East Sussex County Council

Cabinet – 26 January 2016

Item 5 – Reconciling Policy, Performance and Resources

Children's Services and Adult Social Care – Consultation Reports and Equality Impact Assessments

Children's Services - Children's Centres – Consultation Report

Equality Impact Assessment – Children's Centres

Adult Social Care Consultation Report

Equality Impact Assessment - Adult Social Care Revised Budgets for Physical Disability, Sensory Impairment and HIV Outcomes commissioned through 2011 and 2014 Commissioning Grants Prospectuses

Equality Impact Assessment - Decommissioning of Commissioning Grants Prospectus Advocacy Outcome

Equality Impact Assessment - Commissioning Grants Prospectus - De-commissioning Learning Disability and Autism outcomes

Equality Impact Assessment - voluntary and community based mental health support (Commissioning Grants Prospectus)

Equality Impact Assessment - Decommissioning of Commissioning Grants Prospectus Older People Outcome

Equality Impact Assessment - Decommissioning of Commissioning Grants Prospectus Long Term Conditions (Stroke Services) Outcome

Equality Impact Assessment – Drug and Alcohol Action Team – Decommissioning of Substance Misuse Services: Gateway service to accessing treatment

Risk Assessment - Housing support services – refuge service for women and their children

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Risk Assessment - Housing support services – floating support service for people aged 18 and over (SAILS)

Equality Impact Assessment - Supporting People: Accommodation based services for people with mental health issues and accommodation based services for single homeless people

Equality Impact Assessment – Young People Accommodation Service and Young Mothers Service

Children's Centre Changes Consultation Report

December 2016

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Children's Centre Changes Consultation Report

1. Introduction

1.1 The services for children 0-5 yrs and their families will need to change in East Sussex in order to meet the significant reduction in spending that is necessary. For Children's Centre services this has meant a change in the way services are to be delivered.

Firstly by moving forward with the long held aspiration of integrating the two public sector services that work with families and their children aged 0-5 years - namely Children's Centres and Health Visiting and secondly to focus services within Children's Centres on those families who are deemed to need extra support.

1.2 For families in East Sussex this means that services for children 0-5 years in the future will be focused around the five mandated universal development reviews that have been introduced nationally for the Health Visiting Service. This requires that the development of every child to be assessed in the antenatal period as a new birth, at 6 weeks, at a year and at 2-2½ years. These universal contacts will be provided within the new integrated service, delivered by Children's Centres and their Health Visiting colleagues together. The integrated service should be able therefore, from April 2016, to respond in a very direct way to the needs identified at these reviews.

1.3 In making the decision to target services on those who 'most need support' funding will no longer be available to fund trained staff who run the 'universal open-access groups' in our Children's Centres. For parents (including many fathers and grandparents) this means that the groups that they are currently able to access freely across East Sussex will cease.

2. Methodology

2.1 This consultation set out to ask parents views and Children's Centre partners, local voluntary organisations and the public, and asked:

- For ideas on how such groups could possibly be sustained (if they were thought to be appropriate) run by volunteers.
- Whether they themselves would be interested in volunteering so that the universal open-access groups could continue.
- Their view on what could help families most in need
- The impact of the proposals on them and their family
- What they thought of the approach that the Local Authority is taking on focusing on children and families who most need the support

2.2 The overall plan was to ensure that as many parents as possible were engaged in the consultation process and their comments, views and ideas were listened to. Parents were encouraged to participate in the process. The consultation commenced on 16th November 2015 and closed on 18th December 2015. It was recognised that with Christmas so close many families (especially those with older children) would be caught up in Christmas activities that are planned at this time and therefore might not be able to participate.

2.3 The consultation took a 'mix and match' approach that included some focus groups with parents and Children's Centres partners* and meetings with parents on a one to one basis at sessions e.g. Explore and Play that were running across the Children's Centre Cluster areas.

**Children's Centre partners included: local Town Councillors, primary schools, voluntary organisations, leisure and sports, housing, community education, neighbourhood planning, local churches, resident associations and local residents*

2.4 The consultation ensured that Children's Centre partner events were offered in each of the three Clinical Commissioning Group areas. Information about the proposed changes along with the questionnaire was available on-line and was also available as a pack for parents to complete at their local Children's Centres. A link to 'Have your Say' was provided through the individual Children's Centre Facebook page.

3. Response to the Consultation

3.1 In total 9 focus groups (attended by 102 individuals) were held and 11 parent engagement sessions were undertaken engaging in total 282 parents (including fathers and grandparents). All parents and grandparents were encouraged to complete the questionnaire. Many said that they did not have time to complete this on line and so completed it there and then at the group. In some cases (where there were language difficulties) the questionnaire was completed with the support of a member of staff.

3.2 In total 432 responses were received; 168 directly answered online and 264 paper copies. Additional information was received via letters to the Local Authority (one through a Local MP) copies of these can be found in appendix 1.

4. Findings

Focus Group Direct Feedback

Impact

4.1 Parents felt it was very important for them to talk about the value of the 'universal' groups for their child/children and for themselves. Many were angry and disappointed that the groups would be ending and a number of mothers cried. For many of them it was **a 'lifeline' a 'life-saver'** terms frequently used by those within the focus groups. Parents also talked about the Children's Centre as being **a 'safe' place to be and of being 'held' by the support of the staff** and other parents at these groups at times when they were struggling.

> '*I do not know what I would have been if I hadn't come here'*
>
> *'the staff notice when you are down – they ask if you are ok'*

4.2 These open access groups are seen as **welcoming, non-threatening and a place where parents can access advice and support when they need it in a non-judgemental way.** That is, a **point of access for parents who might be struggling or under pressure.** These groups are the place where they can share issues. They are very concerned that if the groups end other parents in the future would not benefit as they do at present or have done in the past.

> *'I walked round the block – I was afraid to go in – but then someone smiled at me – I felt it would be ok. I was in need of support but I don't think other people would have seen me in that way. Being at the groups gave me the confidence to ask for help'*
>
> *'We have benefitted from these groups so much – if they go ... others won't have that'*

4.3 They see them as being vital in supporting the **development of children's social skills,** and **prepare them for nursery and ultimately school**. Parents also felt that the staff that ran the groups had a lot of expertise and that they indirectly learn good parenting skills, as staff

were a **good role model** and for some parents maybe the only role model, meeting with and playing with children that they come into contact with.

> 'one day I listened to how a worker spoke to my little boy – I ask him things that way now – it is so much easier and he listens better'

4.4 Concerns were also raised about the future of the local 'community spirit' that Children's Centres had evoked.

> *'the community will go downhill – more depression, more isolation, what will this area look like in 10 years time?'*
>
> *'In deprived areas – if we cut the service any more there will not be anything left for children at this age'*
>
> *'Would take away an important part of the community - different people, different circumstances, all mixing together'*

Volunteers running services

4.5 Asking parents to volunteer did seem to be a way forward. A number of parents thought they might want to volunteer however those with young babies realised that this wasn't possible at the moment. Most parents felt that volunteering was a big commitment and that there would need to be support for parents undertaking this.

