



London Borough of Hounslow

EQUALITIES ANALYSIS FORM

Equality Analysis should be undertaken before a decision is made when adopting or reviewing policies/procedures or for savings proposals/ restructures and transformations where it is likely to affect equalities groups or engage the Public sector Equality Duty under section 149 of the Equality Act 2010 –See Appendix below).

(Note: *If Equality is considered to have little or no effect on equality groups or if it is unlikely to engage Equality duty then you do not need to complete this form. Even where the proposal is relevant to the Equality duty but the effects are remote or peripheral to the substance of the Equality duty then do not complete this form, just use the standard equalities text in your main report, see web page for standard text.)*

Your Equality Analysis needs to demonstrate that due regard has been given to the equalities protected characteristics and the equalities duties and that this policy/ procedure/ proposal is not in breach of the Equality duties. The aim is to support members to make informed decisions about the policy/savings proposal balanced against any likely adverse effects. You must advise members about what actions are proposed to mitigate any adverse effect identified by affected stakeholders during your consultation or from your data analysis.

Due regard has to be given to:

- **Ensure that your decisions impact in a fair way:** *Where there is evidence that particular equalities groups will be negatively affected by a decision, action should be taken to address this.*
- **Make your decisions based on evidence and more transparent:** *Equality Analysis provides a clear and structured way to collect, assess and put forward relevant evidence and is much more open and transparent.*
- **Provide a platform for partnership working:** *Equality Analysis offers an opportunity for organisations to work in partnership to consider the effect on members of their shared communities and how they might best collaborate and co-ordinate financial decisions.*
- **Enable decision makers to assess:** *Whether the decision might amount to unlawful discrimination and/or might have an effect on the promotion of equality of opportunity and/or might effect on the promotion of good relations, and if so the extent and nature of those effects.*

<i>Directorate/ Section</i>	<i>Joint Commissioning Team</i>	<i>Date of Analysis</i>	<i>Person Responsible for the analysis (include name of author if different)</i>	<i>Jo Powley Asst Joint Commissioning Manager</i>
<i>Name of the proposal/policy to be assessed:</i>	<i>Impact of the new Integrated Support Service under the LIFE Project</i>	<i>June 2015 – Date (7/4/16)</i>		
<p>1. Briefly describe the policy/ proposal –its aim and expected outcomes.</p>		<p><i>The LIFE project is reconfiguring existing contracts to consolidate services and meet financial savings targets. It will comprise of 3 main stages Help, Support, Supported Accommodation See previously published LIFE EIA 1/9/15.</i></p> <p><i>The first stage of the project is for the Support contract which is due to go out to tender in May 2016 and will include carer’s short breaks, advocacy, support and carers support. Under existing arrangements, 17 contracts are commissioned to provide these services and are delivered by 17 individual providers. The new Support contract will be commissioned via a single provider model. The aim of the combined service will be to provide a more joined up service, providing the right support to the right people to allow vulnerable people to live independently and prevent them going into hospital or care homes when not completely necessary. The expectation is that this will improve outcomes for vulnerable people and carers and achieve financial savings in line with the Mid Term Financial Savings target for Commissioned Services. Access to the new ‘Integrated Support Service’ will be through the new HELP service which is due to commence in April 2017. Until such time, current arrangements remain unchanged.</i></p>		

2. Who is the policy/ proposal going to affect and in what way? Please use evidence to support your analysis. Use separate sheets if necessary.

1) Existing Service Users. From Feb 2016 figures, there were 687 people receiving a service from existing providers including Carer's Short Breaks.

Breakdown of client group:

- Learning Disabilities – 86
- Mental Health – 109
- Carers – 123
- Generic – 33
- Families – 14
- Socially Excluded - 121
- Older People/Physical Disabilities – 68
- Sensory Impairment – 21
- Carers Shortbreaks – 112

With the introduction of a single provider model to deliver support, this could result in a change of provider and/or support worker to service users. To improve throughput and enable more service users to receive a service, support may be for a shorter time. There will be one contract rather than 17 contracts covering specific client groups. The new service will increase the amount of generic support available but workers with specific skills, competencies and experience will be specified to work with people with high and complex needs. Therefore some existing users may receive support from a generic support worker rather than a specialist one. This will result in a higher proportion of people being able to take up good generic support leaving specialist support to those with high or complex needs, reducing waiting lists for specialist support.

