



NOTICE OF MEETING

CABINET MEMBER FOR HEALTH, WELLBEING & SOCIAL CARE

TUESDAY, 20 NOVEMBER 2018 AT 5PM

THE EXECUTIVE MEETING ROOM, THIRD FLOOR, THE GUILDHALL

Telephone enquiries to Jane Di Dino 023 9283 4060
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If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

Membership

Cabinet Member for Health, Wellbeing & Social Care
Councillor Matthew Winnington (Cabinet Member)

Group Spokespersons
Councillor Luke Stubbs
Councillor George Fielding

(NB This agenda should be retained for future reference with the minutes of this meeting).

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AGENDA

- 1 Apologies for Absence.**
- 2 Declarations of Members' Interests.**
- 3 Forward Plan Omission**

The Adult Social Care Older Persons Care Home Strategy was omitted from the Forward Plan covering 9 October 2018 to 1 January 2019. The Chair of the City Council's Scrutiny Management Panel has been notified and a public notice published.

RECOMMENDED that

- 1. The omission to the Forward Plan for November 2018 be noted and**
- 2. That publication of the omission notice be noted.**

4 Adult Social Care Older Persons Care Home Strategy (Pages 3 - 18)

Purpose.

The purpose of this report is to set out the proposed strategic direction for the provision of good quality, sustainable accommodation for Adult Social Care in Portsmouth. These proposals are based on our work to understand the current and future accommodation needs for social care and for residents in the city.

Recommended that the Cabinet Member for Health, Wellbeing & Social Care:

- 1. Approves the preferred option (option 4) in relation to the rationalisation of the in-house residential estate.**
- 2. Agrees that officers commence immediate engagement with residents, families, staff and wider stakeholders (e.g. primary care) on the closure of Edinburgh House in 2019 and Hilsea Lodge in 2020.**
- 3. Agrees that work continues on the re-purposing the existing Edinburgh House site for the development of a specific dementia extra care facility; acknowledging that any development will be subject to securing sufficient capital funding.**

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Title of meeting:	Cabinet Member for Health, Wellbeing & Social Care
Date of meeting:	20 November 2018
Subject:	Adult Social Care Older Persons Care Home Strategy
Report by:	Innes Richens - Chief Health & Care Portsmouth
Written by:	Angela Dryer - Deputy Director Adult Services
Wards affected:	All
Key decision:	Yes
Full Council decision:	No

1. Purpose of report

- 1.1. The purpose of this report is to set out the proposed strategic direction for the provision of good quality, sustainable accommodation for Adult Social Care in Portsmouth. These proposals are based on our work to understand the current and future accommodation needs for social care and for residents in the city.
- 1.2. Adult Social Care (ASC) is an increasingly high profile area of local authority business. There is an acknowledgement at a national level that social care is under increasing pressure for a variety of reasons including an increasing demand to support people with more complex needs in their own homes. A range of accommodation solutions will be required in Portsmouth to meet this complexity. In particular, affordable, good quality extra-care accommodation for people with dementia and/or physical disabilities is a known gap in current provision; this report sets out potential solutions for utilising existing sites within the city to address this gap.
- 1.3. More broadly, the care market is also under pressure resulting from increasing costs of employment for providers of social care services that the council contracts with, due to rises in the National Living Wage and increases in 'auto-enrolment' pension contributions. For the NHS to be able to care for people's health, it is critical that social care is able to meet the needs of citizens.
- 1.4. In order to provide a social care service that meets the needs of Portsmouth residents, meets the Council's statutory duties contained in relevant legislation and manages the demands of increasing needs and costs, ASC is proposing to implement a number of strategic shifts from 2018/19 to 2020/21, these are summarised below:

