

# Service and Community Impact Assessment (SCIA)

## Front Sheet:

### Directorate and Service Area:

Social & Community Services, Strategic Commissioning

### What is being assessed:

The options to redesign emergency response services, including the current rapid response service Crisis Response Service, Alert Service 24/7 response and call monitoring elements, and Emergency Carers Support Service.

### Responsible owner / senior officer:

Kate Terroni, Deputy Director Joint Commissioning

### Date of assessment:

August 2015

### Summary of judgement:

The option being considered is to combine existing emergency response services to create a single rapid response service. By doing this we aim to ensure a good quality service is available to respond quickly to clients' needs, and work with a provider to create an efficient staff structure which will save money on duplicated services. Combining existing services would release a potential £200,000 in savings for the council from 2016/17.

Overall, these changes should have neutral or positive impact on people using one of the current three rapid response services (the Alert Service, the Crisis Response service and the Emergency Carers' Support Service), the wider health and social care system, and the staff working in it. In particular the proposal is likely to have a positive impact on people using the Crisis Response Service; bringing together a number of services with a similar function could increase capacity, lack of which has been an issue in this service. It also makes crisis support simpler for people to understand and access, giving peace of mind to people and making more efficient use of staff time.

There are risks that would particularly affect carers and, as the majority of carers are women, there is likely to be a disproportionate effect on women. Prioritisation of urgent need may result in carers who feel unable to continue caring not receiving support as quickly as they might have when accessing a separate service. Some carers will welcome additional support to enable the person they care for to remain at home during an emergency/unexpected break (e.g. if the carer is in hospital), whereas others may prefer for the person they care for to be supported outside of the home in these circumstances. Learning from the project to co-design a new respite model will be used to mitigate this risk.

The models developed will also need to ensure that emergency support can be provided in a timely way across the county, including in harder-to-reach rural areas; this is especially significant with the shift towards providing more crisis support at home.

Bringing together three distinct services for different groups of people, albeit with similar needs, introduces risks relating to the loss of specialisms. This would be particularly significant if it adversely affects the making of priority judgements. This can be mitigated to some extent by ensuring staff are well trained to effectively support everyone and/or through dividing up some functions of the services such as telecare support. Further risks associated with bringing together different services include the likely reduction in excess capacity, which is especially critical to the effective functioning of rapid response services, but also reduced capacity and capability during the transition period, which could lead to service delays and ultimately increase hospital admissions. A reduction in excess capacity could be mitigated by increasing capacity in the combined service or linking to other available services in the wider system during periods of intense activity. Potential capacity and capability issues during transitions could be mitigated by comprehensive transition planning, and short-term additional input into the system or work-arounds to respond quickly to initial delays.

This proposal would have significant impact upon the three current rapid response service providers and their staff. This impact cannot be assessed until the options and models are further developed, however moving to a single service is likely to include gains for some providers and their staff and losses for others.

Removing the duplication of function will lead to an overall reduction in the cost of community services for the whole system (health and social care) and will help to deliver savings for the council and benefit staff working across the system as it simplifies the provision of information and advice and making of referrals.

## **Detail of Assessment:**

### **Purpose of assessment:**

This assessment considers the impacts of an option to combine existing services and create a single rapid response service. By doing this the council aims to ensure a good quality service is available to respond quickly to clients' needs, and work with

a provider to create an efficient staff structure which will save money on duplicated service functions.

This assessment is being carried out to ensure that the Council considers the impact of these proposed changes on different clients, especially those who share a protected characteristic under the Equality Act 2010.

Section 149 of the Equality Act 2010 (“the 2010 Act”) imposes a duty on the Council to give due regard to three needs in exercising its functions. This proposal is such a function. The three needs are:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic, and those who do not.

Complying with section 149 may involve treating some people more favourably than others, but only to the extent that that does not amount to conduct which is otherwise unlawful under the new Act.

The need to advance equality of opportunity involves having due regard to the need to:

- remove or minimise disadvantages which are connected to a relevant protected characteristic and which are suffered by persons who share that characteristic,
- take steps to meet the needs of persons who share a relevant protected characteristic and which are different from the needs other people, and
- encourage those who share a relevant characteristic to take part in public life or in any other activity in which participation by such people is disproportionately low.
- take steps to meet the needs of disabled people which are different from the needs of people who are not disabled and include steps to take account of a person’s disabilities.

