more serious nature or have become normalised by adults themselves or staff working with them.

Safeguarding is now on a statutory footing with several duties within the Care Act. Making Safeguarding Personal (MSP) is a thread which runs through the Care and Support Act Statutory Guidance which supports the implementation of the new duties. MSP focuses on individualised responses to safeguarding issues and any reduction in engagement with adults themselves within the context of safeguarding could reduce opportunities to promote personalised responses to safeguarding. Advocacy within safeguarding is now a duty too.

Self-neglect, modern slavery and domestic abuse are included as additional types of abuse of safeguarding. Fewer opportunities to highlight these may exist in reduced or ceased services. These three types of abuse are more likely to occur in the community rather than within institutions and there is a potential risk for opportunities to be missed and abuse to continue or increase.

3.3 If you carried out any consultation or research explain what consultation has been carried out.

1. Initial engagement with providers was on the 16th September 2015 when the Head of Service for Supporting People delivered a presentation explaining the impending budget pressures across ASC, Public Health and Children's Services. It was explained to providers that Supporting People services have been identified as 'areas of search'.

2. Providers were then advised of the specific proposed cuts to services via a presentation on the 14th October. On 22nd October, all providers were sent:

- A letter to explain the consultation process
- A draft letter for clients
- A client briefing
- A template for the provider to record all consultation activity with clients and return to ASC. The Supporting People team actively chased these templates at the end of November to ensure providers have actioned.
- An easy read letter for clients (where appropriate)

3. The formal consultation from ASC started on 23rd October and completed on 18th December. The briefing for clients included the dates of five area wide consultation drop in events.

Meetings have also been held with:

- Mental health commissioners and operational leads
- Learning Disability commissioners and operational leads
- Heads of Housing in all five Districts and Boroughs
- Relevant ASC commissioners, including older people, dementia, PSI and carers
- Community Rehabilitation Company (formerly Probation)
- National Probation service
- Mental health/single homeless providers

The SP facebook page has also advised of the consultation details including additional dates. All Supporting People staff added consultation details to their signature blocks during the period of the consultation.

4. The Inclusion Advisory Group gave feedback on all the RPPR proposals on Tuesday 3rd November 2015

5. A consultation event was held at Priory Avenue on 10th December for the clients of the Homelessness Services.

3.5 What does the consultation, research and/or data indicate about the positive or negative impact of the proposals?

Key messages:

Research studies:

- *Department of Health research 2010*
- *Index of multiple deprivation*
- *Hastings and St Leonards homelessness strategy 2013-15*
- *Homeless service Hastings end of year report 2014 (St John's ambulance)*
- *Preventing homelessness to improve health and well-being – Homeless Link 2015*
- *Crisis – At what cost – University of York*
- *Single homelessness – national picture and action. PH England. Gill Leng.*
- *Evaluation of the Homeless Discharge Fund – Homeless Link 2015*
- *Care Leavers transition to adulthood – July 2015*
- *Economic aspects of mental health in children and adolescents: NHS*
- *East Sussex Homeless Health Needs Audit – December 2015 (draft)*

There is increasing evidence from the above research to demonstrate that physical and psychiatric health conditions are exacerbated by homelessness. Homeless individuals have high rates of acute health care use, including emergency visits and inpatient admissions to hospital. They typically attend the emergency department more often than non-homeless. The Homeless Link Health audit 2014 found that there were 1.8 hospital admissions per year compared to 0.28 among the general public with the resultant higher 'year of care' costs. Homeless people have higher rates of premature mortality than the rest of the population, especially from suicide and non-accidental

injuries and an increased prevalence of a range of diseases, mental disorders and substance misuse. High rates of non-communicable diseases have also been described with evidence of accelerated ageing. The Homeless Link health audit for 2014 identified that for homeless people:

- 73% reported physical health problems
- 80% reported mental health issues
- 35% had attended A and E over the previous 6 months
- 26% had been admitted to hospital in the previous 6 months
- 36% of hospital discharges were on to the street

Research carried out in 2010 showed that the total cost of hospital usage by homeless people was estimated to be about **four times higher** than the general population, costing at least **£85m in total per year**. Looking at inpatient costs only, the difference is **eight times higher among homeless people**. In one study, from a cohort of individuals with a mean age of 56 yrs, 30% reported at least one functional limitation in activities of daily living, 53% had had a fall in the previous year and 24% had a cognitive impairment. Hypertension and diabetes in homeless people are more likely to be poorly controlled than in the general population. Common physical health concerns among homeless people include joint/muscular problems, chest and breathing issues, dental problems, eye problems and stomach complaints. Poor housing conditions, as well as street homelessness, have been shown to be associated with physical illnesses including eczema, hypothermia and heart disease.

Health Inequalities:

The causes of homelessness are an interaction between individual and structural factors. Individual factors include poverty, family problems and mental health and substance misuse issues. Work undertaken locally by Public Health on health inequalities has informed the CCG's of the impact of these inequalities on the health and wellbeing on the local population and formed the basis of the Hastings and Rother Health Inequalities Action plan.

Comments from Mental Health Commissioners :

- Services are used all the time as both prevention and step down. Peter Foreman has scoped the service and confirmed all clients are on Care Programme Approach. Services are an integral part of a rehabilitation pathway and used by accommodation officers within the mental health teams. They take people direct from hospital and are a resource for the Trust . Hyde Gardens is so valuable it needs to be kept in the pathway
- If M/H people become homeless they are likely to be picked up via Section 136 and become a cost to NHS
- Impact must be high risk of suicide
- Trust will be up in arms if impact shows a negative impact on discharge pathway. There is a critical need for short term accommodation

- There will be pressures on the LA – this may be in respect of resources for Safeguarding. Impacts on recruitment issues

Comments from Heads of Housing:

- All Heads of Housing expressed huge concern about the level of impact for single homeless people and perceive it as risky. They raised concerns about some ongoing Public Health investment whilst front line services are being cut.
- Accommodation based services should be a priority – used to be more rooms available but resources for this group are extremely short now.
- Concerns about Home Works supporting this cohort – they are in this accommodation as cannot yet live independently - so there are significant risks linked to a Home Works intervention

Comments from National Probation Service and Community rehabilitation Company

- Mental Health services are about stabilising people – massive issues if we cut accommodation based services.

Comments from Provider meetings:

- Concerns expressed about loss of preventative services at a time when East Sussex Better Together are aiming to increase prevention.
- Concern about the loss of purpose build/ designed public funded buildings. Once buildings go probably impossible to get them back. This is due to planning arrangements as well as capital funding. Easier to change direction than start again. Need to keep buildings to implement future preventative services.(investment is not ring fenced to East Sussex). Providers can walk away with it.
- Accommodation services are for the most vulnerable (for people who can't benefit from Home Works) so should be a priority.
- Loss of experienced, skilled, trained staff who will be impossible to recruit back for future preventative services.
- Clients have to be given notice that meets the requirements of the legal occupancy agreement and assured short hold tenancies require 6 months' notice.

Inclusion Advisory Group 3rd November 2015

The Group discussed all the RPPR proposals and made the following key points and recommendations. Some of these are relevant to mental health and homelessness accommodation services.

Key points of the discussion:

Concern was expressed about the hardship that will be caused for individuals and their families by these proposals overall especially where services are likely to be removed: sense of being abandoned. There will be a high impact on informal carers and volunteers and some voluntary organisations may not survive.

The loss of informal support networks and the workforce, skills and premises and other resources in the voluntary and social enterprise sectors will be hard to replace.

Some people will be impacted multiply e.g. disabled people overall and especially people with mental health issues and those where housing options are being removed or reduced where there

is a high continuing demand e.g. mental health services, homelessness services, young people's services. A high likelihood of increasing numbers of people living on the streets.