- Make better use of 'enabling technology' whether this is via 'Apps' that can be accessed via a phone, devices in the home that can be connected to the internet, or monitoring systems that demonstrate patterns of daily living and help decide the most appropriate care. Better use of technology may also mean offering advice around technology, its uses and where these can be purchased, or purchasing a technology solution where there is a duty to meet need. This aims to create a 'technology first' culture with every contact.
 - Help people have more say over how services they access are provided and encourage use of community groups that exist in individual communities in Portsmouth. Work with Portsmouth residents to ensure that services reflect their life experience and priorities.
 - Have a focus on 'reablement' services that aim to help people get to a level of independence, rather than 'do for' people. Ensuring that responding to people who need help is at the right time and in the right place and that we learn from experience which builds the evidence as to what works.
 - Shape the options for meeting people's needs in Portsmouth, increase options for care needs to be met in an environment where people have their own 'front door' and maintain their independence with care 'on site' (supported living). By supporting people in their own homes for longer, this will reduce the need for residential care in the city. Increase the number of people who manage their own services via direct payments and gain greater volunteer/community sector services involvement in meeting need.
 - Improve service quality in the care sector, addressing concerns raised by Care Quality Commission, (CQC), inspections in Portsmouth City Council, (PCC), owned and managed residential units as well as more widely in the city, work with the NHS Portsmouth Clinical Commissioning Group, (PCCG), on our joint quality improvement programme.
- 1.5. By using the strategic approach above, ASC will work toward addressing the financial deficit, achieving financial balance by using reablement to reduce the length of time people use funded services and further reducing dependence on residential/nursing care by maximising opportunities for supported living. ASC will aim to reduce reliance on domiciliary care by encouraging choice and control in care arrangements, through promoting direct payments and use of personal assistants. ASC will move commissioning for adults with mental health problems from residential environments to supported living and use enabling technology where possible and safe to help people manage some needs.

2. Recommendations

- 2.1. It is recommended that the Cabinet Member:
- a. Approves the preferred option (option 4) in relation to the rationalisation of the in-house residential estate.

- b. Agrees that officers commence immediate engagement with residents, families, staff and wider stakeholders (e.g. primary care) on the closure of Edinburgh House in 2019 and Hilsea Lodge in 2020.
- c. Agrees that work continues on the re-purposing the existing Edinburgh House site for the development of a specific dementia extra care facility; acknowledging that any development will be subject to securing sufficient capital funding.

3. Background

- 3.1. PCC Adult Services Currently owns and runs 5 care homes:
 - Edinburgh House - 30 bedded unit for older people with dementia
 - Hilsea Lodge - 35 bedded unit for older people with dementia
 - Shearwater - 60 bedded unit for older people with dementia
 - Victory Unit - 20 bedded Rehabilitation/Reablement unit
 - PCC also owns and runs Russets, which can accommodate up to 18 people with a learning disability and provides a mixture of permanent and respite options.
- 3.2. In addition PCC also owns Harry Sotnick House - a 92 bedded Nursing Home for older people with dementia. This home is currently being run by Hampshire County Council on behalf of PCC until March 2020.
- 3.3. Two of the care homes Edinburgh House (built in 1960) and Hilsea Lodge (built in 1977) are limited in the residents they are able to support due to the physical layout of the units.
- 3.4. In December 2015 PCC undertook a Care Home Review feasibility study. This report reviewed the building conditions of Edinburgh house and Hilsea Lodge. The report concluded that without significant investment of c.£2.26m in Edinburgh House and c.2.62m in Hilsea Lodge, the buildings would no longer be operational within approximately 3 years. Even if this money was spent, the physical environment of the homes would still not be fit for purpose and would not be able to meet the physical and social demands of residents. As these are older properties, they would not meet today's minimum requirements for new residential care homes. This means that continuing to run residential care services from the buildings will not be an option in the very near future.
- 3.5. Following inspections by the CQC in 2017, Shearwater and Hilsea Lodge were rated as inadequate and placed in special measures. Staffing levels were deemed inadequate and, in Hilsea Lodge, the physical environment was viewed as tired and dated and not conducive to modern care requirements.
- 3.6. The change in complexity of the residents being supported also required a review of the current staffing ratios. A review was undertaken in Edinburgh House, Hilsea and Shearwater, which determined that based on the dependency of residents a significant increase in staffing was required to ensure safe quality care in each unit. The dependency tool used and best practice available, determined that each home required a 1:4, (staff to resident)ratio for essential care needs during the day (an increase of 33% on existing staffing levels) and a ratio of 1:7 overnight (as existing). The staffing levels within the homes have been increased temporarily in the current

financial year. This increase in staffing levels has led to significant financial pressure, and currently forecast expenditure for 2018-19 is expected to exceed the available budget by £1.6m; which is unsustainable.