Support will be provided based on an hourly arrangement and the total number of hours commissioned will drop from 992 hours (excluding Carers Shortbreaks) to 920 (excluding Shortbreaks), however, throughput of support will increase and support will be delivered more efficiently, having a greater positive effect on service users.

2) New Service Users. The new Support service will meet the needs of more service users – they will receive the right support at the right time and will maximise their potential of living independently.

3) Providers. There are currently 17 providers commissioned to provider preventative support, all of which will be affected by the change to a single provider model as this will result in current

			contracts ending (The impact to providers of the LIFE project was assessed in the LIFE EIA 1/9/15 previously published)
3. When will the decision be taken?			The LIFE project was approved at Cabinet in November 2015. The draft Integrated Support Service Specification, terms and conditions will be finalised by 4 May 2016 when the tender and PQQ goes live. The new service will be fully mobilised by mid-January 2017.
4. Are there concerns that the decision <u>could</u> affect the following:- Please explain or attach evidence of your answers to these questions			
(i) Age	Y		Existing services support a wide range of care groups. The new Integrated Support Service will not have any exclusion policies and aims to ensure that each community group have equal access to the service.
(ii) Disability	Y		
(iii) Gender Reassignment		N	There are current specialist services within existing arrangements which will cease to be in operation under current arrangements and this would have an impact on these clients groups: Learning Disabilities Mental Health Older People & Physical Disabilities As the Integrated Support Service will be offered as a single contract, existing and potential providers are encourage to join up and work through either a Consortia or Sub Contracting arrangement. The Integrated Support Service specification outlines the need for the new service to provide generic and specialist support to meet the low level through to high or complex levels of need. BAME – there is 1 current service provided by an organisation that could be described as BME specific (EACH) however it is not commissioned to provide a BME specific purpose and therefore there are no adverse effects for this group. Vulnerable adults could be affected by the introduction of the new Integrated Support Service as it may result in a change in provider, however there should be a positive effect as the LIFE
(iv) Race	Y		
(v) Religion or Belief		N	
(vi) Sex		N	
(vii) Sexual Orientation		N	
(viii) Pregnancy and Maternity		N	
(ix) fostering good relations and community cohesion		N	
(x) Human Rights Public Authorities have a duty under the Human Rights Act 1998 (HRA) not to act incompatibly with rights under the European Convention for the Protection of Fundamental Rights and Freedoms Because of the close relationship between human rights and equality, it is good practice for those exercising public functions to consider equality and human rights together when analysing for effect on policies and proposals. (See list below for the Human Rights Articles)		N	

		<p><i>project is designed to provide better quality services, which are more closely contract monitored and better reflecting the cultural needs of Hounslow's diverse communities, achieving positive outcomes for Hounslow residents and reducing the need or reliance on statutory social care.</i></p>
<p>5. Which equalities duties will be engaged by this proposal and will require due regard to be given before a decision is made? (See summary of equalities duties below)</p>		<p><i>Age, Disability, Race – see above</i> <i>The following groups with protected characteristics are not assessed to be affected by the change in support provision:</i> <i>Religion or Belief</i> <i>Maternity or pregnancy</i> <i>Sex</i> <i>Sexual Orientation</i> <i>Gender Reassignment</i></p> <p><i>Currently there are no specialist support services provided for these of individual groups and future support will continue to be available for all groups of people without exclusion.</i></p>

6. Are there any relevant groups or stakeholders who you can approach to explore their views on the policy/proposal? You must consult/involve those who will be affected by the decision.
YES

Please list the relevant groups and how the views of these groups will be obtained. Or state the reason why you have not approached groups/users affected by your proposal

A series of engagement meetings with service users, carers, stakeholders and providers to consult on the Integrated Support Service aspect of the LIFE project and elements of the Service Specification relevant to them:

Providers:

- *Adult Social Care Market Engagement Event – 30/6/15 – Existing & Potential Providers. Of the 17 current providers, (appendix 1) 14 attended and were provided information about the LIFE project and forthcoming commissioning plans. Attendees took part in specific discussions about the project to gain their input. All 17 providers have received the presentations delivered at the event and discussion notes (appendix 2)*
- *LIFE Project Workshop 14/12/15 - Existing and Potential Providers. Of the 17 current providers, 15 attended the session for further information and progress updates about the LIFE Project. All attendees took part in a session of workshops and discussions about the LIFE project, (appendix 2). All providers have received the presentations and workshop Q&As.*
- *Hounslow VCS Health and Social Care Forum 18/1/16 – VCS groups*
- *VCSE Partnership Board 22/3/16 – VCS Groups*
- *Consortium Building Workshop 16/9/15 & 28/10/15*

Stakeholders:

- *Extended Hospital Social Work Team - 16/2/16*
- *Hospital Discharge Team – 16/2/16*
- *WLMHT – Lakeside – 14/3/16*
- *Mental Health Recovery Teams – 8/3/16*
- *Housing – Supporting Independence Service – 16/3/16*
- *Learning Disability Social Work Team – 10/2/16*
- *Dementia Steering Group – 17/2/16*
- *Clinical Commissioning Group & Board – 22/12/15 & 26/2/16*

Service Users:

- *Hestia, Mental Health Floating Support – 22/3/16*
- *Richmond Fellowship, Mental Health Floating Support – 4/4/16*
- *EACH, Socially Excluded Floating Support – 7/3/16*
- *iHear, Drug & Alcohol Service & Peer Mentor – 9/3/16*
- *Hestia, Day Opportunities Mental Health – 24/11/15*
- *Certitude, Learning Disabilities Outreach & Support 6/4/16 – ongoing and in partnership with SpeakOut.*

	<ul style="list-style-type: none"> • Cabinet portfolio holder Cllr Kaur through briefings • Learning Disability & Autism Partnership Board • Autism Working Group • Mental Health Partnership Board <p><i>Engagement and consultation with our stakeholders, service users and carers is ongoing. This Equalities Impact Assessment is a fluid document and will continue to evolve taking into account the views and opinions expressed.</i></p>
<p>7. Please explain in detail the views of the relevant groups who have been consulted on the issues involved and the dates when this happened. (Please use a separate sheet if necessary). Set out in themes what the disadvantage is for each equality protected characteristic e.g. age, disability, race etc.</p>	<p><i>Service Users and Carers have been very keen to express their views about what is working well for them now and to make clear any gaps in services that exist. Although specific information was captured for all groups, each session has been an open discussion which has allowed for free expression from each group. The sessions were generally well attended with a varying levels of need and demographics.</i></p> <p><i>Common themes running through all sessions and how these have influenced the draft service specification:</i></p> <p><i>1) Named support workers that do not keep changing and continuity with the high quality Support Workers that already exist. Although all groups were open to change and generally did not have concerns about a change in provider, it is important to them that they have a named and consistent support worker.</i></p> <p>Council's Response: <i>TUPE is expected to apply to eligible staff of existing services and so this will assist with mitigating this risk of changes to workers. A KPI for the new service is a maximum turnover of staff to be 20% and this will provide a sustained workforce. This is an improvement on current services where there is no such KPI.</i></p> <p><i>2) Mixed skills of workforce – balance of generic workforce and specialist. Most groups felt that it was important to have a support worker who understands their personal need and that having a specialist worker is not necessary. A minority, mainly mental health support services, expressed their wish for most workers who support them to be specialist, in particular for complex needs or challenging behaviour. They were concerned about the impact on their mental health recovery if specialist support was not included.</i></p> <p>Council's Response: <i>The draft service specification outlines what specialist skills and experience is expected to support specific needs and groups who may have high and complex needs such as Learning Disabilities, Mental Health, Long Term Conditions and Socially Excluded</i></p>

groups. The ability of the new Integrated Support Service to work with specialist groups will be evaluated at both Pre Qualification Questionnaire (PQQ) and Invitation To Tender (ITT) stages for quality assurance.

3) Support to reduce social isolation. All groups expressed their need to reduce social isolation. Not having good social networks and feelings of loneliness is predominant in the Older People's, Physical Disabilities & Mental Health. Support to access groups, activities or to involve them in setting up their own has been requested.