Social isolation is a concern for older people where capacity is being taken out of supported housing and day support services. Likelihood of people needing more hospital care, safeguarding issues and this impact more on people in rural areas.

People on low incomes will also struggle to pay for services or manage to reach services if they live in rural areas.

Intervening when people are in crisis will be distressing for them and their families and costly for ASC and Health services. There will be an increase in people who need social care services and who are eligible for them. It is important not assume that people have family networks who can step in.

Risks

- Risk of removing services that offer early intervention and support choice and control for individuals
- Pushing people into crisis and then needing to meet their needs: this makes a crisis hard to recover from.
- Higher residential, hospital and crisis intervention costs than support in the community.
- Risk about social isolation in sheltered housing and escalating need.
- Risk about carers – not being able to meet the requirements of the Care Act about health and wellbeing
- Compromises people choice and control.
- Loss of voluntary sector capacity and services
- Big impact on mental health clients -loss of community based services now helping people learn independence and recovery skills
- Loss of buildings and staff- hard to replace once gone
- Hard to source other funds- loss of smaller more vulnerable organisations
- Increased homelessness and mental health issues- particular concerns about young people in need and risk of homelessness from SP reductions.
- Increase in hardship and poverty in rural areas, loss of support, increased social isolation. Increasing cost of living in ES.
- Multiple impact on people with mental health issues.
- Risk of loss of peer support networks and skills.
- Potential increase in suicide and complex problems
- Increase in substance misuse
- Risk about more people being on streets, risk around gender, mental health, mothers and children, rural areas, things that will combine e.g. people on low incomes in rural areas.
- Risk of assumptions about families stepping in and the impact this might have, e.g. on LGBT people and older people.
- Risk to volunteering -volunteers may be impacted by cuts and less able to carry out voluntary work

- Increased charges for voluntary organisations services.- risk to people on low incomes.

Recommendations

1. Organise drop in consultation events for full-time workers. Need to arrange evening sessions.
2. Communicate the changes carefully, precisely and clearly to clients and carers.
3. Inform and advise smaller organisations on how they can access alternative funding to maintain their service, even if not in the same way to help them survive.
4. Advise about becoming social enterprises.
5. Support the capacity of small organisations to draw on funding by encouraging organisations to work together to apply for funding as a larger organisation.
6. Monitor the delivery of the savings and the ESBT programme progress carefully.
7. Monitor the impact of the changes on existing clients and people whose needs escalate.

Public Consultation results

Full consultation results relating to these proposals can be found in 'Consultation Results: ASC Savings Proposals 2015' Report that can be found online, with copies in the Members' room and are available for public inspection at County Hall on request.

Many comments raise their objections to the savings in this area and describe concerns about the impact on individuals and the community of removing or reducing Supporting People funding. The speed and scale of the proposals is a big risk.

'Supporting people services are essential to many people who would otherwise find it very difficult to cope living independently. There are many people unable to access services without support, unable to engage within the community and who without housing support would be in a far worse position. I believe that this would trigger further decline in health and wellbeing that would mean that these people would then meet the 'essential' criteria. Therefore it would be a more sound idea to have a preventative strategy.'

Housing is seen as a basic need which should be met and which is fundamental to achieving good health. .

"homeless people need their housing needs met as they will be more vulnerable and their mental health will deteriorate considerably. Everyone requires a roof over their head and housing needs are crucial. "

Specifically many responses focused on the benefit accommodation services and floating support services provide to them or a family member and how hard, if not impossible, they would find it to cope without that support. People also talked about the help they've had and how it should be available to others. Many professionals explained the value services provide and how they've seen them permanently improve vulnerable people's lives. The services affect many other things, like the ability to sustain a basic standard of living, somewhere to live, ability to work and be part of the community. Comments about personal impact include:

"I would literally have no one to help me and I would be homeless. They are the only service that actually did anything when I needed housing and holistic support"

"I would feel lost, very vulnerable and helpless in my quest against homelessness"

"I would be made homeless and have no other living arrangements."

“if you cut supporting peoples budget i will probably lose my home and support that i get both of which I need in my life.”

Other statutory services would all be affected, including health, the police and fire services. There would be cost pressures and more need for support from these services. Without a service people are likely to require more costly health, housing and statutory ASC services in a few years' time

“Many could end up becoming homeless and the social cost associated with losing their supported placements is likely to far outweigh any short term savings achieved. There will be increased risk of suicide, mental health breakdown, NHS bed blocking, antisocial behaviour and crime.”

“This will lead to even more vulnerable people sleeping rough or sofa surfing and will lead to increased mental health problems, substance and alcohol misuse, survival crime and deaths.”

“Please! These are not 'savings' they are future costs on Social Services, the NHS, local councils and worst of all the innocent disabled people these services are being taken from. The loneliness, isolation, mental health problems and loss to the communities is a fearful cost not to mention the unemployment of most of our (ESHRC) disabled staff and the external funding we brought into East Sussex. ”

There would also be an economic impact on the county, with jobs being lost at many providers, suitable housing more difficult to source and tourism being affected by the community impact of the proposals and an increase in deprivation. Savings in the short term will be offset by longer term costs.

“There is currently a crisis in housing with these services in place and I have severe concerns about the rise in homelessness amongst vulnerable people from all service groups. Inevitably, ESCC will end up paying for temporary accommodation under their duty of care to vulnerable adults, so will end up paying anyway.”

“These are essential services. Cuts to funding would result in further poverty, isolation and ultimately in death whether by suicide or through neglect”

Professionals who responded expressed concerns about the vulnerability of the people who will be affected. Comments include:

“My clients will become more chaotic requiring further support from already stretched services, the long term impact is that individuals will not receive the care they require and I am concerned that this will have fatal consequences.”

A small number of respondents support the proposed savings recognising the cost pressures facing the Council. However Supporting People services are recognised as preventative support that reduces people's reliance on statutory services, saving money within the Health and Social Care economy.

A number of comments note that the value of these services comes in part from the fact that they are often used at crisis point. As a result, any cuts to this area would have a short term effect in terms of making savings, as it will just lead to cost pressures elsewhere for the Council and for other statutory services. The impact on the community and pressure on police budgets is also recognised.

‘Many could end up becoming homeless and the social cost associated with losing their supported placements is likely to far outweigh any short term savings achieved. There will be increased risk of suicide, mental health breakdown, NHS bed blocking, antisocial behaviour and crime.’

There would also be an economic impact on the county, with jobs being lost for many providers. The services for people with mental health issues and single homeless with complex needs would close as a result of the proposals. It is perceived that few other landlords will not be willing to

provide accommodation for the people affected. Floating support will not provide sufficient alternative support for people in great need.

“Supporting People Services fund staffing at the necessary levels in accommodation based services. Cutting or reducing this is a recipe for disaster. Housing providers will not allow their properties to be left unsupervised with the various resident client groups and will close them as they will be unsafe. Short daytime visits from other agencies simply will not meet the need nor will they carry out crisis intervention 24/7, plus they will actually cost more.”

Once these services close it would be very hard to start them up again. Services that support recovery and give people the skills to manage for themselves won't be available.

Services in this area have already been affected by previous budget reductions. In addition, many of the people who would be affected are experiencing pressures caused by other national and local cuts to statutory services. The lack of affordable housing in the county means that alternative accommodation isn't easily available.