- 3.7. The 3 homes for older people with dementia have a total of 125 beds available for use. Taking Harry Sotnick House back into Portsmouth City Council management, also gives nomination rights for all 92 beds, rather than the 62 available under the previous contract arrangement. This gives a total current potential in-house stock for older people with dementia of 214 residential and nursing beds.
- 3.8. People with dementia requiring residential care will either have that need met in the independent sector or within in-house provision. Since March 2016 the demand for residential placements for people with dementia has reduced and we have seen a reduction in the number of people with dementia seeking residential care through supporting people at home for longer.
- 3.9. In March 2016 114 beds were purchased in the independent sector and 98 in-house beds were occupied.
- 3.10. In March 2017 the figures had reduced to 109 in the independent sector and 94 in-house.
- 3.11. In March 2018 the figure was 110 in the independent sector and 69 in-house.
- 3.12. Following the CQC inspections an embargo was placed on admissions to Edinburgh House and Shearwater. However this did not lead to a significant increased demand for residential placements within the independent sector.
- 3.13. Analysis of the data indicates that we are able to accommodate existing residents within Shearwater and Harry Sotnick House by October 2020
- 3.14. Additionally as of 31 March 2018 Harry Sotnick House had 53 beds occupied. This had reduced to 42 in September 2018, offering 50 bed capacity.
- 3.15. Portsmouth does not currently have an extra care dementia offer. When we undertook the dependency exercise to determine staffing requirements, assessments of a number of individuals showed that whilst they were unable to manage on their own at home, they did not need 24 hour residential care, but there are no local facilities that can bridge this gap currently for people with dementia.
- 3.16. Building an extra care facility for people with dementia will enable people to live in a supported environment, with skilled and trained staff available on site to support them 24 hours a day, but afford people their own 'front door' with the ability for regular support and an on-call immediate response should this be needed. We are therefore seeking to re-purpose the current Edinburgh House site and create a dementia extra care facility, which will provide alternatives for people with dementia in the future, maintaining independence and dignity in their own homes. An option for people with dementia to access supported living would build on the supported living opportunities that are already available in Portsmouth that have been

developed over recent years, offering accommodation in four locations around the city.

- 3.17. Initial indications are that the Edinburgh House site could offer the potential to accommodate 50 units for extra care for people with dementia, more than the facility currently offers in residential beds. A capital bid has been developed which seeks to secure the necessary funding from the Council's Capital Programme for this project to be developed. We are also exploring other opportunities to secure funding from external sources such as Homes England. We are exploring future options for the Hilsea Lodge site that will ideally be repurposed to continue in support of people with care and support needs but in a modern and appropriate setting.

4. Options

- 4.1. In order to determine the preferred option a number of considerations have been taken into account, including the above factors as well as the future required staffing levels, safe and effective sustainable quality care, and maximisation of choice and independence through a variety of accommodation and support options:

- 4.2. Four options were considered:

i. **Option 1 maintain the existing permanent staff levels within the 3 PCC homes**

This option would see the current permanent established staffing levels maintained across the three homes. Whilst this would be affordable it would not address the quality and environmental issues and would risk regulatory action from CQC

- ii. **Option 2 maintain the existing permanent staff levels within the 3 PCC homes but reduce the number of registered beds in each home.** This would lead to higher unit costs as there would be a reduction in income and the running costs of each home would remain broadly as now, but would not address the quality and environmental issues. This would also not be affordable or financially sustainable in the long term.

- iii. **Option 3 to implement the full cost of the staffing review and continue funding the increased staffing levels in the long term.** This would not be affordable or financially sustainable in the long term and would not address the quality and environmental issues.

- iv. **Option 4 to implement the full cost of staffing review and continue funding the increased staffing levels in the short term and reduce the number of beds PCC would require in the future based on demand data analysis.** This option would enable the rationalisation of the existing estate, ensuring sufficient beds are available for the known demand, whilst ensuring appropriate staffing levels to deliver safe, quality care within the available financial envelope, whilst also presenting the opportunity to provide additional care options for people with dementia.

- 4.3. Option 4 is the preferred option as it will deliver the necessary quality service within the available financial envelope by March 2021. Option 4 aims to mitigate against

compulsory redundancies as we will seek to redeploy existing permanent staff to the other care homes.

5. Proposal

5.1. Having considered the options above and having regard for the future requirements for care and support for people with dementia, a 3 year programme has been identified, which is detailed below

5.2. Year 1, (from agreement for proposal) and 2019/20, is as follows:

- Stop any new admissions to Edinburgh House from November 2018
- Undertake engagement with existing residents, relatives, staff and wider stakeholders
- Offer opportunities to visit other units. Any residents who would like to move sooner than the proposed closure date will be supported to do so
- Communication and engagement with existing residents, relatives, staff and wider stakeholders at Hilsea Lodge to enable home to close in 2020
- Transition Edinburgh clients to new accommodation by Oct 2019
- During this year Harry Sotnick House will continue to operate as currently and admit people as and when required as there may be the need for some residents to move to nursing home accommodation.

