

Equalities Analysis in Lambeth

Proposal Title *

Community-Based Intensive Support Service - Without Walls Service

Author

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Please provide name of lead author and/or those within project team who may be required to contribute to this assessment

Who will sign off the assessment?

Jane Bowie

Please indicate who will be involved in approving this assessment. This will need to be signed off by the designated Head of Service or Director

Q1a. What is changing?

In accordance with the Transforming Care Agenda, the Council proposes to recommission the Without Walls Service (WWS) from a local organisation called Elfrida Rathbone. WWS supports adults with learning disabilities and/or autism who display challenging behaviour. WWS works with these individuals to access the community safely at a usual ratio of two support workers to one service user. This is a high-risk service that requires specialist trained staff.

Among other things, the Transforming Care Agenda aims to improve the lives of these adults in the following way:

- To improve quality of care for people with a learning disability and/or autism
- To improve quality of life for people with a learning disability and/or autism
- To enhance community capacity, thereby reducing inappropriate residential care and hospital admissions and length of stay

The plan from 11 March 2021 is to recommission the existing WWS for 3 plus 2 years with improved Key Performance Indicators (KPIs) and revised service specification. This is fund the core service (smaller service model) which supports service users on a long-term basis which it does so successfully plus two additional posts to specifically support people who have been discharged from hospital or at risk of hospital admission (enhanced service model). The support from the two additional posts will be for a short-term period and therefore WWS will be equipped to support more service users. The intention here is that WWS will work with service users on a short-term basis and then other providers can take over the support from WWS. These two additional posts will therefore be ring-fenced specifically for this purpose.

In the first year (11 March 2021-31 March 2022), the enhanced service model will be tested and if the service proves to be successful, WWS will continue to be commissioned at the same funding level. Should the enhanced service not prove to be successful - only the core service will be commissioned from year 2 onwards.

What is the most significant or key change taking place? Can you indicate the type of change in your response (e.g. policy/decision/strategy/ service/procedural/ geographic/procurement etc.) so it is clear what is being equalities assessed? Why is this change happening? What do you aim to achieve? Can you clearly indicate what decision-makers are being asked to take a decision on?

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Here you will need to describe clearly and briefly what this change is about (i.e. service change, policy review/update, decision)? Compared against what we do currently, what will be different? Can you explain what will happen if this is approved and when will it be implemented? How will the EIA inform your business case, tender specification, for example?

Q1b. Who will be involved in approving this decision?

Jane Bowie, Director of Integrated Commissioning, Cllrs Jim Dickson and Danny Adilypour, Cabinet Members for Adult Social Care and Health

Who else will be involved in signing-off this decision?

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Please detail any project sponsors, (Head of Service, Directors cabinet member/s, legal, partners) Note: Any reports that go to anyone needing to take decisions must refer to this equalities analysis so they can consider the effects of the proposals on different groups before and during decision-making.

Q2a. What do we know about the people who will be impacted by this change?

The WWS Service has been involved in the support of 9 adults who have learning disabilities and/or autism who display challenging behaviour. They cannot be supported in mainstream services. Out of these, up to 3 receive a long-term service (over a year) and 1 received a short-term (approximately 6-9 months) service. The remaining are on the waiting list. The service users are all within or at the cusp of the Transforming Care Cohort and may also be eligible for mental health services. For this cohort, as the Transforming Care Agenda advocates, there is a need to support them to live either at home or closer to home as opposed to living in expensive institutional settings such as care homes or secure hospitals - this would certainly be the case if WWS were not recommissioned. These settings can often be a considerable distance away from their family homes which has the potential for causing family carers severe worry and frustration. WWS also supports their families providing them with the incentive to carry on carrying for them at home as long as possible.

NICE guideline 2015 (Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges) state the following:

'It is relatively common for people with a learning disability to develop behaviour that challenges, and more common for people with more severe disability. Prevalence rates are around 5-15% in educational, health or social care services for people with a learning disability. Rates are higher in teenagers and people in their early 20s and in particular settings. People with a learning disability who also have communication difficulties, autism, sensory impairments, sensory processing difficulties and physical or mental health problems (including dementia) may be more likely to develop behaviour that challenges.'

These adults are largely unable to live independently. They are unable and access the community safely without causing harm to themselves, to others or to property. Below sets out the list of examples (which are not exhaustive) of the sorts of challenging behaviours that these service users display such as:

- Pulling
- Spitting
- Banging against walls
- Ripping doors off hinges
- Smashing windows
- Vomiting
- Smearing

Of the 9 Service Users:

- All are under the age of 30

- 7 are Male and 2 are Female
- 5 are Black African
- 2 are Afro-Caribbean
- 1 is Mixed Race
- 1 is White
- Most of the male service users live with single mothers

What does your information tell you about the people who will be affected by this change? Are protected groups impacted? What information do you hold on the protected characteristics of the people affected by the change? (Age, disability, gender reassignment, pregnancy and maternity, race/ethnicity, religion or belief, gender, sexual orientation, health, socio-economic, language) Are there any gaps or missing information?