The need to foster good relations between different groups involves having due regard to the need to tackle prejudice and promote understanding.

These protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief
- sex
- sexual orientation
- marriage and civil partnership

## **Social Value**

Under the Public Services (Social Value Act) 2012 the Council also has an obligation to consider how the procurement of services contracts with a life value of more than £173,934<sup>1</sup> might improve the economic, social, and environmental well-being of the area affected by the proposed contract, and how it might act to secure this improvement. However, it is best practice to consider social value for all types of contracts, service delivery decisions and new/updated policies. In this context, 'policy' is a general term that could include a strategy, project or contract.

## **Context / Background:**

There are currently three services (for adults, but clients are predominantly older people) that provide a rapid response to deliver home care or help keep people safe:

- The Alert Service (telecare) is made up of several elements; the equipment has recently been re-contracted but the contracts for call monitoring and 24/7 response end on 31 March 2016.
- The Crisis Response Service provides immediate home care to deal with crises in clients' personal situations (such as a fall, or an informal carer being taken ill), and system crises, such as when another service cannot respond fast enough.
- The Emergency Carers' Support Service has over 4,400 registered carers who get peace of mind knowing that if something happened to them the service would be able to look after the person they care for.

The Council wishes to continue providing these services as they have been shown to be effective at preventing hospital admissions. Options for how they will be provided in future are currently being considered.

The Council also supports some people who need emergency care in bed-based units which provide respite for informal carers (older people and people with learning disabilities). The Council aims to support people at home where possible. It may be possible to support these people, whose carers need emergency respite, at home with the new rapid response service if the provider is able to support their needs.

## **Proposal:**

The option proposed by the council is to combine existing services and create a single rapid response service.

The current contracts for the three services listed above end in 2016 (March and June). The quality of the Alert Service and Emergency Carers' Support Service is good, but there are no further options to extend with the current provider; there have

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<sup>11</sup> [EC Procurement Threshold for Services](#)

been some problems with capacity in the Crisis Response Service which mean it is unlikely that the council would take any option to extend that contract.

All three services require a similar staffing structure to respond to people rapidly, namely people available and waiting to take calls, to then attend clients in their homes quickly. There is also overlap in the call monitoring function: both the Alert Service and Emergency Carers' Support Service require the provider to hold a database of clients who may contact them (though for telecare this must be held using specific software which the telecare equipment can connect to). As such overlap exists it is proposed that the three services are combined into one rapid response service.

There would be two elements to the new Rapid Response service:

- Call monitoring (and holding the database of pre-registered clients)
- 24/7 rapid response

How the elements of the new service will be provided and how the new provider will be chosen is yet to be decided. Options include:

- Tender process run by the Council to select an external organisation for both elements. It is likely that in this case the two elements would be tendered together to reduce handovers between different organisations.
- Appointment of an internal Council team to undertake one element of the service with the other element then procured.
- Procurement by Oxfordshire Clinical Commissioning Group of one or both elements of the service

### **Evidence / Intelligence:**

The Alert Service has:

- 4,444 total registered, of whom 3568 are registered for the 24/7 response
- 50-130 new referrals per month (with a similar number of clients leaving service)
- 6,157 calls to the monitoring centre in Sep 2013
- 11% (693) calls were requesting assistance from a carer, ambulance or doctor
- Monitoring centre resolved 59% without outside support
- 558 calls were passed on to the 24/7 emergency response service to visit the client. Of these in 51% cases client was fine; 39% client was ill or had fallen. 99% of these cases the mobile responder dealt with the situation, often using a mangar lifting device. In only two cases the responder referred for an ambulance (a saving of £53,750 to SCAS in one month (215 calls \* £250))

In 2014/15, the Crisis Response Service accepted on average 44 referrals per month.

In the same period, the Emergency Carers Support Service had 4,512 registered clients, but only 89 visits were required.

## **Alternatives considered / rejected:**

Various options have been considered for providing this service:

- a. A procurement process led by the council to select an external organisation for both elements
- b. Appointment of the Council Fire & Rescue Service to run the 24/7 rapid response, with call monitoring/handling then tendered (led by the council)
- c. Combining this service with the 'Vanguard', a Health-led proposal to expand the remit of the Ambulance call centre and to provide a health and social care response team to support ambulances

The council and Clinical Commissioning Group's Joint Management Group approved the first option due to the complexities of the two proposed options b and c, which would be difficult to deliver within the timescales available before the current contracts end. Additionally, the first option offers the greatest opportunity to improve services and secure the best value for money for the council and residents of Oxfordshire.