‘I live in supported accommodation and without this help I would have not been capable of accessing other support for when I move on. You are cutting some of these as well’

Reducing or removing funding would:

- Risk people's lives and lead to suicide attempts
- Shorten the life expectancy of many vulnerable people
- Have a negative impact on people's safety, health and wellbeing
- Lead to many people losing their homes (many of the survey respondents say they would be likely to lose their home or accommodation) which would significantly increase homeless and rough sleeping in the county
- Increase poverty and financial hardship in the county
- Make people more isolated and less independent
- Make people more dependent on acute services
- Have an impact on the community through increased anti-social behaviour, substance misuse and crime
- Increase the risk of vulnerable people being exploited and abused, particularly an issue for younger people
- Increase the risk of people experiencing mental health problems
- Affect employment and training opportunities for people being supported, making them more likely to need longer-term care and forcing young people to move out of the area and away from their support networks
- Increase hospital admissions and make people more dependent on acute services
- Increase the need for temporary accommodation and the use of Bed & Breakfast placements

Priory Avenue Homelessness Services and Sanctuary Supported Housing event 10th December 2015

The meeting with started with a summary and a detailed Q&A session covering people's concerns about the proposals and what options people would be left with if they went ahead. The group were clear that the alternative support that would be available is not adequate to meet people's

needs. People were concerned about not being able to find private accommodation, being forced to move into temporary accommodation or even being forced to move out of the area. One of the volunteers has carried out a landlord survey which showed that if the hostels are taken away the Council cannot rely on the private sector to meet demand. Estate Agents confirmed the demand is much greater than supply, for example, only one flat was available in Hastings and they would require a guarantor. Most homeless people are unable to get a guarantor. (Report included in Members Papers). Impacts raised by the group were: the high risk of deaths and suicides; more people becoming or being made homeless; increased self-harming; removing safe spaces that have saved lives; pressure on other budgets and health services; stopping people seeing their children; loss of an asset base if buildings close, and an economic impact on tourism. For ex-offenders in particular, the service is critical in keeping them from living on the streets and providing a safe place. It was also raised that the length of prison sentence is often influenced by whether you have stable accommodation to come back to.

Organisational responses

Sanctuary Supported Living

The email explains the services provided by the organisation and the impact of removing Supporting People funding. Services would close, with the loss of 55 jobs and the loss of 84 units of accommodation across mental health, homelessness and vulnerable young people. All the services help keep people out of higher cost services such as hospital, prison and registered care. The majority of the clients would be eligible for social care services, so without the Supporting People services there would still be a statutory responsibility to fund their care and support.

Homeless Link: The response recognises the difficult decisions local authorities have to make as a result of their funding reducing. It urges the Council to reconsider the proposed cuts to housing-related services because of the human and financial benefits of continued investment in them. The current proposals put a very heavy burden on Supporting People funding. The result would be that peoples' needs become more complex with associated higher costs for the authority and the health service. The responses set out the national and local context relating to homelessness and its significant increase in recent years. The services in East Sussex are already insufficient, while reducing floating support is likely to mean that more people end up on the street. Cuts to accommodation in Eastbourne and Hastings for single homeless people and people with mental health problems and young homeless is positively dangerous in this context. The response addresses the documented benefits of continued investment in services and the impact on people's health of being homeless. The cost to the health service of supporting homeless people is also significantly higher, which is important in the context of the work being done with the local health service through East Sussex Better Together. The proposed reduction in funding to young people's services would affect services that have a good reputation and achieve good outcomes. Savings made in adult social care will just shift to children's services or other statutory bodies. It is likely too that East Sussex would be able to meet its statutory obligations if this saving went ahead. Proposed savings to accommodation are also likely to have an impact on the street community and criminal justice services, particularly where people have needs that cross offending, drug and alcohol misuse and mental health. The ability to incorporate housing-related support services into a more holistic model will be vital in accessing new funding streams and in the work locally towards moving towards a model of fully integrated health and social care.

Hastings Borough Council

The letter explains that the proposals would have a significant impact on clients in Hastings. The concentration of vulnerable and economically deprived households would mean a heavier impact on the town. In addition, the level of need in the area means that many of the accommodation

based services are located in Hastings. Some of the most vulnerable individuals and families would be affected. The letter references the effect of other central Government reductions in spending that affecting people, including welfare reform. It says that the most acute and obvious risk of the proposals is an increase in homelessness, which is already an issue. The possible withdrawal of services for those with significant support needs is likely to put pressure on other budgets and would also impact significantly on the wider community. The organisation is also concerned about the cumulative impact of the budget, particularly due to the pressure on the budgets of all statutory organisations including the borough council. The letter provides a detailed summary of what the proposed savings would mean to services in Hastings and the likely impact.

SHORE

The partnership explains its background and provides details on accommodation services it provides for rough sleepers and the homeless. It says that increases in rough sleeping are already worrying and the issue is predicted to get much worse. The complexity is also increasing, with significant increases in vulnerable women and young people on the streets. Provision in the county is already inadequate and there are existing capacity issues. The response recognises the need for the Council to make savings, but says this should be mitigated by introducing the social care precept for council tax. It urges the Council to improve work across the department and with partners to make the best use of public money. It says the proposals run the risk of increasing rough sleeping and homelessness. The impact of this would be increased cost, vulnerability, crime, poor health, and unattractive shopping areas. There would also be a risk that the number of looked after children would increase. The large cuts proposed for adult social care services run a significant risk of increasing costs elsewhere for the Council and partners, particularly for acute services. Members have grave concerns about the proposed cuts to Supporting People. They would lead to an increase in complex needs developing. This will put more pressure on acute services, particularly mental health services. The organisation is concerned that the cuts to the voluntary sector would be a false economy, removing services that reduce demand on more expensive services, risk organisations losing match funding and expertise. The organisation suggests that better understanding of the impact of cuts is needed to inform decisions. It suggests looking at partnership working to save money and reviewing how savings could be achieved by making better use of the Council's assets. Evidence of the equality impact assessments should be shared that clearly shows the impact on service areas and residents.

Eastbourne Homes

The letter says the proposals relating to supported accommodation for those with complex needs run the risk of removing specialist preventative services and putting the buildings they are run from at risk. This would put more pressure on social care and NHS budgets. The result would be a significant impact on individuals, increases in rough sleepers, anti-social behaviour and bed blocking. Young homeless people and care leavers are one of the highest risk groups. The letter says there is currently an effective pathway and good provision. The savings proposals could mean that this high risk group disengage and become revolving door clients. There would also be an impact on other budgets, increases in homelessness and loss of specialised buildings. The letter suggests that consideration is given to using the social care precept to mitigate the impact. It also references the need to meet the Council's statutory duties.

Hastings and St Leonards Local Strategic Partnership

The letter raises the organisation's strong concerns over the decision to reduce adult social care funding by £40 million and its deep concerns about the Supporting People and voluntary sector savings. It asks the Council to fully evaluate the impact of the proposal to reduce this funding. Supporting People allows some of the most vulnerable people to live independently, easing the

pressures faced by people with mental health problems and providing care for people with learning disabilities, homeless people and older people facing social isolation. The proposals would have a deeper impact in Hastings and St Leonards because of the deprivation in the area and the serious issues around child poverty, health inequalities and unemployment. Supporting People has been successful at providing early intervention which stops vulnerable adults falling further into poverty.

Full consultation results relating to these proposals can be found in 'Consultation Results: ASC Savings Proposals 2015' Report that can be found online, with copies in the Members' room and are available for public inspection at County Hall on request.

Part 4 – Assessment of impact

4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

Population estimates by age groups as in June 2014 in East Sussex and its districts (source: ONS Mid-Year Population Estimates): [number](#) and [percentage](#)

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Accommodation based services for people with mental health issues

A survey of age data of all clients entering the services between April 2014 and `September 2015 shows that:

- 38% are aged 16- 29
- 48% are aged 30 – 44
- 14% are aged 45 –64

Accommodation services for single homeless people

A survey of age data of all clients entering the services between April 2014 and `September 2015 shows that:

- 51% are aged 16- 29
- 27% are aged 30 – 44
- 22% are aged 45 –64

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Accommodation based services for people with mental health issues

17 % of East Sussex population are aged 16 – 29, 16% are 30- 44 and 28% 45 – 64 . This means that people between the ages of 16 and 44 who receive this service will be more affected than the general population.