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This is an opportunity for you to share what you understand about the people who will be affected by what is being proposed whether now and/or potentially in the future. Do you know whether they are from protected groups? What does your service level profile data tell you about them? What if anything does your current and previous consultations, surveys, complaints, contract monitoring data, equalities data monitoring (including from partners and other service areas) reveal about these people and their needs or issues that may be connected/relevant to this change? Are there any gaps in your data? **If yes**, please note we are under a legal duty to be properly informed before making a decision. If the relevant data is not available we are under a duty to obtain it and this will often mean some consultation with appropriate groups is required. You will need to provide a reason or justification for why you have missing data/information. You may have to address this by including plans to generate this information within your action plan and responses to questions 3a, 3b and 4.

Q2b. How will they be impacted by the change?

The re-commissioning of the service will continue to affect current and future service users in a positive way:

- The current service users will continue having access to the WWS, this is even if transitioned out of the service. For instance, this may be the case if they subsequently are at risk of hospital admission
- Service users on the waiting list and new service users will benefit from the service due to improved capacity from 12 March 2021
- All service users will receive support to live well either in their own family homes or enabled to live independently in the community by working with additional partners.
- WWS will ensure that services will continue to be developed in culturally appropriate ways
- WWS will ensure that services will also be relevant to female service users by recruiting female staff
- WWS will continue supporting family carers/parents of the service users ensuring that they also access the right support either from Elfrida Rathbone's wider services or from other support available in the community.

Would you assess the impact as positive, adverse, neutral? Do you have any uncertainty about the impact of your proposal? Is there a likelihood that some people will be more impacted than others? Can you describe the ways in which they will be affected? How might this change affect our 'general duty'?

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Q3a. How do you plan to promote and deliver any positive impacts of the proposal?

Through the local community access activities and undertaking work around crisis management and hospital discharges:

- Promoting positive behaviour approaches to other partners e.g. when service users are in crisis in different settings - thus supporting service users in reducing challenging behaviours
- Embedding positive behaviour approaches with other providers when service users transition out of the WWS

- Improving relationships and living environments in their own homes, thus preventing breakdown of family care
- Increasing WWS capacity and increasing community access of service users (morning and afternoon sessions could be explored as opposed to currently having 6-hour sessions) who might otherwise be isolated
- Promoting the practice and message that prevention is far better for the service user - prevention of being detained in secure hospital or placed in a residential care which impact negatively on service users

How might the principles of fairness, equality of opportunity and positive relationships be further promoted as a consequence of this proposal? How do you propose to measure your positive outcomes and the benefits outlined to find out if these have been achieved?

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Q3b How do you plan to address and mitigate any negative impacts of the proposal?

There are no negative impacts of the proposal. Where service users are supported by the WWS on a short term basis, WWS team will ensure that the providers responsible for the long-term support of the service users will also be supported in a planned way.

What impact has this evidence had on what you are proposing? What can you do differently that might lessen the impact on people within the timeframes i.e. development-implementation? Who can help you to develop these solutions?

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Q4. How will you review/evaluate your proposal, mitigating actions and/or benefits? Who will be responsible for this?

There will be routine monitoring meetings to include Lambeth's head of service and transforming care practitioner (LD care management team), Without Walls managers and Elfrida Rathbone's CEO. This will be to evaluate:

- How WWS is meeting the KPIs
- How WWS is continuing to meet the needs of the service users and their family carers from an equalities perspective
- The pattern of demand (which will look at numbers of people transitioning from the Children's department and the local dynamic register which records adults who are at risk of entering in-patient facilities) and priorities for referrals/assessments
- The plans for transitioning service users out of the WWS when appropriate

Who will you be accountable to for the above actions/outcome? How will those responsible know these actions have worked? What performance indicators will you use to demonstrate this? Are there any other forms of evidence you can use to support this assessment of their effectiveness?

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Section to be completed by Sponsor/Director/Head of Service

Outcome of equality impact assessment

 No adverse impact, no change required

- Low adverse impact, minor adjustment required
- Significant adverse impact, further action required
- Significant impact identified unable to mitigate fully
- Unlawful in/direct discrimination, stop and rethink

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Comments from Sponsor/Director/Head of Service

The Service has proved to work well with the long-term service users. WWS will be required to work with more service users and partners to ensure that more service users are supported to live in the community and avoid entering high cost secure settings, which are very often a considerable distance from their family homes.

Submit for approval

Submit for approval

Executive Approval

Approved

Attachments

Close