## **Impact Assessment:**

Identify any potential impacts of the policy or proposed service change on the population as a whole, or on particular groups. It might be helpful to think about the largest impacts or the key parts of the policy or proposed service change first, identifying any risks and actions, before thinking in more detail about particular groups, staff, other Council services, providers etc.

It is worth remembering that 'impact' can mean many things, and can be positive as well as negative. It could for example relate to access to services, the health and wellbeing of individuals or communities, the sustainability of supplier business models, or the training needs of staff.

We assess the impact of decisions on any relevant community, but with particular emphasis on:

- Groups that share the nine protected characteristics
  - age
  - disability
  - gender reassignment
  - pregnancy and maternity
  - race – this includes ethnic or national origins, colour or nationality
  - religion or belief – this includes lack of belief
  - sex
  - sexual orientation
  - marriage and civil partnership
- Rural communities
- Areas of deprivation

We also assess the impact on:

- Staff
- Other council services
- Other providers of council services
- Any other element which is relevant to the policy or proposed service change
- How it might improve the economic, social, and environmental of the area affected by the contract **if** the Public Services (Social Value) Act 2012 applies

For every community or group that you identify a potential impact you should discuss this in detail, using evidence (from data, consultation etc) where possible to support your judgements. You should then highlight any mitigating actions you will take to either lessen the impact, or to address any gaps in understanding you have identified.

If you have not identified an impact on particular groups, staff, other Council services, providers etc you should indicate this to demonstrate you have considered it.

<b>Impact on Individuals and Communities:</b>
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***People using rapid response services***

Overall, these changes should be neutral or positive for people using one of these three rapid response services (the Alert Service, the Crisis Response service and the Emergency Carers’ Support Service). In particular it is likely to have a positive impact on people using the Crisis Response Service; bringing together a number of services with a similar function could increase capacity, lack of which has been an issue in this service. It also makes crisis support simpler for people to understand and access, giving peace of mind to people.

However, there are risks to the success of this streamlining and redesign that could impact negatively upon people using these services.

<b>Risk</b>	<b>Mitigation</b>
The transition to a single combined services could lead to reduced capacity and capability of services to function effectively, which may result in increased delays and reduced effectiveness overall. This in turn could result in a failure to prevent the timely meeting of urgent needs, or prevention of escalating needs, which could ultimately lead to increased hospital admissions.	Comprehensive transition planning and short-term additional input into the system or work-arounds to respond quickly to initial delays and/or reduced capacity and capability.
Likely reduction in excess capacity which is especially critical to the effective functioning of rapid response services.	As the options are developed in more detail, this reduction will need to be modelled and the impact assessed and mitigated for, for example through

	increasing capacity in the single service or linking to other available services in the wider system during periods of intense activity.
The loss of specialisms in bringing together what are currently three distinct services aimed at different groups of people albeit with similar needs. This especially could be a risk in the making of priority judgements; they may be based on an incomplete understanding of the issues facing particular groups, which would adversely affect them. It could also include not having the right technical knowledge, for example to support telecare.	Ensuring staff are well trained to effectively support everyone and/or by dividing up some service functions such as telecare support. This will need to be taken into account and further explored as the models for delivering this single system are developed.

### ***Carers using rapid response services***

In addition to the impacts set out above for everyone using these rapid response services, there may be some additional impacts specifically affecting carers.

<b>Risk</b>	<b>Mitigation</b>
Bringing three separate services together the prioritisation of urgent need may result in carers who feel unable to continue caring not receiving support as quickly as they might have when accessing a separate service.	The new model would ensure that appropriate levels of support are specified, and performance of the new service would be closely monitored to allow timely interventions where necessary
The council aims to support people in their own home wherever possible. Some carers may prefer that the person they care for is supported outside of the home when they have an emergency/unexpected break, e.g. in hospital	The work underway to co-design a new respite model will help determine what carers' preferences are and how they might be met. This work will also take into account the views of people who are cared for. This aspect of this proposal – supporting carers by providing care to the cared-for person at home rather than through bed-based respite placements – would need to be revisited in light of this work.