Accommodation services for single homeless people

17 % of East Sussex population are aged 16 – 29, 16% are 30- 44 and 28% 45 – 64 . This means that people between the ages of 16 and 44 who receive this service will be more affected than the general population. The over representation is particularly stark for people aged 16 – 29. 51 % of the cohort are in this age range compared to the general population figure of 17%

d) What are the proposals' impacts on different ages/age groups?

The impact will be negative on all age groups living in both the homeless and mental health services. There is one 16 year old minor at Priory with a parent which will add complexity to the move on arrangements for this family. .

The following case study illustrates the outcomes achieved for an individual in one service.

“Prior to moving into Pathways C, a 22 year old man with a diagnosis of anxiety and depression with psychotic symptoms as well as a mild learning disability, was facing homelessness. C had left college due to peer bullying, was self harming and struggling to cope.

Over a period of twelve months the Pathway’s intervention coached C to cook, budget, manage money and accrue savings to help him when he moved on and to believe in himself. The service gradually and gently coached C to engage with a local football club for people with a learning disability. As C’s confidence grew he gradually overcame many negative feelings about college, and Pathways supported him to enrol for a college sports course, where he has also gained success in literacy, numeracy and IT skills. C was also supported by the service to overcome significant issues surrounding a physical attack

C now believes he can lead an independent life; his well being is much improved as he has developed confidence, independent living skills and coping strategies. C will now ask for help and knows what to do when he feels under pressure and at risk of self-harming. C now feels able to again go out after dark again. C is a Sports Ambassador at college and is looking forward to gaining employment and moving on to independent living.”

e) What actions will be taken to avoid any negative impact or to better advance equality?

Accommodation based services for people with mental health issues

- Ensuring that people currently using the services are well informed about the proposals and consultation by providers and encouraged to give information about the impact on themselves and others.
- The provider will endeavour to move people on from the service to another housing solution and support solution with support from Home Works before the service closes. However, if clients had the necessary skills and resilience to live independently they would not be in the service The data at 2.2 indicates that many people need a care/ health solution and the provider would support the client to obtain appropriate assessment for ASC/ health services
- The provider will not take referrals into the service once plans are agreed by Council.
- For all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning
- For clients and carers who have a current assessment and support plan (which may or may not include the service), a letter will be offered to advise them to contact ASC for review if they are concerned that their eligible needs may no longer be manageable.

Accommodation services for single homeless people

- Ensuring that people currently using the services are well informed about the proposals and consultation by providers and encouraged to give information about the impact on themselves and others.
- The provider will endeavour to move people on from the service to another housing solution with support from Home Works before the service closes. However if clients had the necessary skills and resilience to live independently they would not be in the service
- The provider will not take referrals into the service once plans are agreed by Council.

- For all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning
- For clients of carers who have a current assessment and support plan (which may or may not include the service): a letter will be provided to advise them to contact their social worker or NHS support person for review if they are concerned that their eligible needs may no longer be manageable.

f) Provide details of the mitigation.

1. Ensuring as far as possible that current clients and carers are informed of the proposals and encouraged to take part in the consultation.
2. ESCC will work with partner housing authorities to ensure they have as much notice as possible of what will be a significant increase in single people looking for housing solutions over a short time period. This is particularly true of Hastings and Eastbourne where there will be 43 and 28 people respectively affected (and 12 in Rother) .In addition Home Works (the service that would provide move on support) is facing a significant reduction to its service as set out in the budget proposals.
3. Local NHS (CCGs) will be informed of increased risk of hospital admission or need for crisis intervention.
4. Providers will support clients to identify alternative services (where possible) and/ or support clients and carers to access these, as above.
5. Providers will provide information and advice and support clients to arrange independent advocacy if required.
6. Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

1. Supporting People will implement a decommissioning plan to be agreed with the Providers which will require the move on solutions or any issues arising, to be reported to Supporting People.
2. Monitor progress with the following:
 - with informing clients and carers
 - provision of communication support in the consultation process and during any planning process.
 - numbers of referrals for independent advocacy or assessment and support planning.
 - numbers of people found new housing and support solutions
 - number of people who need a care solution
 - numbers of people who do not achieve an accommodation and support solution(Providers/Commissioning Team, during the notice period)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care

support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)

- include impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)
- Work alongside the existing Safer Communities Street Communities Steering Group and East Sussex Better Together Housing and Health groups to identify and respond to issues arising from the street community following implementation of the proposals.

4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

Data from ESIF shows that 14% of people aged 16- 64 in East Sussex have a long term health problem or disability

Residents with limiting long-term illness in 2011 in East Sussex and its districts (source: ONS Census 2011): [number](#) and [percentage](#)

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Accommodation based services for people with mental health issues

100% of people receiving this service have a long term health problem or disability as they have a mental health issue. A number also have a Long Term Condition

Profile of current clients

Disability	Number of clients with the disability
Mental health	43
Physical disability	5
Sensory impairment	2

Clients have a number of identified mental illnesses including the following :

paranoid schizophrenia, schizophrenia, schizoaffective disorder, Tourette syndrome, bi-polar, autism, Asperger syndrome, alcoholism, substance misuse, depression, OCD, PTSD, paranoia and personality disorder. (see snapshot chart)

Long term Condition	Number of clients with the LTC
Hypertension	2
Asthma	6
Heart disease	3
Epilepsy	2
Arthritis	4
Respiratory	2
Parkinson's	1
Other	1

Accommodation services for single homeless people

The profile of current clients is as follow

St Aubyns

Clients	Mental health issues	Health/LTCs	Learning disability
9	Depression - 9 Also: schizophrenia, autism, OCD, personality disorder, ADHD, bi-polar	Physical dis 1 LTC = 9, including: Hypertension 2 Asthma 1 Heart disease 1 Respiratory 1	2

Priory Avenue

Clients	Mental health issues	Health/LTCs	Learning disability
	Depression 14 Autism 5 Also: Anxiety, OCD, Personality Disorder, Schizophrenia, Drug/ alcohol misuse, suicidal thoughts	LTC = 16 including: Asthma 8 Epilepsy 4 Arthritis 4 Sensory impaired 1 Physical dis 3 Liver disorder 5	12

Merrick House

Clients	Mental health issues	Health/LTCs	Learning disability
12	Depression 6 Stress& anxiety 3 self harm/suicidal 2 Bi-Polar 1 Asperger's 1 Autism 1 ADHD 1	Impaired mobility 2 Sclerosis of the liver 1 Diabetes 2 Sensory impaired 5 Hypertension 1 Hepatitis C 1 Chronic Arthritis1 Asthma 1 Chronic pain Arthritis 1 Respiratory problems 1	Dyslexia 3

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Yes. In the general population of people aged 16 – 64, 14% of people were identified as having a long term condition or disability.

In the service specific data provided it is clear that for both affected service types there is a highly significant over representation of this protected characteristic. .

d) What are the proposals' impacts on people who have a disability?