5.3. Year 2, 2020/21 is as follows:

- Harry Sotnick House returns for PCC to run by April 2020 (subject to PCC being registered as a provider with CQC to manage dual registered care homes)
- Shearwater is dual registered by August 2019 (subject to PCC being registered as a provider with CQC to manage dual registered care homes)
- New admissions to Hilsea Lodge are stopped from January 2020
- Hilsea clients are transitioned to new accommodation over a 3 month period from August 2020 to Oct 2020.

5.4. Year 3, 2021/22

- No changes proposed, however, full year impact of the year 2 transfers become visible.

5.5. Within the financial modelling allowances have been made to support relatives and staff with travel costs.

6. Reasons for recommendations

- The recommendations are in line with the ASC strategy and will ensure financial sustainability.
- The required staffing levels and skill mix required to ensure the in-house care homes are able to provide quality safe care will be maintained within existing budgets and lead to significant reduction in use of agency staff.
- The proposal aims to mitigate against compulsory redundancies as we will seek to redeploy existing permanent staff to the other care homes, although it is acknowledged that they may be required to move work base.

7. Equality impact assessment

A full EIA has been started. As the proposal is for closure and re-purposing, the Access & Equality Adviser has advised that this will be engagement rather than consultation. The EIA form cannot therefore be finalised until the engagement is completed.

8. Legal implications

The legal implications are as outlined in the report the main issue being the potentiality of redundancies and potential changes with respect to staff location so there could be issues with respect to contractual variation of employees terms and conditions of employment. That risk could be mitigated with appropriate consultation with regard to redundancy and or change in staff location - such consultation would encompass engagement with those staff members who have Union affiliation. The plan seeks to address the issues raised by the CQC in an appropriate way which is sustainable in terms of delivery and cost - the decision is one that falls within the ambit of being competent in terms of decision making.

9. Finance comments

- 9.1. The recommendations contained within this report seek to rationalise the in-house residential estate, ensuring sufficient beds are available for the known demand, that staffing levels are appropriate to deliver safe, quality care; and also that the proposed model is financially sustainable.
- 9.2. As highlighted within the report, the financial modelling assumes that the based the current occupancy levels, existing residents can be accommodated with the other available in-house provision. Additionally, it is assumed the service will seek to accommodate existing permanent staff within the proposed staffing structures.
- 9.3. Following the completion of the staffing review referred to within the report, it was identified that based on the dependency of residents a significant increase in staffing was required to ensure safe quality care in each unit. This increase in staffing resources was estimated to require an additional £1.5m per annum; which would be unaffordable. In addition, a further £1m is expected to be required annually in respect of the operation of Harry Sotnick House as highlighted within the report presented to the Portfolio meeting in July 2018.
- 9.4. Based on the anticipated staffing levels and occupancy levels, the financial modelling shows that option 4 is expected to be affordable within anticipated available cash limit by 2021-22. In 2019-20 and 2020-21 one-off funding will be made available to mitigate the anticipated overspend of £3.1m in these years. Should there be delay in implementing the proposals, it would result in an increase in the level of overspend which would be unfunded.
- 9.5. Separate financial appraisals will need to be undertaken in respect of the proposals to develop extra care facilities for clients with dementia.

Signed by: Angela Dryer, Deputy Director Adult Services

Appendices:

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
Care Home Review feasibility study December 2015 - Adam Hardwick	

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by on

.....
Signed by:

Equality Impact Assessment

Full assessment form 2018

www.portsmouthccg.nhs.uk

www.portsmouth.gov.uk

Directorate:

Adult social care

Service, function:

Title of policy, service, function, project or strategy (new or old):

Closure of in-house care homes, re-purposing of one site to deliver Extra Care for older people with dementia, and repatriation of Harry Sotnick House

Type of policy, service, function, project or strategy:

- Existing
- New / proposed
- Changed

Lead officer

Angela Dryer - Deputy Director Adult Services

People involved with completing the EIA:

Angela Dryer; Marie Edwards - Service Manager;
Richard Webb - Finance Manager; Gina Perryman -
Access & Equality Adviser

Introductory information (Optional)

Step 1 - Make sure you have clear aims and objectives

What is the aim of your policy, service, function, project or strategy?