### ***Considerations relating to protected characteristics, and rural and deprived areas***

In bringing together access to emergency support into a single system based on need, it is likely that this proposal will have a positive or neutral impact on people with protected characteristics and people in rural communities and/or deprived areas.

However any specific impacts will be likely to affect people with the protected characteristics relating to ‘age’ and ‘gender’ in particular, as the majority of people using these services are older people, of whom the majority are older women. This is especially the case for any impacts on carers.

At this stage, no differential impacts have been identified on groups that share protected characteristics of age, disability, gender reassignment, pregnancy & maternity, race, religion, sex, sexual orientation, marriage & civil partnership beyond those given above.

Whichever models are developed, they will need to ensure that emergency support can be provided in a timely way across the county, including in harder-to-reach rural areas. This also applies to the shift towards providing more crisis support to carers at home; options will need to take into account issues of capacity and capability of providers to work in this way.

**Impact on Staff:**

Having a single rapid response service will benefit staff working across the health and social care system as it simplifies the provision of information and advice and making of referrals.

Addressing the current issues of insufficient capacity in the Crisis Response Service will also benefit staff working across the system, in so far as it enables them to support people to access support quicker.

**Impact on other Council services:**

Removing the duplication of function will lead to an overall reduction in the cost of community services for the whole system (health and social care) and will help to deliver savings for the council.

As throughout, there are risks associated with the transition of services.

Risk	Mitigation
Reduced capacity and capability of services to function initially during the transition period will potentially increase workloads across other services.	Comprehensive transition planning and additional short-term input into the system or work-arounds will help to alleviate additional pressures during the transition period.

**Impact on providers:**

***Current providers of crisis response services***

This option would have significant impact upon the three current rapid response service providers. The impact on these different providers cannot be assessed until the options and models are further developed, however moving to a single service is likely to include gains for some providers and losses for others.

The council would need to look in more detail at the impact on the different current providers, as the various models and options are explored and developed.

***Providers not currently providing crisis response services***

This option is potentially positive for other social care providers, particularly home care providers, as it includes increasing the provision of crisis support within people’s own homes in the community. Depending on the model chosen, this could involve new opportunities for home care providers that they and their staff might benefit from.

<b>Risk</b>	<b>Mitigation</b>
Reduced capacity and capability of services to function initially during the transition period will potentially have a negative impact on providers across the health and social care system.	Comprehensive transition planning and additional short-term input into the system or work-arounds will help to alleviate additional pressures during the transition period.
Staff working in existing rapid response services may need to find alternative employment if there is a significant reduction in the staffing structure needed for the new service	Regular and early communication with providers affected to allow them to keep staff informed and make alternative arrangements where appropriate

**Social Value**

***If the Public Services (Social Value) Act 2012 applies to this proposal, please summarise here how you have considered how the contract might improve the economic, social, and environmental well-being of the relevant area.***

**How might the proposal improve the economic well-being of the relevant area?**

There may be a reduction in the total number of staff employed on the service which would have a slight negative economic effect. However, the call monitoring element is currently carried out out-of-county and, depending on the provider chosen, this may relocate to Oxfordshire, therefore increasing the number of staff employed. There may be a positive impact on carers who receive peace of mind through knowing the cared-for person has an alarm or would be looked after in an emergency. This may enable more carers to take jobs and thus have a positive impact on economic well-being.

**How might the proposal improve the environmental well-being of the relevant area?**

Bringing these services together will result in less duplication of staff covering the whole county. Instead care workers will be focussed on their geographical area,

reducing the distance they travel by car. This should have a positive environmental impact.

**Action plan:**

<b>Action</b>	<b>By When</b>	<b>Person responsible</b>
Develop business case including predicted demand	October 2015	Commissioning Manager
Revise SCIA for implementation	December 2015	Commissioning Manager
Finalise tender documentation	March 2016	Joint Commissioning Team
Select provider	June 2016	Joint Commissioning Team
Revise SCIA depending on provider selected	June 2016	Joint Commissioning Team
Develop transition plan and communications plan for service users, providers and social services staff	June 2016	Joint Commissioning Team
Start of new service	October 2016	Joint Commissioning Team

**Monitoring and review:**

**Person responsible for assessment: Commissioning Manager**

Version	Date	Notes (eg Initial draft, amended following consultation)
V1.0	August 2015	Initial draft
V2.0	January 2016	Updated draft