4.6 Volunteer training programmes would need to increase to sustain the numbers of volunteers needed for running groups in the future if they were to continue. **The current training is over a 12 week period which some parents felt was long and that they would not be able to manage.** The biggest concern for them all was that once trained as a volunteer a parent is unable to bring their own child with them and has to find childcare for that child. They felt this was not appropriate. They saw that the programme would need to be reviewed with possible additional elements within it that supported them to run groups and they suggested that giving all volunteers a probationary period would help. Their concern too was around the retention of volunteers and how this would be negated and raised the issue of the constant turnover of volunteers which could be high (with the drive for parents to return to work) within the groups recognising that children would miss the consistency of seeing the same faces at groups as they do at present.

> *'I trained as a volunteer and then looked for a childminder for my little boy (1 year old)... I couldn't find a child minder who would have him for 3 hours ...they could only offer spaces for 2 days..... I couldn't afford that'*

Parents who had trained as volunteers found the training programme to be high quality.

> *'the training helped me to become the person that I was before – it was brilliant'*

4.7 A number of parents who now worked now as volunteers were quite anxious that they would be asked to run groups. The training was mainly focused on training volunteers who would be taking on a supportive role, it did not train them to run or organise groups alone with all the administration that needed to be done.

'I love volunteering but if I was asked to be responsible for running a group I would find that too stressful .....there would be no joy in doing it'

4.8 Whilst they felt that it was good to have volunteers **they did not think these groups should be run by volunteers alone** but recommended that the ratio of paid staff to volunteers could change so that they was only perhaps one professional at each group. They were anxious that parents would be expecting the same support that they get now form trained staff form them as volunteers and that they would not know what to say. The professional they felt should have expertise in child development and other skills and knowledge but this person could be someone with either a Children's Centre background or a Health background. They felt the volunteer would be able to direct parents seek further help and they did recognise that they already have the knowledge about what is available in the area to support parents with young children around specific issues i.e. housing and could increase their knowledge around that. They suggested too that some groups could be run alongside Health Visitor clinics although they recognised that these were often very busy. Other focus group members suggested that they could possibly seek support from local schools and colleges for students training in child development and child care to use the groups as work experience and offer a supportive role within the groups.

4.9 Children's Centre partners were concerned that there was a merging the of Health Visiting service with Children's Centres whilst at the same time taking away services and staff, losing that 'early practice intervention'. Focus group members raised concern about the reduction in groups however their main concern was that in general **groups would no longer be staffed by fully trained staff and that parent's and children's needs might be missed.** Their view was that parents go to these groups because they are run by trained staff and not run by volunteers and that it is the trained staff who provide those families with the extra support they need. **Volunteers would not have the years of training and the concern was that they would not be able to pick up on the nuances.** A number at the focus group and Children Centre Partners were concerned around the **management of safeguarding issues if the plan was for parent volunteers to replace staff in running the groups**.

Gap between Health Visiting Contacts

4.10 Others raised their concerns around the contact points within the Health Visiting service – **the gap between 1 year – 2 - 2.5 years in particular - when a lot can change for a child within a family.** If a parent was not able to access a Children's Centre at that time those changes may not be picked up. It meant that there would be long periods of time when there could potentially be no communication or contact with families.

What help should remain

4.11 They felt strongly that some groups should be retained in every area, but that the numbers of groups should be rationalised so that there were fewer in each area. Those remaining therefore would be seen as most important for the community and would be specific in meeting the needs of those individual areas. One of the most important issues to be addressed for all of the Children's Centre partners was the need for joint strategic planning with the voluntary sector and others to discuss whether there are things that these other services (e.g. in the voluntary and community sector) can be do to 'pick-up' some of the work Children's Centres will no longer be in a position to deliver.

Fundraising

4.12 Parents came up with a number of ideas of ways of possibly sustaining the groups because they 'just want the buildings to be used'. They discussed fundraising, hiring the rooms for children's parties and other events. Some thought that parents could meet at the Children's Centres for coffee etc and pay what they would pay at the local cafe where they regularly meet (but often get stern looks because of the noise) and donate that to the Children's Centre. It was generally felt that parents would be happy to pay or offer a donation for the groups that they attend although many did recognise that this is difficult for some parents even to pay a small contribution.

> *'we often have little money left after bills, food etc and the group is something to look forward to'*
>
> *'charge a couple of pounds to get in ...people will pay I'm sure, I know I would'*
>
> *'I am sure that asking people to offer a monetary contribution to come into the group would not be a problem'*
>
> *'I'm on benefits so money is tight can't afford to do any other groups'*

4.13 At one focus group the parents discussed the value of a 'membership' to Children's Centres with a tiered membership fee based on the ability to pay. Parents are used to having cards so felt that your ability to pay would only be known between that parent and the Children's Centre and could be less stigmatising than being asked for payment on entry to a group. They thought parents who volunteered could get a reduction in their membership too.

4.14 Parents did recognise that sustaining groups through payment may be difficult to administer and that it could be argued that they could cost more to administer than to put in place, however they felt that certain volunteers (if they were interested) could be trained and supported to administer fees/donations and preparation for getting back into the workplace too. Organising a membership system of East Sussex Children's Centres would require more work but their keenness for this made them discuss the availability of systems that are already available in sports centres/ libraries / educational establishments etc.

Local Authority's Approach to Savings

4.15 Many parents thought that **the approach that was being taken was wrong and that it was 'short sighted'.** They felt that in the future there would be more families with issues that have not been addressed and that this would become very costly.

> *'you're not looking at the bigger picture..... not personal things like depression and illness'*
>
> *'.....the approach is a backward step, if families are only at the children's centre because of problems this could be seen as discriminatory .... discrimination against children'*
>
> *'It makes me angry that I will be excluded from necessary support'*

4.16 Parents recognised that significant savings had to be found but they spoke of how the groups were accessed by a whole range of parents identifying that for all of them – when becoming a parent and especially during the child's first two years of life, they all needed some support. Future groups that focused on parents and children needing extra support could become stigmatising.

'It makes me angry that they assume who needs support .....we all need support at some time as parents, being a parent is not easy. This support will not be for us ..... only for others who need support'

'Everyone needs support when they have had a baby ..... big gap in contact with the Health Visitor input from six weeks to one year'

'Days with a new baby are long and can be lonely'

4.17 One view was held by a number of parents was that they saw Children's Centre activities being provided within a venue that was neutral. Other local groups available in some areas were often run within religious establishments and they felt very strongly that these were places where they did not want to go or to take their children. This freedom would be denied if the cuts came into being not only to them personally now but for other parents and children in the future.

Findings from the Survey

4.18 The 432 survey responses provide a wealth of information. For the purposes of this report the responses in relation to impact and views on the approach have been themed.

Impact

4.19 Five key themes emerged from the comments parents made about the negative impacts that would result from the closure of universal open access groups.

1. Isolation

4.20 This theme was the most frequently noted negative impact with 70 comments in relation to this.

"I'm a single mum and would really miss the community support and meeting friends is so valuable as life can be lonely and isolating."

"Being rural, places to go with your children to play and learn are very few and far between so this one is vital for the children in the local community."

"Yes, massively, we are new to the area and without the drop in groups it could lead to feeling massively isolated in the new location. Also if there potentially are no more drop in toddler groups to stimulate my child's development, then this could affect her learning."

"I am new to East Sussex and have no family or friends here. These groups are the best way of meeting people and making friends for myself and my children. I can already say thanks to these groups I have felt welcomed to the area and potentially made some good friends as have my children".