The removal of funding from these services will result in the closure of these services. This means this that the residents of both service types will be

- Needing to make a transition to new accommodation if that can be found
- Likely to be homeless if no new accommodation can be found.
- Likely to have increased needs including eligible needs in terms of the Care Act and well-being principles.
- Likely to need to access health and social care services.
- Loss of self worth
- Loss of support to achieve potential and move towards independent living
- Likely increases in self neglect and personal vulnerability
- Greater risk of harm from others, as well as self harm

Mental Health Accommodation services

Likelihood of increase in stress and further mental health problems for people already affected by ill health. There is an increased risk of depression and anxiety; possible suicide risks and self-harm; high risk of interrupted treatment and medicine regimes leading to further mental distress and psychosis; possible anti-social behaviour as a result; disruption of progress towards independent living; resulting negative impact on informal carers; impact on physical health. Admission to hospital becomes very likely, with negative impact on the likelihood of personal recovery, disrupted social networks and support.

In the event of homelessness all these possibilities become more acute and would include loss of income and potential for hunger, exposure and possible winter death.

The following case studies show the positive impact of these services on previous clients. It is unlikely that similar positive outcomes can be achieved for the current cohort of clients as services will be closing before people have completed of their rehabilitative support plans.

Example: Client A,

On referral: Diagnosed with a personality disorder; 3 or 4 acute admissions each year due to overdoses and self-harm. Alcohol problems, regular ambulance call outs and crisis. Lived in the Bal Edmund mental health service for 18 months.

Outcomes: Attended specialist Personality disorder support group programme, took up voluntary youth work and sustained this. Moved on to independent accommodation. Had no acute admissions whilst in service or since.

Example: Client B

On referral: Diagnosed with paranoid schizophrenia and ASD (aspergers) substance misuse. Had been in Bramble lodge acute care for 9 months prior to discharge to B&B where he was evicted. He stayed with family before accessing support at Bal Edmund. History of psychotic behaviour, compulsive obsessions, social isolation. Twice supported to prevent acute admission whilst in service.

Outcomes: Stabilised on medication to help manage voices and anti-social behaviour, sustained tenancy and significantly reduced cannabis use, accessed long term supported accommodation and ASC support, accessed training and education. Maintained stability and no further acute admissions since move on 12 months ago..

Single Homelessness Services

Likelihood of increased stress and further mental health problems for people already affected by ill health. There is an increased risk of depression and anxiety; possible suicide risks and self-harm; high risk of interrupted treatment and medicine regimes leading to further mental distress and psychosis; possible anti-social behaviour as a result; disruption of progress towards independent living; resulting negative impact on informal carers; impact on physical health and loss of informal support networks.

In the event of homelessness all these possibilities become more acute and would include loss of income and potential for hunger, exposure and possible winter death.

The following case studies show the positive impact of these services on previous clients. It is unlikely that similar positive outcomes can be achieved for the current cohort of clients as services will be closing before people have completed of their rehabilitative support plans.

Client A,

On referral: Alcoholic with 3 failed rehab admissions. Physically disabled due to suicide attempts. Weekly admissions to hospital via A&E.

Outcomes: No drinking for 3 years, No admissions to hospital

Has moved into council flat and is living independently without support from services.

Client B

Came into the service with COPD, Chronic Alcoholism, Neurological Disorder, and Depression. On entry into the service the gentleman had large amount of debts from a previous tenancy, and to HMRC. While in the service he was able to apply for and be granted the full benefits to which he had been entitled and receive a back payment. This was helpful in settling his outstanding debts, and some debt was written off. He was fully assessed by specialist services for his neurological disorder but it remained undiagnosed. He attended Health in Mind, and was supported by his Social Worker and staff to attend a daycentre. Whilst in the service he reduced his alcohol intake sufficiently that he was able to access long term Supported Accommodation with his own budget. He was supported to refuse power of attorney being given to a family member and to be instead supported with his personal finance.

e) What actions will be taken to avoid any negative impact or to better advance equality?

The issues of potential homelessness have been thoroughly highlighted to both DMT and East Sussex Better Together. All Heads of Housing are aware of the issues and extremely concerned.

Accommodation based services for people with mental health issues

- Ensuring that people currently using the services are informed about the proposals and consultation by providers and encouraged to give information about the impact on themselves and others.
- The provider will endeavour to move people on from the service to another housing solution with support from Home Works before the service closes. However if clients had the necessary skills and resilience to live independently they would not be in the service.
 - The provider will not take referrals into the service once plans are agreed by Council.
 - The data at 2.2 indicates that many people need a care/ health solution and the provider would support the client to obtain appropriate assessment for ASC/ health services
- For all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning
- For clients and carers who have a current assessment and support plan (which may or may not include the service), a letter will be offered to advise them to contact ASC for review if they are concerned that their eligible needs may no longer be manageable.

Accommodation services for single homeless people

- Ensuring that people currently using the services are informed about the proposals and consultation by providers and encouraged to give information about the impact on themselves and others.
- The provider will endeavour to move people on from the service to another housing solution with support from Home Works before the service closes. However if clients had the necessary skills and resilience to live independently they would not be in the service.
- The provider will not take referrals into the service once plans are agreed by Council.
- The data at 2.2 indicates that many people need a care/ health solution and the provider would support the client to obtain appropriate assessment for ASC/ health services
- For all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning
- For clients and carers who have a current assessment and support plan (which may or may not include the service), a letter will be offered to advise them to contact ASC for review if they are concerned that their eligible needs may no longer be manageable.

f) Provide details of the mitigation.

1. Ensuring as far as possible that current clients and carers are informed of the proposals and encouraged to take part in the consultation.

2. ESCC will work with partner housing authorities to ensure they have as much notice as possible of what will be a significant increase in single people looking for housing solutions over a short time period. This is particularly true of Hastings and Eastbourne where there will be 43 and 28 people respectively affected (and 12 in Rother) .In addition Home Works (the service that would provide move on support) is facing a significant reduction to its service as set out in the budget proposals.
3. Local NHS (CCGs) will be informed of increased risk of hospital admission or need for crisis intervention.
4. Providers will support clients to identify alternative services (where possible) and/ or support clients and carers to access these, as above.
5. Providers will provide information and advice and support clients to arrange independent advocacy if required.
6. Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Supporting People will implement a decommissioning plan to be agreed with the Providers which will require the move on solutions, or any issues arising, to be reported to Supporting People.

Monitor progress with the following:

- with informing clients and carers
 - provision of communication support in the consultation process and during any planning process.
 - numbers of referrals for independent advocacy or assessment and support planning.
 - number of people who need a care solution
 - Numbers of people found new housing and support solutions
 - Numbers of people who do not achieve an accommodation and support solution
- (Providers/Commissioning Team, during the notice period)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
 - include impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
 - Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)
 - Work alongside the existing Safer Communities Street Communities Steering Group and East Sussex Better Together Housing and Health groups to identify and respond to issues arising from the street community following implementation of the proposals.

4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

Census data demonstrates ethnic diversity across the area as 8.3 % overall. The BME diversity in the relevant district and boroughs is:

- Hastings: 11%
- Eastbourne: 13%
- Rother: 6%

Population estimates by ethnic groups in 2011 in East Sussex and its districts (source: ONS Census 2011): [number](#) and [percentage](#)

Population estimates by ethnic groups and gender in 2011 in East Sussex and its districts (source: ONS Census 2011): [number](#)

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Accommodation based services for people with mental health issues

BME diversity across a profile of clients entering the 3 mental health services between April 2014 and September 2015 is 8.5% An ethnic profile of current clients is:

- Hyde Gardens : 19 White British
- Bal Edmund : 11 white British 1 White other
- Pathways: 9 White British 2 White other 1 Black or Black British Caribbean

Accommodation services for single homeless people

Ethnic Diversity across a profile of clients entering this service between April 2014 and September 2015 is 5% . An ethnic profile of current clients is:

- St Aubyns 9 White British
- Priory Ave 20 WB and 1 White other
- Merrick House 11 White British 1 White gypsy/ roma

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

No for both service types

d) What are the proposals' impacts on those who are from different ethnic backgrounds?