Council's Response: Reducing Social isolation and involving service users into community activities is an outcome for all individuals within the specification and the new service provider(s) will be measured on the reduction of social isolation.

4) Practical Support – all groups attended made clear the need for more hands-on practical support around their home such as prompting to clean or assisting with tidying, shopping, support to access repairs services.

Council's Response: These are recognised gaps within current provision and have been included in the new service's specification.

5) Service Users currently do not feel they are well listened to. They would like to be more involved with all services that they are linked to and a large number of people have expressed their desire to be more involved with shaping and reviewing services.

Councils Response: 26 services users to date have put themselves forward to form a LIFE project focus group and the first group was held on 12/4/16. Within the new service specification the provider is tasked with ensuring that service users are given the opportunity and encouraged to be involved with annual reviews of the service and to demonstrate how their views have been listened to. Each service user will be asked to provide their views once support has been completed and a specific outcome for the individual is required to be measured and reported on by the new provider.

6) Length of Support. Under existing arrangements, most service users have the opportunity to receive support for up to 2 years where needed. This has been widely taken up and some Mental Health, Learning Disability and Physical Disabilities groups feel this is necessary. Socially Excluded groups other Mental Health and Older People's groups felt that not everyone will require 2 years and that the length of support should be offered based on individual need. People generally thought support should be a minimum of six months in duration. Most people felt that anything less than 6 months would be inadequate. 6 or 12 months support followed by a review was the most frequently stated reasonable length of support.

Council's Response: The new Integrated Support Service will take a

flexible approach when agreeing the length of support to its service users ensuring it does not foster dependence on support and that support is available for a longer term for those who need it, In order to improve throughput and support more individuals, it will be necessary for the new service to closely monitor the length of support for all people and close cases more efficiently. This has been explained to service users and that the HELP service would be a safety net for those who require support in the future or may need a brief intervention once their support plan has been closed. The draft specification provides an understanding that for some people with long term conditions such as Learning Disabilities or Mental Health and complex needs can receive long term support of over 2 years.

8. Taking into account the views of these groups, and the available evidence, please clearly state the risks associated with the decision, weighed against the benefits of the decision. Will the impact be high, medium or low?

High – *Impact is likely to be high if the savings proposal has significant relevance to the substance of the Equality duty. So consider size and scale of effect of policy/savings proposal or service restructure on staff, users/residents and other affected stakeholders. The effects can also be high if there is a potential for challenge of breach of equalities duties from affected stakeholders who have a protected equality characteristic. (see overview of legal duties below).*

Medium – *If your proposal is not assessed as high or low then it is likely to be medium risk. Due regard given to the equality duties must be commensurate with the impact of the policy/proposal or decision.*

Low – *Impact is low if Equality is considered to have little or no effect on equality groups or if it is unlikely to engage Equality duty. Or if the proposal is relevant to the Equality duty but the effects are remote or peripheral to the substance of the Equality duty under section 149 and section 20, then impact is low. You do not need to complete this form, just write under the standard equalities text in your main report that you have considered Equalities duties. For the standard text see under Equalities Analysis on the intranet under Equality*

Low - *The proposed changes are likely to have an impact on some providers . The benefits to vulnerable people are, however, likely to be high with better defined services, improved access and better outcomes for vulnerable people. The main risk is to the provider organisations rather than vulnerable clients and carers and therefore the assessment of impact in relation to the Integrated Support Service and deliverance of support is considered low.*

9. What are the main conclusions and key actions to mitigate or minimise the disadvantage /concerns raised by equalities groups? Please identify recommendations to add to the main report from this equality analysis and explain how each action directly responds to the disadvantage raised. Set out fully the actions/recommendations you propose in the Action Plan below.

(You can use the information in section 9 and 10 to inform the main report to members under the section on 'Equalities and Human Rights Implications').

By adding the conclusions and the key actions and recommendations to the main report you do not need to separately publish this form unless your report involves savings and affects the public. Then make sure it is added as an Appendix as well as completing the main report's Equality and Human Rights implications

The decommissioning of existing support services is likely to cause concern with service users and carers receiving support at that time. A comprehensive Decommissioning Plan is being developed with a working group which involves a range of stakeholders to assist in providing a smooth transition process for both service users and providers.