The aim of the strategy is to ensure that accommodation options available to older people with dementia in Portsmouth meet existing and future needs, giving appropriate and quality options within available resources.

To ensure that in-house care homes for older people with dementia, meet both the demographic requirements as well as meeting standards suitable for needs of people with dementia requiring residential care.

Who is the policy, service, function, project or strategy going to benefit or have a detrimental effect on and how?

In the short term the strategy will impact on people currently living within Edinburgh House, who will be required to move from their existing home. Placements will be sourced, with residents and family members that will be able to meet individual needs. People will be supported to move to their choice of home, in an agreed timescale.

Relatives and friend may be concerned about being able to visit their relatives/friends. Within the financial appraisal and as a requirement under the Care Act 2014, funding will be provided for travel costs to enable relationships to be maintained.

Staff, currently employed within Edinburgh House will be affected as the existing home will no longer exist. Evaluation of requires staffing levels and existing vacancies within Shearwater (which was built in 2011) indicate that there is unlikely to be a requirement to enforce redundancies. Within the financial appraisal funding has been included to provided additional funds for staff to cover travel costs for a period of up to 2 years.

For residents in Hilsea Lodge the timeframe for the home to close is October 2020. The same issues as for residents, families and staff in Edinburgh House may impact. Mitigation as per Edinburgh House has been included within the strategy. At this point in time, it is anticipated there will also be an opportunity for some staff to be employed at Harry Sotnick House, as this Nursing Home is due to be repatriated to PCC in April 2020

What outcomes do you want to achieve?

Successful move of existing residents to new fit for purpose care home with modern facilities.
 Facilities will ensure Equality Act 2010 compliance
 Staff will be redeployed within other care homes

What barriers are there to achieving these outcomes?

People having to leave their current home
 Cost for visiting relatives
 Staff having to leave their current place of employment
 Additional travel costs for staff

Step 2 - Collecting your information

What existing information / data do you have? (Local or national data) look at population profiles, JSNA data, surveys and patient and customer public engagement activity locally that will inform your project, national studies and public engagement.

Portsmouth has a population of 212,000 people of which xxxx are older people over the age of 65. At the current time there are xx residential and nursing homes in Portsmouth for older people with dementia. Adult service commissions placements within the private sector and also owns and runs 3 residential homes for older people with dementia. PCC also owns Harry Sotnick House a 92 bedded nursing home which is currently run by Hampshire County Council.

Edinburgh House is the oldest in-house care home built 60 years ago; Hilsea Lodge is 40 years old. Neither of these home provide modern facilities and the physical environment impacts on who is able to be admitted. Shearwater was built and opened in 2011. It is a modern 60 bedded care home.

PCC funded placements for people with dementia in residential care homes were 114 (March 2016); 109 (March 2017); 110 March 2018 and 125 (September 2018)

For in-house placements the numbers have been as follows: 98 (March 2016); 94 (March 2017); 69 (March 2018) and 71 (September 2018)

Using your existing data, what does it tell you?

The available data tells us that the demand for residential care placements for people with dementia over the age of 65 has reduced since March 2016. Quality of PCC in-house residential homes was affected during 2017 and 2018, leading to 2 of the homes Shearwater (60 beds) and Hilsea Lodge (32 beds) not admitting people until summer 2018 due to being rated as Inadequate by the Care Quality Commission (CQC) following inspections in the later part of 2017. Despite a reduction in available in-house beds increased pressure in the private market was not seen. This indicates that closing Edinburgh House (30 beds) will not have a significant impact on the required in-house resources

Step 3 - Now you need to consult!

Who have you consulted with?

Due to the reasons stated above, this is an engagement not consultation exercise, as to deliver quality, sustainable care options going

If you haven't consulted yet please list who you are going to consult with

forward the care homes will be required to close in order to release land for development of extra care for people with dementia and to deliver required provision within available financial envelope.

Engagement will be undertaken with:
Residents, relatives, staff, Clinical Commissioning Group (CCG); GP's; Solent NHS Trust;

Please give examples of how you have or are going to consult with specific groups or communities e.g. meetings, surveys

Communications plan has been developed for residents, relatives and staff; Newsletters, face to face meetings; email point of contact;

Step 4 - What's the impact?

Is there an impact on some groups in the community? (think about race, gender, disability, age, gender reassignment, religion or belief, sexual orientation, sex, pregnancy and maternity, marriage or civil partnerships and other socially excluded communities or groups)

Generic information that covers all equality strands (Optional)

Ethnicity or race

Ethnicity or race will not be specifically affected by the proposal. People will be assessed and any placement will be required to meet individual needs.