As in age and disability. In addition the one client with a a gypsy/ roma ethnicity will be closely monitored.

Clients or carers may have language/ communication needs that should be met during the consultation period and future support planning meetings should the proposals go ahead.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

The Providers will ensure that accessible communication is used to ensure all are able to participate.

Clients will be asked for their view of any cultural requirements they may have and if and how racial discrimination may have affected their ability to find suitable accommodation.

f) Provide details of any mitigation.

See above

g) How will any mitigation measures be monitored?

Supporting People will implement a decommissioning plan to be agreed with the Providers which will require the move on solutions, or any issues arising, to be reported to Supporting People.

Monitor progress with the following:

- with informing clients and carers
- provision of communication support in the consultation process and during any planning process.
- numbers of referrals for independent advocacy or assessment and support planning.
- Care and support needs
- Numbers of people found new housing and support solutions
- Numbers of people who do not achieve an accommodation and support solution

(Providers/Commissioning Team, during the notice period)

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- include impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)
- Work alongside the existing Safer Communities Street Communities Steering Group and East Sussex Better Together Housing and Health groups to identify and respond to issues arising from the street community following implementation of the proposals.

4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact

a) How is this protected characteristic reflected in the County /District/Borough?

Population estimates, 2001-2014 illustrate that across the county 48% of population is male and 52% female. This does vary slightly across district and boroughs.

Population estimates by **gender** as in June 2014 in East Sussex and its districts (source: ONS Mid-Year Population Estimates): [number](#) and [percentage](#).

Gender Identity: There is no impact evidenced for gender re-assignment

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Accommodation based services for people with mental health issues

A gender profile of clients entering this service between April 14 and October 15 shows 62% male and 38% female

A profile of current clients is :

Service	Male	Female	Transgender
Bal Edmond	8	4	
Hyde Gardens	11	8	
Pathways	10	2	

Accommodation services for single homeless people

A gender profile of clients entering this service between April 14 and October 15 shows 64% male and 36% female.

A profile of current clients is:

Service	Male	Female	Transgender
St Aubyns	7	2	
Merrick House	11	1	
Priory Ave	13	8	

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Yes - males are disproportionately more affected than females in both service types.

d) What is the proposal, project or service's impact on different genders?

The impact means there will be more males affected by the service closure than females. There will be more males looking for move on accommodation than females. Also it means that it is more likely that males will become street homeless than females. However there are particular safety issues in respect of women and homelessness that need to be addressed.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Accommodation based services for people with mental health issues

- Ensuring that people currently using the services are informed about the proposals and consultation by providers and encouraged to give information about the impact on themselves and others.
- The provider will endeavour to move people on from the service to another housing solution with support from Home Works before the service closes. However if clients had the necessary skills and resilience to live independently they would not be in the service.
- The provider will not take referrals into the service once plans are agreed by Council.
- The data at 2.2 indicates that many people need a care/ health solution and the provider would support the client to obtain appropriate assessment for ASC/ health services.
- Ensuring due regard is had to the particular risks faced by homeless women.
- For all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning
- For clients and carers who have a current assessment and support plan (which may or may not include the service), a letter will be offered to advise them to contact ASC for review if they are concerned that their eligible needs may no longer be manageable.

Accommodation services for single homeless people

- Ensuring that people currently using the services are informed about the proposals and consultation by providers and encouraged to give information about the impact on themselves and others.
- The provider will endeavour to move people on from the service to another housing solution with support from Home Works before the service closes. However if clients had the necessary skills and resilience to live independently they would not be in the service.
- The provider will not take referrals into the service once plans are agreed by Council.
- The data at 2.2 indicates that many people need a care/ health solution and the provider would support the client to obtain appropriate assessment for ASC/ health services
- Ensuring due regard is had to the particular risks faced by homeless women and to the one client with a 16 year old dependent
- For all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning
- For clients and carers who have a current assessment and support plan (which may or may not include the service), a letter will be offered to advise them to contact ASC for review if they are concerned that their eligible needs may no longer be manageable.

f) Provide details of the mitigation.

1. Ensuring as far as possible that current clients and carers are informed of the proposals and encouraged to take part in the consultation.
2. ESCC will work with partner housing authorities to ensure they have as much notice as possible of what will be a significant increase in single people looking for housing solutions over a short time period. This is particularly true of Hastings and Eastbourne where there will be 43 and 28 people respectively affected (and 12 in Rother) .In addition Home Works (the service that would provide move on support) is facing a significant reduction to its service as set out in the budget proposals.
3. Local NHS (CCGs) will be informed of increased risk of hospital admission or need for crisis intervention.
4. Providers will support clients to identify alternative services (where possible) and/ or support clients and carers to access these, as above.
5. Providers will provide information and advice and support clients to arrange independent advocacy if required.
6. Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Supporting People will implement a decommissioning plan to be agreed with the Providers which will require the move on solutions, or any issues arising, to be reported to Supporting People.

Monitor progress with the following:

- informing clients and carers
- provision of communication support in the consultation process and during any planning process.
- numbers of referrals for independent advocacy or assessment and support planning.
- number of people who need a care solution
- Numbers of people found new housing and support solutions
- Numbers of people who do not achieve an accommodation and support solution

(Providers/Commissioning Team, during the notice period)

1. Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
2. include impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
3. Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

4. Work alongside the existing Safer Communities Street Communities Steering Group and East Sussex Better Together Housing and Health groups to identify and respond to issues arising from the street community following implementation of the proposals.

4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.

Not relevant to this assessment

4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the population of those impacted by the proposals?

There is one pregnant client under the age of 25 at Bal Edmund and the mitigation will be that the provider works with the housing authority and mental health services to ensure she is moved on to appropriate housing with appropriate support and engagement from Home Works as soon as possible or moves to specialist provision for young mothers if her assessed needs require this solution.

b) How is this protected characteristic reflected in the County /District/Borough?

Teenage pregnancy by three year periods in East Sussex and its districts (source: ONS): [number](#) and [rate per 1,000 females aged 15-17](#)

Live births by mothers born in the UK in 2012 in East Sussex and its districts (source: ONS, Vital Statistics): [number](#) and [percentage](#)

c) How is this protected characteristic reflected in the population of those impacted by the proposals?

This characteristic is reflected in one client

d) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Yes

e) What is the proposal impact on pregnant women and women within the first 26 weeks of maternity leave?

f) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

- Ensuring that the client is informed about the proposals and consultation by providers and encouraged to give information about the impact on herself and others.
- The provider will endeavour to move the client on from the service to another housing solution with either on site support or support from Home Works before the service closes.
- The provider would work with the housing authority in respect of a homelessness assessment
- The provider will not take referrals into the service once plans are agreed by Council.
- The provider would support the client to obtain appropriate assessment for ASC/ health services/ Children Services
- Ensuring due regard is had to the particular risks faced by this woman if facing homeless
- As for all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning

- If the client has a carer who has a current assessment and support plan (which may or may not include the service), a letter will be offered to advise them to contact ASC for review if they are concerned that their eligible needs may no longer be manageable.

f) Provide details of the mitigation

1. Ensuring as far as possible that current client and carers are informed of the proposals and encouraged to take part in the consultation.
2. ESCC will work with partner housing authorities to ensure they have as much notice as possible of what will be a significant increase in single people looking for housing solutions over a short time period. This is particularly true of Hastings and Eastbourne where there will be 43 and 28 people respectively affected (and 12 in Rother) .In addition Home Works (the service that would provide move on support) is facing a significant reduction to its service as set out in the budget proposals.
3. Ensure the housing authority and Children Services are aware of this client and her needs
3. Local NHS (CCGs) will be informed of increased risk of hospital admission or need for crisis intervention.
4. Provider will support the client to identify alternative services (where possible) and/ or support clients and carers to access these, as above.
5. Providers will provide information and advice and support client to arrange independent advocacy if required.
6. Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Supporting People will implement a decommissioning plan to be agreed with the Providers which will require the move on solutions, or any issues arising, to be reported to Supporting People. Particular regard will be paid to the needs of this pregnant young woman within all reporting and this includes monitoring progress with the following:

- informing client and carers
- provision of communication support in the consultation process and during any planning process.
- referrals for independent advocacy or assessment and support planning.
- Housing solution
- Care/ support solution

(Providers/Commissioning Team, during the notice period)

1. Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)

2. include impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
3. Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)
4. Work alongside the existing Safer Communities Street Communities Steering Group and East Sussex Better Together Housing and Health groups to identify and respond to issues arising from the street community following implementation of the proposals.