Each service user will be written to in advance of the tender to explain the project and to reassure them that they will be kept up to date with changes that may affect them. A phone line, email address and FAQ sheet is to be produced and issued to each service user to ensure open communication.

Professional stakeholders who are required to take responsibility for specific areas include the Joint Commissioning Team, Contracts Team, Adult Social Care Teams and the Supporting Independence Service.

Service Users of all groups have requested to be further involved with the progress of the LIFE project as well as for the Integrated Support Service. A monthly Service User Focus Group has been set up with the first one being held 12 April 2016.

Impact of changes in support worker for individuals will be mitigated as TUPE is expected to apply to a large proportion of the current workforce. This means that eligible support workers would transfer to the new service.

To ensure that the new Integrated Support Service is successful in providing support that reflects the demographics of Hounslow, the provider will be required to monitor service take up and report to both the Contracts Team and the HELP service any inequalities or underrepresentation in relevant protected groups.

While accessing the new service will move to the new HELP service after April 2017, current routes of gaining of support will be managed under existing arrangements (Supporting Independence Service, INS, Adult Social Care) and no groups with protected characteristics will not be affected.

10. Equalities Analysis Action Plan

Where the equality analysis indicates a potential negative impact, consideration should be given to means of reducing or mitigating the negative effects. At this stage an Action Plan should be developed to address any concerns/issues raised in your analysis. You should also consider arrangements for reviewing the actual effect of the proposals annually once they have been implemented if appropriate. The plan should be adopted as Equality Objectives and integrated in your Service or Business Plan.

If relevant, please list below any recommendations for action that you plan to take as a result of this equality analysis.

Issue	Action Required	Lead Officer	Time scale	Resource Implications	Comments
<i>Services Users wish to be further involved with the LIFE project and the changes to the support they receive</i>	<p>1) Continue regular consultation with specific affected groups of individuals.</p> <p>2) Form a monthly LIFE Focus Group consisting of a range of people from each client group to consult</p>	<p>Jo Powley</p> <p>Jo Powley</p>	<p>July 2015 –</p> <p>July 2017</p>	<p>Providers to assist invitations and venue</p> <p>Regular rooms to be available at Civic Centre</p>	
<i>Review of new services following contract commencement</i>	<i>LIFE Focus Group to conduct review of new Integrated Support Service and on-going involvement in contract monitoring</i>	<p>Mark Blomfield</p> <p>Andrew Shirras</p>	<p>July 2017- April 18</p>	<p>Service Users may move on – new service users to be recruited</p>	
<i>Decommissioning and Transition of service users and carers between providers</i>	<i>Robust Decommissioning Plan to be completed and managed for service users and stakeholders</i>	<p>Davina Pandya</p> <p>Jo Powley</p>	<p>April 2016 – Feb 2017</p>		

Appendix 1

Is the policy/savings proposal/restructure/transformation decision likely to breach equalities duties below? If the proposal/policy is not remote or peripheral to the substance of the duties set out below then an Equality Analysis is relevant.

Overview of Equality Act 2010 General Public Sector Equalities duties

Equality Act 2010 – Section 149, Part 11, Public Sector Equality Duty

(1) A public authority must, in the exercise of its functions, have due regard to the need to-

- (a) Eliminate discrimination, harassment, victimisation and eliminate any other conduct that is prohibited by or under the Act;*
- (b) Advance equality of opportunity between persons who share a relevant protected characteristic and person who do not share it;*
- (c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it;*

(2) A person who is not a public authority but who exercises public functions must, in the exercises of those functions, have due regard to the matters mentioned in subsection (1) above.