2. Support and Advice

4.21 56 parents told us that they view the support and advice from Children's Centre staff as vital.

"The proposals will have a huge impact on our family. We have used the drop in sessions since my daughter was only a couple of weeks old. They allowed me to informally discuss any issues I had with professionals who could either support, advice, or signpost me to appropriate services. Initial persistent difficulties with feeding (which were significant and hugely emotionally challenging for us) were supported and addressed at baby group, general issues with behaviour discussed informally at music group and Pop in and Play, and general support provided when I was feeling low in mood and exhausted because of sleep deprivation. […] The informal nature of the groups and the long standing relationships formed make the drop in sessions an ideal place for me to be able to raise any issues I have with professionals I feel I know and trust. With a second baby imminent, I am hugely disappointed that I won't have the same support network around me to help."

3. Benefits for Children

4.23 52 parents commented on how the activities at Children Centres have benefitted their children.

"my daughter has also developed incredibly through her attendance there. She has learned so much about social interaction, skills such as sitting and waiting her turn, important social skills that will continue to develop and prepare her for nursery and school. She has learnt so many new skills, which we have taken home and reinforced, to ensure she is developing into a happy and interested toddler. She has made many friends locally that we then meet up with outside the groups, vitally important for her development and community interaction within Ringmer. "

4. Low income families

4.24 32 families on low incomes are concerned that they will not be able to afford to attend sessions elsewhere.

"We relied on the services during the first year as we had low income whilst on maternity and needed the support."

5. Parental mental health

4.25 This theme is interlinked with many of the other negative impacts. However 22 parents specifically cited the preventative role that contact with the Children's Centre has played in their ability to cope with parenthood. There is frequent reference made to post natal depression.

"The day when I was so stressed out at unsupervised stay and play session I wanted to take my life, but a phone call from the centre when I got home to check I was ok put me back on track!"

"I was really depressed when I moved here and it's these groups and the people in them that have saved me."

"The professionals were a great source of information and support at a time when I was tired and vulnerable and unsure of myself, and I am sure that without the drop in sessions I would have been at much higher risk of post natal depression".

Views and comments on the approach

4.26 Common emerging themes in relation to the views in the approach:

Volunteering

4.27 Staff are highly valued and many parents felt that it would be impossible to run any reduced activities without at least a reduced level of staff. Although many thought that **volunteering is a good idea** there was recognition that **without at least one paid staff member it would be difficult to run reliable, inclusive sessions**.

Fundraising

4.28 **Hiring** out rooms, **fund raising,** paying a small **fee,** forming **'Friends of'** groups were frequently cited as a good way to raise funds to keep activities running with a member of paid staff in place.

Stigma

4.29 Many parents felt strongly that the activities should be **'for all'** as families struggle in a variety of ways that are not always visible. There was concern that volunteer run activities would not always be **inclusive,** and that '**targeted**' families would feel stigmatised in their local communities.

Short-sighted

4. 30 Whilst the majority said that they understood the need for savings many stated that they were convinced these changes would result in the need for **more costly support** in the future.

Findings from letters received

4. 31 4 letters (see appendix 1) were received in relation to the children's centre proposals, 2 from parents and 2 from stakeholders. The same benefits were described as in the focus groups and survey i.e. impact on post-natal mental health, opportunity to make friends and develop support networks and access support and advice, and as such if the services reduced so impacts in these areas considered likely. Further concerns were also raised re ability of volunteers to give the same level of support, and suggestions of parents being able to pay were also made, as well as stressing the need to engage with the voluntary and community sector to meaningfully plan for the future. It was also noted that cuts to other preventative services such as those in Adult Social Care will doubly affect families.

5. Conclusion

5.1 The many views elicited from the focus groups and the survey have common themes. It is evident that the universal open access groups as they run at present are of great value to parents and stakeholders and parents have told us that a reduction in this service will impact on them in the following ways:

- Increase isolation
- Reduce access support and advice when they need it
- Lead to increased mental health problems
- Reduce opportunities for children to develop school readiness
- Reduce opportunities to learn good parenting techniques

There will also be an impact on low income families if no other free provision exists in the area.

5.2 The groups are open to all parents and are non-judgemental. Future groups may focus on those children and families in most need of support i.e. those identified following the five mandated reviews provided by Health Visitors so could be seen as stigmatising. Parents see

these changes as being short-sighted and are concerned for others with new babies now and into the future especially those with no family support.

5.3 A number of parents are happy to volunteer but parents and partners are concerned that this may mean that families' needs or safeguarding concerns are missed. It will also mean the current volunteer programme will need adapting to ensure enough volunteers are available to run the services and are equipped to run groups, taking into account volunteers childcare commitments.

5.4 Parents have suggested other ways to fundraise in order to maintain some group provision.

5.5 Partner organisations including voluntary and community groups are keen to be involved in planning what communities need.

5.6 There was also a concern that families may not be able to access support between the mandatory contacts.

6. Recommendations

1. Jointly plan with the local Children's Centre partners including the voluntary sector to look at how services for families with children 0-5 year can be delivered innovatively to 'pick up' services which can no longer be delivered by Children's Centres.

2. Rationalise the open-access groups locally but continue to provide a limited number of groups.

3. Retain *one* member of trained staff from the Health Visiting and Children's Centre Service to work with an increased number of volunteers to run groups.

4. Review the volunteer programme so that it meets the needs of the service and those who will be volunteering in the future.

5. Health Visiting and Children's Centre service to consider how they will identify any concerns between the mandated contacts of 6 weeks to 1 year and 1 year – 2-2½ years.

Appendix 1

Letter 1

I am writing to you regarding the proposed changes to the Childrens centre provision. It's proposed that the open access sessions will close or be staffed by volunteers. I expressly disagree with this decision, it's very short sighted and could cost the council more in the long term.

If access to trained professionals are restricted to labelled groups a lot of parents and children that are in need of support will be missed. Most would not attend a group with a label (i.e postnatal depression group) but they would attend an open access group. From this they then build relationships with staff and get advice, support and referral to appropriate services and labelled groups. If this doesn't happen the risk factors for children increase because the parents don't receive the adequate support in the first instance and then it could be too late, the children suffer and then lots of services have to intervene, thus costing more.

The majority of parents that attend the open access sessions would be prepared and financially able to pay an entry or membership fee, which would more than cover one member of staffs sessional fees. All of the sessions I have attended are very busy with some having to be booked in advance.

Personally I don't come under the 'hit list' for my centre because of my post code, but I am a single parent on benefits with two young children. I have received support from the staff at the centre about breastfeeding, toddler behaviour, home safety, diet and finances. Had I have not had this support I could have easily become depressed and isolated. Please note it is the staff that are giving the support, it wouldn't be possible for volunteers to give the same level of support as they'd be running around after their own children and won't have received the same amount of professional training.

I implore you and your team to reconsider the proposed changes for the benefit of the local communities that the centres serve.

I look forward to hearing your thoughts.

Kind regards

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Letter 2

This morning I attended the consultation meeting at Lewes Children's Centre. I am horrified that E Sussex County Council plan to drastically reduce the services in the centres. A great deal of money was invested in these centres, they have meeting rooms, activity rooms full of beautiful toys, resources and information. It would make more sense for them to be used more rather than the services reduced.