4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.

Not relevant to this assessment

4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.

Not relevant to this assessment

4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.

4.9.1 Rural population

None of these services are in rural settings but do accommodate people who come from rural settings. Move on accommodation may need to be agreed across areas through reciprocal arrangements but this sits with the District and Boroughs and is outside of our control

4.9.2 Carers

a) How are these groups/factors reflected in the County/District/ Borough?

County wide data shows that 11% of population provide unpaid care.

Population by provision of unpaid care in 2011 in East Sussex and its districts (source: ONS Census 2011): [number and percentage](#)

b) How is this group/factor reflected in the population of those impacted by the proposal?

Accommodation based services for people with mental health issues

We do not systematically collect this data however a profile of residents living in Pathways shows that 75% have a carer.

Accommodation services for single homeless people

We do not collect this data.

c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?

Accommodation based services for people with mental health issues

If the profile above is indicative of all mental health clients there will be an impact on their carer

d) What is the proposal impact on the factor or identified group?

It is likely that carers will be needed to support clients to manage the impact of the proposal. This could be about managing their mental health as well as move on arrangements and support to sustain any alternative living solution that is found. It can lead to an increase in carers assessments

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

See earlier sections .There will be communication with and involvement of carers early on in a moving on plan.

f) Provide details of the mitigation.

See above

g) How will any mitigation measures be monitored?

Via the decommissioning protocol as set out in previous sections

4.9.3 People on low incomes

a) How are these groups/factors reflected in the County/District/ Borough?

Households in poverty in 2015 in East Sussex and its districts (source: CACI): [number and percentage](#)

b) How is this group/factor reflected in the population of those impacted by the proposal?

We do not collect this data but all clients will be living on low incomes. Many will be in receipt of sickness and/or disability benefits and a percentage of single homeless clients will be in receipt of work related benefits.

c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?

People on low incomes will find an additional difficulty in locating move on accommodation in the private sector as they will have no money for a deposit or rent in advance. See below for additional information.

d) What is the proposal impact on the factor or identified group?

The impact is negative and includes:

- inability to afford to acquire accommodation,
- inability to manage money to retain accommodation,
- fuel poverty,
- food poverty; and
- a general increase in health inequalities for this cohort of people

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

The only impact is for the provider to work with this cohort to ensure they have the skills to achieve and retain economic well-being before move on and to ensure they have the knowledge and confidence to access the Welfare Reform Project and understand the Winter Home Check Service and how to access it.

f) Provide details of the mitigation.

See earlier sections

g) How will any mitigation measures be monitored?

See earlier sections

- 4.9 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

We consider article 5 and article 8 apply

Articles	
A2	Right to life (e.g. pain relief, suicide prevention)
A3	Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)
A4	Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)
A5	Right to liberty and security (financial abuse)
A6 &7	Rights to a fair trial; and no punishment without law (e.g. staff tribunals)
A8	Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)
A9	Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)
A10	Freedom of expression (whistle-blowing policies)
A11	Freedom of assembly and association (e.g. recognition of trade unions)
A12	Right to marry and found a family (e.g. fertility, pregnancy)
Protocols	
P1.A1	Protection of property (service users property/belongings)
P1.A2	Right to education (e.g. access to learning, accessible information)
P1.A3	Right to free elections (Elected Members)

Part 5 – Conclusions and recommendations for decision makers

5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups

The advancing equality duty is not being met. The impact assessment demonstrates the proposal is likely to have a negative impact on the people who are affected. This cohort of people has low incomes and poor mental health and it is likely they will suffer an increase in anxiety, depression and associated health disorders. The safety of this cohort is likely to be put at risk if alternative accommodation and support cannot be sourced, many will face street homelessness, food poverty and a risk to their safety which it is likely will result in an exacerbation of their physical and mental health needs.

- Foster good relations between people from different groups

The proposal does not foster good relations as there is a risk of increasing the street and rough sleeping community; the number of mentally unwell people living unsettled lives in the community; the incidence of substance misuse; crime rates and inappropriate use of health services.

5.2 Impact assessment outcome Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	<p>A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.</p>	<p>Greater potential for adverse effect on vulnerable people with severe and complex mental health needs and substance misuse issues. This applies to both mental health accommodation and to homelessness accommodation. Many will be eligible in terms of the Care Act. Individual circumstances are detailed in the EqlIAS and the assessment of impact should be applied to individuals.</p> <p>There may be a risk of serious adverse impact for certain individuals e.g. if they are disabled people or older/younger people who become more seriously at risk or vulnerable as a result of the proposals. This needs to be carefully considered and action taken to resolve the negative impact/mitigate- or apply D.</p>
	<p>B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.</p>	<p>The current users are more likely to be people on low incomes (and unable to source alternative accommodation in the private sector as a result; with illness and long-term conditions; experience anxiety, depression or dual diagnosis; substance misuse issues. Greater risk of suicide, food and fuel poverty, increased ill-health. Increased risk of hospitalisation and possibility of offending for some individuals.</p>
x	<p>C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself</p>	<p>In addition, the requirement to foster good relations maybe</p>

Equality Impact Assessment

	that it does not unlawfully discriminate.	compromised by increasing the number of people living on the streets where drug and alcohol use and crime may be associated.
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	

5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

We will work to the agreed Decommissioning Protocol. For further details, see Action Plan.

5.6 When will the amended proposal, proposal, project or service be reviewed?

January 2017

Date completed:	January 2016	Signed by (person completing)	Sue Dean
		Role of person completing	Head of Supporting People
Date:		Signed by (Manager)	

Equality Impact Assessment

Part 6 – Equality impact assessment action plan

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
De-commissioning	Implement the de-commissioning protocol	Sue Dean / Jude Davies	3 months from notice to providers date	Supporting People (SP) Team	Departmental Management Team (DMT)
Move on arrangements	Support providers to consider options for move on for existing tenants before service closes	Sue Dean / Jude Davies	3 months from notice to providers date	SP Team, District and borough colleagues	DMT, East Sussex Chief Housing Officers Group (ESHOG), Strategic Forum, East Sussex Better Together (ESBT) housing sub group
	Support providers to consider options for meeting client's support needs when move	As above	As above	SP Team, Home Works	DMT, ESHOG. Strategic Forum, ESBT housing sub group

Equality Impact Assessment

		Lead	TIMESCALE	RESOURCE	WHERE INCORPORATED
	Providers communicate notice period to clients	As above	3 months. Some clients have a 6 month tenancy but contract break cause is 3 months	Providers	Within Equality Impact Assessment (EIS) and SP work plan
	Providers inform clients of available advocacy where required	As above plus commissioner lead for Advocacy	Once Notice is issued	SP Team, Provider Adult Social Care (ASC). Powher	EIA and SP work plan
	Information is provided to clients re potential alternative services, where available	Sue Dean/ Jude Davies/	Move on plans will ensure consideration of client support needs and potential available services within given Notice period	Providers	EIA and De commissioning Plan
	Providers determine whether assessment is needed from ASC for people who may be eligible for support	As above	Within 3 weeks of Notice	Providers, ASC	EIA and De commissioning plan
	Ensure carers affected are aware of potential for their needs to be reviewed by ASC	As above	Within 3 weeks of Notice	Providers, ASC	EIA and De commissioning plan