(3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to-

- a) remove or minimise disadvantages suffered by persons who share a relevant characteristic that are connected to that characteristic;*
- b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;*
- c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.*

(4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

(5) Having due regard to the need to foster good relations between person who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- a) Tackle prejudice, and*
- b) Promote understanding.*

(6) *Compliance with the duties in this section may involve treating some persons more favourably than other; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.*

(7) *The relevant protected characteristics are:*

- a) *Age;*
- b) *Disability;*
- c) *Gender reassignment;*
- d) *Pregnancy and maternity;*
- e) *Race;*
- f) *Religion or belief;*
- g) *Sex;*
- h) *Sexual orientation.*

Equality Act 2010 - Section 20, Part 2 - Duty to make adjustments for disabled people

- (1) *Where a provision, criterion or practice of a public body puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to avoid the disadvantage.*
- (2) *Where a physical feature puts a disabled person at a substantial disadvantage in relation matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to avoid the disadvantage.*
- (3) *Where a disabled person would, but for the provision of an auxiliary aid, be put at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to provide the auxiliary aid.*

Under Section 39, Part 5 of the Equality Act 2010, Employers must not discriminate against or victimise an employee:

- *as to the terms of employment;*
- *in the way they make access to opportunities for promotion, transfer or training or for receiving any other benefit, facility or service;*
- *by dismissing the employee; or subjecting them to any other detriment;*
- *Employers must ensure that they do not deny workers access to benefits because of a protected characteristic.*
- *Where denying access to a benefit or offering it on less favourable terms the employer must be able to objectively justify the rule or practice as a proportionate means of achieving a legitimate aim.*

Sections 64 and 65 relate to equal pay between men and women.

- *These equal pay provisions apply to all contractual terms including wages and salaries, non-discretionary bonuses, holiday pay, sick pay, overtime, shift payments, and occupational pension benefits, and to non-monetary terms such as leave entitlements or access to benefits.*
- *Other sex discrimination provisions apply to non-contractual pay and benefits such as purely discretionary bonuses, promotions, transfers and training and offers of employment or appointments to office.*

Appendix 2

Human Rights Act 1998 which came into force in 2000

Does your proposal breach any of these Articles

Article 2 - Right to Life

Article 3 - Protection from torture and inhuman or degrading treatment or punishment

Article 4 - Protection from slavery and forced or compulsory labour

Article 5 - The right to liberty and security of person

Article 6 - The right to a fair trial

Article 7 - Protection from retrospective criminal offences

Article 8 - The protection of private and family life

Article 9 - Freedom of thought, conscience and religion

Article 10 - Freedom of expression

Article 11 - Freedom of association and assembly

Article 12 - The right to marry and found a family

Article 14 - Freedom from discrimination

For more information contact:

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Revised October 2015

Appendix 1 – List of Current Providers and Contracts

Provider Name	Service Description	Specialist Group
Certitude	Outreach	Learning Disability
Dimensions	Outreach Project	Learning Disability
Disability Network Hounslow	Support via British Sign Language	Physical/Sensory Disability
Middlesex Association for the Blind	Floating Support for Blind people	Physical/Sensory
Each	Floating Support Service	Socially Excluded
Equinox	Floating Support	Socially Excluded
London Cyrenians	Refugee Floating Support	Socially Excluded
Refuge	Women with DV Floating Support Service	Socially Excluded
Hestia Housing & Support	Floating Support Service	Mental Health
Richmond Fellowship	Floating Support Service	Mental Health
Homestart	Floating Support Service	Families
Shepherds Bush Housing Group	Floating support	Older People/Physical Sensory Disability
Pohwer	LD Advocacy	Learning Disability
Voiceability	Social Care Advocacy	Generic
Ability Housing	Floating Support Service	Generic
Carers Trust Thames	Short Breaks Adults	Carers
INS	Outreach service	Carers

Appendix 2 – Provider Consultation Events

Adult Social Care Market Engagement Event – 30 June 2015

Discussion 1

- *How can providers work together to form a partnership?*

Discussion 2

- *What are the risks of this model and how can we mitigate against them? Length of contract?*

Discussion 3

- *How can we create an integrated service to ensure service users' outcomes are met?*

Discussion 4

- *What is your interpretation of the 3 steps: Help, Support & Activities?*

Discussion 5

- *How can you deliver future efficiencies through a partnership approach*

LIFE Project Workshop – 16 December 2015

Please discuss the following at your tables and take notes on flipchart paper:

- 1) *How can LIFE achieve best preventative outcomes, given the challenges Hounslow faces and research findings presented?*
- 2) *How can LIFE better meet the needs of our BAME populations?*
- 3) *Discuss the LIFE Model - including the proposed single provider contract model.*
- 4) *Anything else*