They offer vital services, activities and support necessary to babies, toddlers and parents. In addition they enable parents and carers to meets and support each other.
I understand the only services which will continue are for "vulnerable" families. All families are vulnerable and local support can mean families can be identified and supported before they reach crisis point.

These centres are threatened for financial reasons, surely they could be made more cost effective by extending their services. A membership system would generate money (vulnerable

families could have free membership) The activities could be booked and paid for in advance to show commitment. Outside organization could rent the centre to run classes etc. Maybe a café could be set up to encourage more families to call in.

I am writing to you as the Inclusion Manager of Wivelsfield School, where I recognise the importance of early intervention and have recommended parents to access the Parenting courses etc on offer at Chailey Children's Centre. In addition, I have seen how much my daughter, as a new mum, has benefitted from the advice and activities at Lewes Children's Centre where she has met other mums. I ask for your help to stop these closures.

Please take the time to visit Lewes Children's Centre and see the valuable work they do. We need to invest in our children. THEY ARE OUR FUTURE!!!
Thank you for your time,
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Letter 3

I am writing to express my dismay at the plans to stop the classes being run at the East Sussex Children's Centres as of April next year.

I am a parent to 2 daughters, one of 18 months and one just 2 weeks old. I have been using the classes at both centres since my first daughter was 10 days old. I was very surprised and upset on learning about the proposed plans to stop the classes currently run at the Lewes and Ringmer Children's Centres. I was also upset on being given the questionnaire regarding the consultation process - the questions posed made it clear that the consultation was not about whether or how the classes continued, but how we as users of the classes and centres feel further change should be carried forward. What I would have assumed would have been the initial consultation step seems to have been skipped and the decision around how cuts would be implemented seems to have already been agreed on. I think, as most people I have spoken to about this seem to feel similarly about this, that you may not have received as much feedback about how the groups influence our lives as parents. Busy parents and carers I think have been less inclined to try and start a discussion about how unhappy this makes us as it does feel pointless. I obviously can't speak for other people, but this is certainly my impression on talking with my peer group.

I felt strongly that I wanted to email to give my view on the questions posed in the questionnaire in more depth, and also to try and get a personal response to the points I make.

Firstly, I do understand that there are going to be cuts made to your budget and that there is no getting away from the fact that services will have to change. However, I do believe that a blanket removal of the children's classes will have more impact than you may realise. The classes are not merely somewhere to take the children for entertainment on a rainy day but a huge source of both peer and professional support for parents and carers attending.

When I first started coming to classes I was a brand new mother, breastfeeding was immensely challenging and I was exhausted through sleep deprivation, feeding and the relentlessness of motherhood. I went to Lewes Children's Centre looking for a breastfeeding support group but I had been given the wrong information about the classes by the hospital. The receptionist was very kind, it had been an incredible achievement for me to get to into Lewes on time, to find I had attended the wrong place and I was tired, emotional and disappointed to find I had been given the wrong information. She instead suggested I attend the baby group that happened to be running at that time, which I did. I was so grateful. The support workers in the group gave me great advice about breastfeeding, moral support, and introduced me to my first friends who I continue to see regularly. After attending the group and meeting other mothers and discussing

feeding it gradually became easier and I never needed the breastfeeding support group. The support workers had been immensely knowledgeable and friendly and welcoming. I continued to attend that group and began to attend many more.

The questionnaire asks how we think you can better support vulnerable individuals. I think somewhere along the line an important point has been missed. I think the classes themselves provide more support than is being recognised. What's more, I really do believe that for me, the classes provide a much more accessible forum in which to discuss any problems I have. I am surrounded by professionals I have built a rapport over months with who I know to be non-judgemental, I have a peer group I am comfortable with and many of whom have become friends, and I can discuss things in a very informal way which I feel allows me to be more open and honest about any struggles I may be having. I do not and have not suffered with post-natal depression, but I have certainly had periods of weeks when I have been sleep deprived, low in mood, and feeling like I am doing a bad job. I would not, during this period, have self referred or accessed extra support related to PND as I never felt I actually had it, but also for fear of it being made into a formal diagnosis or pathway. I have suffered from depression previously, and it took a lot for me on that occasion to seek professional help. The classes have provided a wonderful support, that could potentially have stopped PND developing for me. My point made more succinctly is, I think the classes themselves provide a wonderful support for the more vulnerable individuals and families and that it may be that they are more effective as preventative support than more formal treatment support. I strongly think this should not be overlooked. I wonder if there is a way for you to audit this or investigate it more thoroughly to support the continuation of the classes.

The classes also ensure community cohesion, making carers less isolated and presumably less prone to PND. So apart from the professional help provided, I have become a much more involved member of my local community, with a wonderful peer support group. My daughter has many friends locally also, which is likely to help her transitions through age groups and education. My peer groups have developed through these classes also, and so have provided me with a lot of support through more difficult periods. This peer support again may have prevented my reliance on more formal professional services.

The children love the classes. As do the carers. I can say this with certainty as I go to many classes which are always extremely busy and well attended. Looking at the numbers of people attending, the classes seem an odd choice of service to stop. I wonder if this has been considered. My daughter has developed in confidence, language skills, understanding, social interaction and I have taken away many learning and development activities that we have then used at home and enjoyed. She has certainly loved the classes she has attended.

Volunteering as suggested does not in my view seem a long term viable option. We are all extremely busy carers, many of us working, with the unpredictability that childcare responsibilities come with (illness, tantrums etc) that may make getting somewhere to volunteer weekly very tricky. It does take away from the amount of informal support the professionals give us also, and so many of us have benefitted from this.

We had many discussion points at the Lewes consultation meeting about how to continue the classes, whether by donation or fund raising. If I remember correctly, it becomes more difficult from an administrative viewpoint when taking money, especially if some people pay and some do not. I really hope this does not put people off discussing it as a potential way of continuing the classes. Do ALL the classes need to be stopped? Or could there be a system whereby some classes at some centres continue?

I feel truly sad about this - I do feel the decision has already been made. I am also sad that my youngest daughter is going to miss out on many of the lovely groups that my eldest daughter has spent her first year and a half attending. I am just grateful that I have had the opportunity to

experience the classes, new mums now will not experience the same levels of wonderful support that I did.

I would be interested to know where you are up to with regard discussions and how the resulting decisions will be communicated back to us.