Gender reassignment

No information specified

Age

Older people - new placements will meet individual need. Friends will be placed together wherever possible. Visits to new placements will be arranged and people given the opportunity to visit or more

than one occasion before any decision is taken. Once people move placements will be subject to a 28 review to ensure placement is suitable. Alternative placement will be sought if required. All decisions taken will fully involve residents/relatives/representatives.

Disability

Some of the residents will have levels of physical disability. Due to the existing physical environment of the care homes, the impact of moving to modern homes, meeting regulatory standards, good lighting and en-suite facilities will enable more independence for some people, as physical environment will be improved.

Religion or belief

No impact - religion / belief is a required regulatory standard and will be met irrespective of placement

Sexual orientation

No information specified

Sex

Within Edinburgh House the current breakdown by gender is xx Female / xx Male residents
Within Hilsea Lodge the current breakdown by gender is xx Female / xx Male residents
Within Shearwater the current breakdown by gender is xx Female / xx Male residents

Marriage or civil partnerships

Within the existing home there are no married couples or civic partnerships at the current time. However, couples have been accommodated previously and this would be considered based on needs of individuals

Pregnancy & maternity

Not relevant in relation to residents. For staff - they will be covered under employment law

Other socially excluded groups or communities

During assessment process in identifying future provision, friendships will be considered and friendships supported when identifying placements

Note:Other socially excluded groups, examples includes, Homeless, rough sleeper and unpaid carers. Many forms of exclusion are linked to financial disadvantage. How will this change affect people on low incomes, in financial crisis or living in areas of greater deprivation?

Health Impact

Have you referred to the Joint Needs Assessment (www.jsna.portsmouth.gov.uk) to identify any associated health and well-being needs?

Yes No

What are the health impacts, positive and / or negative? For example, is there a positive impact on enabling healthier lifestyles or promoting positive mental health? Could it prevent spread of infection or disease? Will it reduce any inequalities in health and well-being experienced by some localities, groups, ages etc? On the other hand, could it restrict opportunities for health and well-being?

Moving older people from care homes - risk of mortality. Reduced if move is planned
Improved physical environment improves physical and mental wellbeing and independence

Health inequalities are strongly associated with deprivation and income inequalities in the city. Have you referred to Portsmouth's Tackling Poverty Needs Assessment and strategy (available on the JSNA website above), which identifies those groups or geographical areas that are vulnerable to poverty? Does this have a disproportionately negative impact, on any of these groups and if so how? Are there any positive impacts?, if so what are they?

For more help on this element of tackling poverty and needs assessment contact Mark Sage: email:mark.sage@portsmouthcc.gov.uk

Not applicable - all residents are subject to financial assessment and pay the maximum assessed contribution set by national arrangements.

Self-funding full charge (which currently affects 4 residents across the 3 care homes) is the same in each of the 3 homes.

Step 5 - What are the differences?

Are any groups affected in a different way to others as a result of your policy, service, function, project or strategy?

Please summarise any potential impacts this will have on specific protected characteristics

N/A.

Does your policy, service, function, project or strategy either directly or indirectly discriminate?

Yes No

If you are either directly or indirectly discriminating, how are you going to change this or mitigate the negative impact?

Step 6 - Make a recommendation based on steps 2 - 5

If you are in a position to make a recommendation to change or introduce the policy, service, project or strategy clearly show how it was decided on and how any engagement shapes your recommendations.

The services change is subject to cabinet decision to close the care homes and re-purpose the Edinburgh House site for development of Extra Care for people with dementia.

Engagement following decision will shape how people are supported to move to their new home

What changes or benefits have been highlighted as a result of your consultation?

No changes / benefits - see above

If you are not in a position to go ahead what actions are you going to take?
(Please complete the fields below)

Action

Timescale

Responsible officer

How are you going to review the policy, service, project or strategy, how often and who will be responsible?

Step 7 - Now just publish your results

This EIA has been approved by:

Contact number:

Date:

PCC staff-Please email a copy of your completed EIA to the Equality and diversity team. We will contact you with any comments or queries about your preliminary EIA.
Telephone: 023 9283 4789, Email: equalities@portsmouthcc.gov.uk

CCG staff-Please email a copy of your completed EIA to the Equality lead who will contact you with any comments or queries about your full EIA. Email: sehccg.equalityanddiversity@nhs.net