Equality Impact Assessment

	Ensure clients are well informed by providers about proposals and consultation	As above	On going	SP Team, ASC, Providers	Consultation documents, EIA , Consultation events
	Agree with provider a date to cease taking referrals	As above	Post 9 th February	Lead managers and Provider	DMT, EIA, Housing authorities
	Supporting People (SP) work with housing authorities to highlight increased demand on services	As above	On going	Lead managers	DMT, ESHOG. Strategic Forum, ESBT housing sub group
	SP ensure health colleagues are aware of the risk for deterioration in people's health and greater demand on acute services.	As above	On going	Lead Managers	EIA, ESBT and CMHT
	Ensure provider meets individual communication needs	As above	On going	Providers and SP Team, ASC Equalities Team	Decommissioning Plan
	Consider with housing colleagues any issues in terms of rurality and reciprocal arrangements	As above	February 2016	Lead Managers	Strategic Forum Steering Group
	Ensuring providers assist clients to access advice and support through the Welfare Reform project	As above	March / April 2016	Providers	Decommissioning Plan

Equality Impact Assessment

	Ensure appropriate arrangements are in place for 16 year old living with parent at Priory	As above	Move on plan for this family will ensure consideration of client housing and support needs	Providers ,Children's services and Housing authority	EIA, Decommissioning Plan and Strategic Forum Steering Group
	Ensure arrangements are in place for the 1 pregnant client	As above	Move on plan for this woman will ensure consideration of client housing and support needs	Providers ,Children's services and Housing authority	EIA , Decommissioning Plan and Strategic Forum Steering Group
Monitoring	<p>and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)</p> <p>include impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that</p>	<p>ASC;</p> <p>ESBT Programme</p> <p>Safer Communities</p>	From February 10 th	ASC and ESBT Programme	EIA / Cabinet report

Equality Impact Assessment

	<p>ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)</p> <p>Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys; focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning</p> <p>Work alongside the existing Safer Communities Street Communities Steering Group and East Sussex Better Together Housing and Health groups to identify and respond to issues arising from the street community following implementation of the proposals. (ASC)</p>				
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Equality Impact Assessment

6.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Homelessness if not deemed to be in priority need	Homelessness	No as 100% reduction in support funding is likely to result in closure of building.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	Sue Dean/Jude Davies	Not applicable
Lack of suitable alternative accommodation	Homelessness	No as the need will be within the Notice period and there is currently very little private or social housing available to this cohort.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	As above	Not applicable
Lack of suitable support for clients to maintain independent living	Vulnerability	No as the need will be within the Notice period.	EIA Reconciling Policy, Performance and Resources,	As above	Not applicable

Equality Impact Assessment

			(RPPR) DMT ESBT Programme Board Supporting People Steering Group		
Increased risk of harm from others	Safeguarding	No as this risk is present once the project closes. Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	As above Safeguarding Lead Officers	Not applicable
All areas of abuse	Safeguarding	No as this risk is present once the project closes. Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	As above Safeguarding Lead Officers	Not applicable
Increase in safeguarding alerts	Financial	No as this risk is present once the project closes. Future initiatives may be developed subject to available funding to address identified need but none	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Safeguarding Lead Officers	Not applicable

Equality Impact Assessment

		identified at this time.	ESBT Programme Board Supporting People Steering Group		
Increase in A and E presentation and hospital admissions	Financial and client vulnerability	Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together	Not applicable
Increased risk of suicide and/or self harm	Vulnerability and Safeguarding	Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together	Not applicable
Increase anti social behaviour in communities	Moral	Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering	Louisa Havers, Safe in East Sussex Police	Not applicable

Equality Impact Assessment

			Group		
Deteriorating mental health	Moral, Financial and client vulnerability	Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together	Not applicable
Increasing costs to the Trust	Financial	No as costs are likely to be incurred soon after the project closes. Future initiatives may be developed for cohort of people unable to access services in the future but none identified at present and no funding identified for this	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together	Not applicable
Increased costs to NHS via section 136 presentations	Financial Client vulnerability	As above	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together	Not applicable

Equality Impact Assessment

Negative impact on hospital discharge pathway	Reputational Financial Client vulnerability	This risk is present as soon as the project stops taking referrals and then closes.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together	Not applicable
Severe negative impact of closures as an integral part of rehabilitation pathway	Reputational and financial. Client vulnerability	No as this risk is present as soon as the project stops taking referrals and then closes	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together	Not applicable
Increased demands from carers	Financial Carer well being	No as this risk is present as soon as the project stops taking referrals and then closes	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	Barry Atkins	Not applicable
Increased costs to ASC in respect of Safeguarding and	Financial	No as this risk is present once the project stops taking referrals and then	EIA Reconciling Policy,	Safeguarding Lead Officers	Not applicable

Equality Impact Assessment

carers assessments		closes.	Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group		
Loss of publically funded buildings	Moral and Financial	No, as the Provider owns the property and once it is no longer used by ASC the Provider will make its own decisions about the use of this asset	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	Sue Dean/Jude Davies	Not applicable
Some clients legally require 6 month notice so there is a risk to achieving budget proposal for this cohort	Legal Financial	No – impacts once notice is given on the projects	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT SP Steering Group	Sue Dean/ Jude Davies	Not applicable
Risk to landlord if ESCC end funding before the tenant leaves due to notice complexity	Financial Contractual challenge	As above	RPPR DMT EIA	Sue Dean/ Jude Davies	Not applicable
Reputational risk to ESCC if ceasing funding	Reputational	As above	RPPR DMT	Sue Dean/ Jude Davies	Not applicable

Equality Impact Assessment

whilst tenants are on notice periods			EIA		
Home Works will not have the capacity or skills to support this client group who require onsite staff intervention due to complex needs	Reputational Client vulnerability	This could be mitigated through additional funding for Home Works or another specialist service being funded to develop an intensive long term floating support service but no funding is identified and alternative would be more expensive than current provision	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	Sue Dean/ Jude Davies	Not applicable
Community will not cope with the impact of closure all the same time	Safeguarding and Moral	No – this will be an immediate impact of closure of these services.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	Louisa Havers	Not applicable
Negative impacts on individuals in all areas of poverty , health and well being	Moral Client vulnerability	No – this will be an immediate impact of closure of these services.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering	Sue Dean/ Jude Davies	Not applicable

Equality Impact Assessment

			Group		
Negative impact on District and Borough of significant increase in single people seeking accommodation in short timeframe	Financial Client vulnerability Relationships with partner agencies	No – this will be an immediate impact of closure of these services at a time when homelessness is already outstripping available resources	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	Sue Dean/ Jude Davies Heads of Housing	Not applicable
Additional risk to women of street homelessness	Moral Client vulnerability	No – this will be an immediate impact of closure of these services at a time when homelessness is already outstripping available resources	RPPR DMT EIA	District and Boroughs	Not applicable
Increased homeless and community safety issues during transition pre-closure.	Moral Reputational	No – this will impact during the notice period as we stop taking new referrals	RPPR DMT EIA	District and Boroughs and Louisa Havers	Not applicable
Staff leave before service closes and unable to recruit new staff.	Business	No – once decision is made to remove funding staff will seek alternatives prior to service closure. Use of bank staff will be the only option which will not meet the needs of this cohort at the time of transition	RPPR DMT EIA	Sue Dean/ Jude Davies	Not applicable