Thank you very much,

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Letter 4

If what I write below could be forwarded to anyone who has some degree of power in making the "tough choices" outlined on the website, please do pass this on. I find it hard to find the words to adequately express my profound disappointment and anger at the impact the cuts are having to our services. I acknowledge that families with the greatest need for support should obviously take priority in allocation of resources when money is scarce but I feel strongly that we are wrong to accept the limitations of the current climate and politicians should be made aware of how the impact of their policies will alter the lived experiences of many children. If we are at the point where we are not simply altering how we do things to make whatever economies are feasible, but are accepting an undermining of the quality of services, we are getting things very wrong and really need to fight against the idea that the money is not there. Aspiring to reach as many local families as possible to enrich their parenting skills and, particularly in rural areas, introduce them to sustainable support networks and encouraging them to regularly use purpose-built facilities and the expertise of skilled early years practitioners plays a huge part in improving the quality of the lives of local children. I would never wish to offend any volunteers but I feel the decision to drop trained, paid staff altogether from the drop-in sessions is a serious mistake. The following might read as a very long, rambling list, but the aim is to illustrate how frequently my daughter and I have used the local children's centres and to suggest that in all the anxiety to make the savings that have been dictated you might need reminding what your greatest asset is: your staff. I have been continuously impressed by the teams at Ringmer and Chailey on a number of different levels. My daughter Lucy, now 3 and a half, and I have used the childrens centres at Chailey and Ringmer in particular since she was 8 weeks old. I feel we are well positioned to express an opinion on the value of the staff in the childrens centres, as we have had a lot of experience of them over this time. We started attending the Ringmer baby group on a weekly basis and are still weekly attenders at the drop in music group. We have attended many well-designed and well-run courses which we would never have been able to afford to attend if we had had to pay at point of use for these. We are lucky not to be amongst those families enduring severe hardship, but I suspect there are many families around who have little disposable income at the moment, or who find job insecurity causing them to question any expenditure which seems anything other than vital. We have benefitted from courses in baby massage, baby sing and sign which strengthened my bond with Lucy and gave us time to really enjoy each other, rather than get lost in the feed-sleep-change-wash cycle of the early weeks and months. Later, fire safety, budgeting, story sacks and handling toddler tantrums courses facilitated her first experiences of being looked after by someone other than an immediate family member in a safe and familiar environment and began the process of separation which continues now at nursery, in preparation for school. Of course I also benefitted a great deal from the content of the courses themselves. Together we did parent and child cookery classes -invaluable in changing Lucy's attitude to food from indifference to enthusiasm. When I recall all of these courses and group activities, a myriad of different experiences spring to mind - Dawn from the creche run at Chailey, whilst I participated in a course in the next room, identifying Lucy's tendency for trajectory schemas and accessing information for me regarding schemas, about which I knew absolutely nothing. She didn't just look after her at the creche, she was continuously observing and assessing her from a developmental point of view. Jackie, also at the Chailey creche, was particularly kind, patient and creative in planning to accommodate Lucy's reluctance to be parted from me. She took the initiative to find out what Lucy was currently showing particular interest in, and what worked well in terms of

calming her and catching her attention, and went on to distract and amuse Lucy to good effect, when she was really struggling with letting me out of her sight. Jo, who found information for me about techniques regarding potty training when it seemed about as likely as Lucy landing on the moon, and who offered me extra information around signing because she realised I was keen to learn more. These staff members showed their skill in pre-empting a need, being creative in developing a strategy around a problem, showing incisive observation and analysis of my child's behaviour and the dynamics around that. They also managed me very kindly and patiently! They have more than a readiness to share knowledge; they take a genuine delight in sharing knowledge and information. This is true also of Sue and Lynne who run the drop in music group. They are simply outstanding, over the last three and a half years I have seen them deal seemingly effortlessly with all sorts of situations, from diverting children from confrontation with one another, setting and gently enforcing boundaries, to handling some more subtly challenging responses of some parents to the behaviour of other parents and their children, managing fairly astonishingly large groups - there is no shortage in attendance at the music group if there was ever any doubt about demand- with equanimity and fairness. I have been impressed time and again that they will be in the middle of an activity or song and yet will intervene an avert a situation or distract someone from a disruptive course of action literally without missing a beat. This is always done with warmth and compassion, which is something no amount of training can instil. Like other members of the childrens centres staff, Sue and Lynne are very child-focussed and the children who attend regularly have the tremendous advantage of continuity with these two. I have first hand experience of seeing when a child is going through a difficult time it is detected and both Sue and Lynne have built up such warm and secure rapports with the parents/grandparents and carers who attend that they are extremely well positioned to offer help and support and signpost a parent or other service user to more specific resources. I find it hard to imagine a parent-led group being able to function in quite the same way. The music group is perhaps the most inclusive and welcoming group I have encountered, every single session is fun for parents and children alike, and I think the staff are quite simply invaluable. I do not think this kind of calibre of staff, with particular thought to the non-judgemental attitude, problem-solving, problem-anticipating and astute observational skills they possess are easily found, and we should value people with these qualities and not hesitate to invest in them, for the sake of all our children. They have engendered a love of music and dance in my daughter, enabled her to literally find her voice amongst lots of others, she is utterly transformed from when she started out: she has developed from a shy, clingy child in a crowd, to a flourishing, confident, ebullient singer. Part of that is due to the passage of time, but I know that resources have to be targeted to meet the most desperate needs and I cannot argue with that, but we should be aware of all the children who have flourished due to the passion, dedication and aptitude of the likes of Sue and Lynne, because with all the training in the world, a person doing this for a couple of hours a week amidst other roles and other demands on their time and attention is unlikely to be able to come close to offering anything near this quality of work.

Letter 4

Changing lives one by one

Maria Simpson
Head of Service Integration
Children's Centres
2nd Floor - St Mark's House
14 Upperton Road
Eastbourne
BN21 1EP

By hand and email

18th December 2015

Dear Maria,

Re: Proposed changes to Children's Centres – consultation response

Further to the consultation meeting held at East Hastings Children's Centre on 27.11.15, I contacted the Hastings & St Leonards Children's Centre Clusters LAG partners/stakeholders to offer to coordinate a joint response to the consultation.

There are two main reasons for this: a) that we felt a joint response would be appropriate as a number of agencies have similar concerns and b) voluntary sector partners are concerned that proposed changes may be introduced without our involvement. We want to ensure that a message from the consultation is that we are committed to the continuation of centre based activities and wish to be meaningfully involved in planning for the future. Our position is that we wish for the current provision to be continued without changes; however we emphasise the importance of involvement should any proposals be approved by Cabinet. Please note that the partners involved in this joint response may be submitting additional responses on behalf of their own agency therefore this letter should be considered as supplementary to those responses.

In addition to myself, the partners who have contributed to this response are:

- Sonia Plato – Horizons Community Learning
- Sophie Alexander – RSPCA Mallydams Centre
- Russell Smith – Orbit Housing
- Hastings and Rother Adult Community Learning Forum

Firstly, we would like to highlight our longstanding partnership arrangements with not only Children's Centres, but also each other and a very wide range of other partners. Our partnership work ensures that local families, particularly those identified as being in greatest need, receive the highest quality of services and activities. Evidence of need can be accessed within, for example, the Joint Strategic Needs Assessment, Indices of Multiple Deprivation, and various Public Health data sources. Our partnerships challenge and support families who experience, among other issues, isolation, housing, low income, depression, domestic abuse/violence, eating disorders, education needs, and low self-esteem. If Children's Centres are factored out of this range of interventions, the risk of significant impact to individuals and families is increased many fold.

There is a catalogue of success and achievement within these partnerships. A typical story would be that of Andrea (not her real name). Andrea is a vulnerable young woman who is also a single parent with an infant daughter. Andrea has support needs for housing; parenting; lifelong learning; and health and wellbeing. In addition to using Children's Centres for services and activities, Andrea was living at Turner House and attending classes at Horizons Community Learning. Andrea was an active volunteer at Mallydams where she mentored and encouraged other young people to be more active and engaged in their community. Without a personalised partnership approach, Andrea would likely be isolated and experiencing considerable difficulties as a mother.

The current sessions at Children's Centres play a vital role in partnership. When families have gained in confidence within a programme provided by a voluntary sector agency they are signposted onto other groups within the area that they would benefit from. If these drop-ins at Children's Centres are cut it would mean an invaluable route for signposting for these families is lost.

Attending family groups for some is a rather daunting experience for many reasons. Providing drop-ins allows these families to go for a length that suits them, to go with friends, try out different sessions feel more in control. Losing these drop-ins would have an additional consequence. A number of families who would attend these sessions where they could be identified as needing additional support would not only miss out on the benefits of the session; they would also miss the opportunity to access other services and activities.

By making these cuts to the Children's Centre provision demonstrates a lack of understanding of the importance and need to continue to provide these drop in groups. By cutting these groups and suggesting that volunteers run these sessions not only undervalues the skills of the staff that run these group but does not appear to be taking into account the various issues of training, continuity, child protection, senior supervision, ability to carry out such a demand/varying role and provide the necessary quality of support to the families in and around Hastings and St Leonards.

A letter was sent to Keith Hinkley, Director of Adult Social Care and Health, on 23.11.15, by the CEOs of 3VA, HVA, and RVA. A letter was also sent to Keith Hinkley by SpeakUp Forum on 01.12.15. These letters highlighted a number of reservations regarding the proposed cuts to services; a number of which are common to the proposals affecting Children's Centres. We endorse the contents of these letters and make particular reference to the following:

1. **The consultation process**

   We have not been involved in any discussions with ESCC to seek our views on not only the impact of proposed changes but also alternative ways of providing services; in particular through co-design and co-production. There is a great deal of expertise 'on tap' within the sector and we believe our involvement could support the development of innovative, personalised, and cost effective services and activities.

   We are ready and willing to engage directly with service users and commissioners however we are disappointed not to have been invited to do so as yet.

   We have not seen any impact assessment and share the concern of the representative bodies that we do not know exactly who will be affected and what the likely impact will be. Aside from the formal consultation we are continuously communicating with service users – it makes it very difficult for us to tell them with any certainty what will happen to them without referring to an impact assessment.

2. **The impact on users of Adult Social Care (ASC) services**
   A significant number of people who use Children's Centres (particularly those in greatest need) also depend on ASC services. Many of these services are prevention based and play an extremely important role in maintaining good health and well-being. These services are also under considerable threat, particularly those funded by Supporting People, and there is a considerable risk that families in the greatest need will experience a 'double whammy' of cuts. Without the combined 'safety net' of Children's Centres and ASC services, the most vulnerable families will come to voluntary and community sector groups for support. We are concerned that there will simply not be the capacity within the sector to cope with this increased demand.

At the meeting on 27th November, you informed the group that you are committed to voluntary sector involvement, and that you would be offering some dates to meet early in the New Year. We very much look forward to receiving dates from you at your earliest convenience so we can confirm meetings to be held early in January 2016.

As partner agencies, we have made a commitment to working in collaboration for the benefit of local families and those in need. We hope that you will understand our concerns regarding the sustainment of valuable services and that you will support our vision of working together in the future.

Yours sincerely,

Jean-Paul Dunin
Service Manager
Turner House

Signed on behalf of Sonia Plato, Sophie Alexander, Russell Smith, and Hastings and Rother Adult Community Learning Forum

Cc Sue Talbot – Project Lead
Jo Goldfinch – Cluster Coordinator
Donna Meenan – Cluster Coordinator

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Equality Impact Assessment

Project or Service Template

Name of the proposal, project or service
Proposal to cease Children's Centre open access provision run by the Local Authority.

File ref:		Issue No:	
Date of Issue:	October 2015	Review date:	

Contents

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

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

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

1.3 The Public Sector Equality Duty (PSED)
The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have "due regard" to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for "protected characteristics"

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

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

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

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

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

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

- Part time workers
- Rurality

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

- Removing or minimising disadvantages suffered by people due to their protected characteristic

- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities

- Encouraging people from protected groups to participate in public life or in other activities where their participation in disproportionately low

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

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

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

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

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

- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

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

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

2.1 What is being assessed?

a) Proposal or name of the project or service.

The County Council is integrating its Children's Centre services with Health Visiting and proposes to focus the integrated service on responding to needs identified through the programme of development reviews offered to all children.

This will necessitate the cessation of County Council funded universal access provision i.e. open access drop in activities at Children's Centres

b) What is the main purpose or aims of proposal, project or service?

The main purpose of the proposal is to achieve savings in the Children's Centre budget for 2016-2019, whilst prioritising services for the most vulnerable children and families.

This will be achieved through the integration of Childrens Centres and Health Visiting, and the development of an integrated management structure configured around the new Clinical Commissioning Group (CCG) localities. These Health Visitors in the 3 CCG areas will have responsibility for the 5 mandated Health Visiting reviews, and if needs are identified during these assessments they will either be referred into targeted services offered at the children's centre or the Health Visitor will complete a planned targeted intervention

Current universal provision e.g. 'pop in and play' at the children's centres will cease to be run by the Local Authority.

Current contracts that currently deliver creche provision in Hastings & Rother will cease

c) Manager(s) and section or service responsible for completing the assessment

Maria Simpson, Interim Head of Children's Centres and Health Visiting

2.2 Who is affected by the proposal, project or service? Who is it intended to benefit and how?

Integration with Health will mean a change to management structures and a number of posts within the service being deleted. The impact on the affected staff is likely to be significant as well as the impact to services.

Families with a lower lever of need are likely to be be affected as there will be no universal offer from Children's Centres delivered by the Local Authority.

2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?

Health Visitors have the lead responsibility to complete the 5 mandated checks to families with young children: antenatal, New Birth by 14 days, 6-8 weeks, 1 year and the 27 month review.

These checks will provide the opportunity to identify vulnerable families in order to refer to targeted support groups at the children's centre, 1:1 key work service or a planned targeted health visitor intervention.

Proposals for changes to staff structures and to delete some posts will be implemented using the Councils managing change suite of policies. Proposals will be shared with staff at a meeting that will launch a consultation period during which staff have the opportunity to comment on the proposals and make alternative suggestions.

The change process will be led by the Head of Service with support from the Assistant Director for Early Help and Social Care

Service users and other stakeholders will be consulted about these proposals through a series of focus groups and online consultation.

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

The proposal involves integration with the Health Visiting service with East Sussex Healthcare Trust as the provider for the health visiting part of the service.

Children's Centres also work closely with social care, Midwifery, CAMHS, LAC, early years settings, voluntary sector and Primary Schools.

2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?

Legislation about children's centres is contained in the Childcare Act 2006.

The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in:
-child development and school readiness;

-parenting aspirations and parenting skills; and

-child and family health and life chances.

Local authorities have duties under the Childcare Act 2006 to consult before opening, closing or significantly changing Children's Centres, and to secure sufficient provision to meet local need so far as is reasonably practicable. Statutory guidance (published in April 2013) accompanies these duties.

From 1 October 2015 Local Authorities (LAs) have taken over responsibility from NHS England for commissioning (i.e. planning and paying for) public health services for children aged 0-5. These services include delivery of the Healthy

Child Programme (HCP) and additional support for teenage and vulnerable parents.

The HCP is a national public health programme to achieve good outcomes for all children from pregnancy through to 19 years of age. The HCP 0-5, led by health visitors and their teams, offers every child a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and support for parents tailored to their needs, with additional support when needed and at key times.

Regulations are being made under Section 6C of the NHS Act 2006, which will mandate (i.e. require LAs to deliver) the 5 mandated reviews of the HCP for 18 months which will be completed by Health visitors and their teams.

2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.

The proposal sets out that families would be identified and referred for targeted Children's Centre support groups, 1:1 Key work or planned Health Visitor intervention from the 5 mandated Health Visiting checks.

Families can also be referred into the Children's Centre key work service whenever a need for early help is identified. Health and social care partners work in partnership with Children's Centres to identify and refer individuals and families that would benefit from Early Intervention services on offer. Families may also self-refer.

2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.

The Children's Centre keywork service offers support, usually in the home, to families where children meet the criteria at level 3 on the continuum of need. From April 2016, a new 'Single Point of Advice' (SPOA) will be established which will provide a single gateway into Children's Social Care or Early help.

Health Visitors will assess families using a range of evidence based assessment tools including the ages and stages questionnaires and the standard health family assessment to identify the most relevant targeted support required from either health or children centres .

2.8 How, when and where is your proposal, project or service provided? Please explain fully.

Children's Centre services are provided through the County's network of purpose built or refurbished buildings located across the County. There are currently 25 Centres all with a designated reach area defined by postcode. The 25 centres will be grouped into 3 Clinical Commissioning Group Areas which will be made up of Health and Children's Centre staff.

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

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

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

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

There is no evidence of complaints about equality or diversity.

East Sussex Children's Centres practice the East Sussex County Council Children's Services complaints policy. Service users are offered a variety of informal and formal, identified or anonymous ways in which to make a complaint.

3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.

Staff consultation took place through a series of staff engagement workshops, in each of the 9 clusters.

A public consultation has taken place during November and December 2015 and a report of the consultation is attached as an appendix.

Research into impact of children's centre closures/reduction in universal provision in other LAs.

3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?

The proposal disproportionately negatively impacts on 0-5s, BME families, women in general, pregnant women and women in the first 26 weeks of maternity leave, families from the 30% most deprived SOAs or workless households, as these groups are all more likely to access universal children's centre provision than the general population. The public consultation has told us that a reduction in this service will impact on them in the following ways:

- Increase isolation
- Reduce access to support and advice when they need it
- Lead to increased mental health problems
- Reduce opportunities for children to develop school readiness
- Reduce opportunities to learn good parenting techniques
- Reduce community resilience

There will also be an impact on low income families if no other free provision exists in the area.

Further the public consultation suggested that a sharper focus on targeted groups could be seen as stigmatising.

A number of parents are happy to volunteer but parents and partners are concerned that this may mean that families' needs or safeguarding concerns are missed.. It will also mean the current volunteer programme will need adapting to ensure enough volunteers are available to run the services and are equipped to run groups, taking into account volunteers own childcare commitments.

There was also a concern raised through the public consultation that families may not be able to access support between the mandatory contacts.

Little national evidence was found that reduction in universal services has impacted on families to date (see appendix 2). A survey of children's centres noted the risks with a purely targeted approach i.e.

a. There is a risk that those families receiving targeted help will become stigmatised for visiting children's centres.

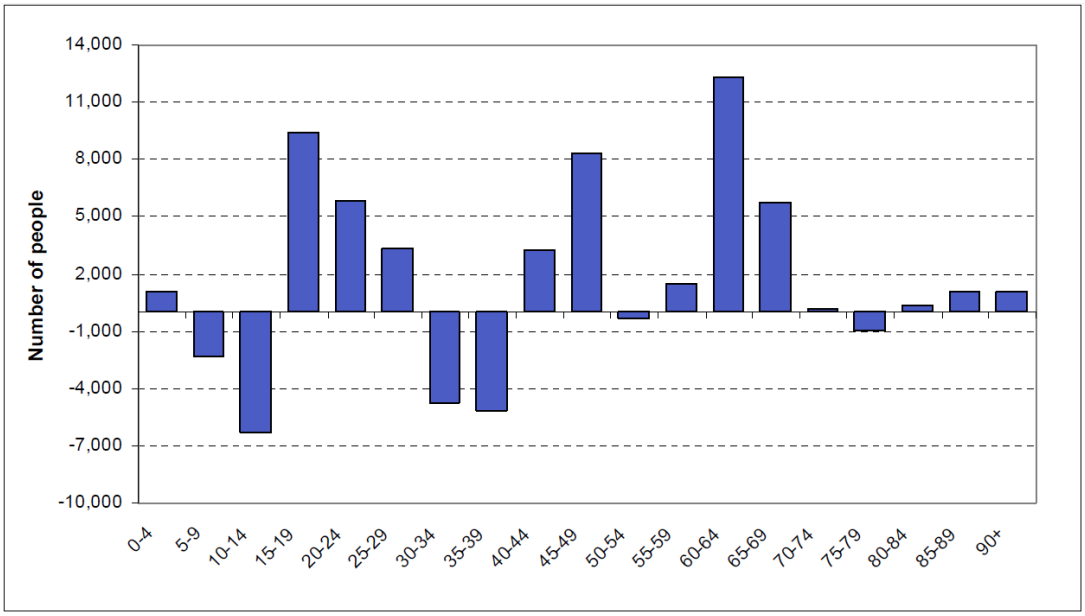
b. Targeted services are only really effective in conjunction with universal services, as there needs to be a general point of contact between vulnerable families and professionals. There is a risk in the future of high costs associated with 'crisis prevention'.

Part 4 – Assessment of impact

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

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

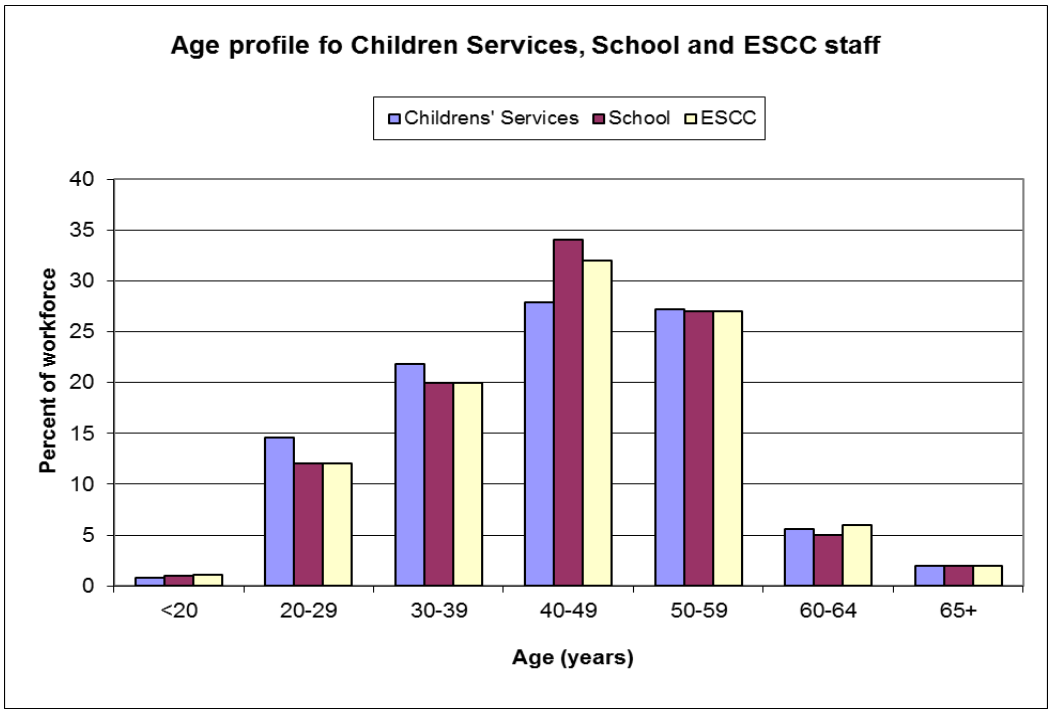
The 2011 Census reports 25,300, 0 – 4 year olds in East Sussex.



East Sussex population change between 2001 and 2011, by 5-year age groups

Chart is taken from ESIF 2011 Census Population and Households.

The chart below shows the age distribution of the workforce.



b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

10,597 0-5 year olds accessed universal services in children's centres 1st April 2014 - 31st March 2015, the following table shows how many children attended in which clusters.

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	C T
Total Under 5s	**846**	**1586**	**1621**	**876**	**742**	**997**	**1287**	**1152**	**1490**	

The table below shows how many teenage parents accessed children's centres in the same period. We can see that the county average is 1.48% of all attendances.

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	C T
Total Parents	**714**	**1480**	**1486**	**815**	**704**	**829**	**1116**	**1051**	**1333**	
Teenage parents (Under 20)	14	18	19	19	5	6	27	21	12	
Teenage Parents (Under 20) %age of total parents	1.96%	1.22%	1.28%	2.33%	0.71%	0.72%	2.42%	2.00%	0.90%	

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

0-5s in families with lower levels of need will be affected as the removal of the universal offer and de-commissioning of contracts will mean there is no service provision for this group.

A greater percentage of teenage parents access universal services in Hastings, St Leonards, Bexhill and The Havens clusters than the county average. These will be particularly affected by the proposal.

d) What is the proposal, project or service's impact on different ages/age groups?

0-5 year olds will be negatively impacted by the proposal, in particular by the reduction in groups that have focussed activity around school readiness, or for families with emerging support needs e.g. low level mental health concerns, isolation, access to support or advice or parenting.

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

Families with lower levels of need will be signposted to community play provision.

Families identified by health visitors through the 5 mandatory checks as requiring support will be referred to targeted group provision or 1:1 key work support.

Access to new birth data may mean that needs are identified earlier and the completion of antenatal visits by health visitors should also mitigate the impact of this change.

Other services can refer families meeting level 3 on the continuum of need to the key work service for support.

Children's Centres will offer a venue to community organisations to enable them to offer services to parents and children.

The digital information and advice offer will be enhanced so that parents and carers can access advice online.

f) Provide details of the mitigation.

Through the consultation parents have indicated they would be willing to support the continuation of universal groups through volunteering. However, this will require the volunteering programme to be amended to ensure it equips volunteers to run groups.

g) How will any mitigation measures be monitored?

Integrated Children's Centre and health visiting monitoring data from System 1 & Liquid logic linked clearly to KPI's for service which includes Public Health and Department of Health data requirements will be used to develop, review and monitor.take- up of the mandated checks and access to services. The data will also inform the service and commissioners re outcomes and output from service delivery. Monitoring of Keywork referrals will also be undertaken to inform provision of targeted level 3 intervention

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

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

The exact numbers of children and parents who have a disability is not known. The Cabinet Office (2005) suggests that 7% of all children in the UK are disabled. Mooney (2008) estimated the number of disabled children in England between 3% and 5.4% with prevalence higher among boys and lower among children under five. Therefore, East Sussex Children's Centres work on the premise that 3% of the population will have some form of disability.
Using this calculation it is estimated that 759 children under 5 across the County have some sort of disability although they may not yet be diagnosed.

The number of disabled parents of a child aged 0-5 with a disability is more difficult to calculate as there is no clear methodology for estimating the number of parents (as many will have more than one child under 5).

The following data from the Census 2011 shows households with one person in the household with a long-term health problem or disability with dependent children. From the data we can see that the county is largely in line with regional and national levels, only Hastings experiences a relatively higher average.

Area	count of Household; All households		One person in household with a long-term health problem or disability: With dependent children	
	number	%	number	%
Eastbourne	45,012	100.0	1,926	4.3
Hastings	41,159	100.0	**2,104**	**5.1**
Lewes	42,181	100.0	1,781	4.2
Rother	40,877	100.0	1,599	3.9
Wealden	62,676	100.0	2,401	3.8
East Sussex	231,905	100.0	9,811	4.2
South East	3,555,463	100.0	146,190	4.1
England and Wales	23,366,044	100.0	1,088,011	4.7

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	Grand Total
Total Parents	**714**	**1480**	**1486**	**815**	**704**	**829**	**1116**	**1051**	**1333**	**9528**
Parents with a disability	10	15	6	13	2	5	15	4	2	72
Parents with a disability %age of total parents	1.40%	1.01%	0.40%	1.60%	0.28%	0.60%	1.34%	0.38%	0.15%	0.76%

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

The table below shows the numbers and percentages of those 0-5s with additional needs who have attended universal children's centre services by cluster 1st April 2014 - 31st March 2015.

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	Grand Total
Total Under 5s	**846**	**1586**	**1621**	**876**	**742**	**997**	**1287**	**1152**	**1490**	**10597**
Under 5s with Additional Need	10	12	15	6	4	11	10	11	3	82
Under 5s with Additional Need %age of total under 5s	1.18%	0.76%	0.93%	0.68%	0.54%	1.10%	0.78%	0.95%	0.20%	0.77%

The table below shows the numbers and percentages of those parents who have identified themselves as having a disability who have attended universal children's centre services, by cluster 1st April 2014-31st March 2015.

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

Disabled children and disabled parents aren't over-represented in those families accessing universal Children's Centre services and therefore aren't disproportionately affected.

d) What is the proposal, project or service's impact on people who have a disability?

There isn't an over-representation of disabled children or parents accessing universal Children's Centre services , or an over-representation of disabled staff in the Children's Centres workforce and therefore there is unlikely to be a negative impact on this group.

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

Families with lower levels of need will be signposted to community play provision.

Families identified by Health Visitors through the 5 mandated checks as requiring support will be referred to targeted group provision, 1:1 key work support, or a planned Health Visitor Intervention.

Access to new birth data and the mandated ante natal review by the Health Visitor may mean that needs are identified earlier.

Other services can refer families meeting level 3 on the continuum of need to the key work service for support.

Children's Centres will offer a venue to community organisations to enable them to offer services to parents and children

The digital information and advice offer will be enhanced so that parents and carers can access advice online.

f) Provide details of any mitigation.

Through the consultation parents have indicated they would be willing to support the continuation of universal groups through volunteering. However, this will require the volunteering programme to be amended to ensure it equips volunteers to run groups.

g) How will any mitigation measures be monitored?

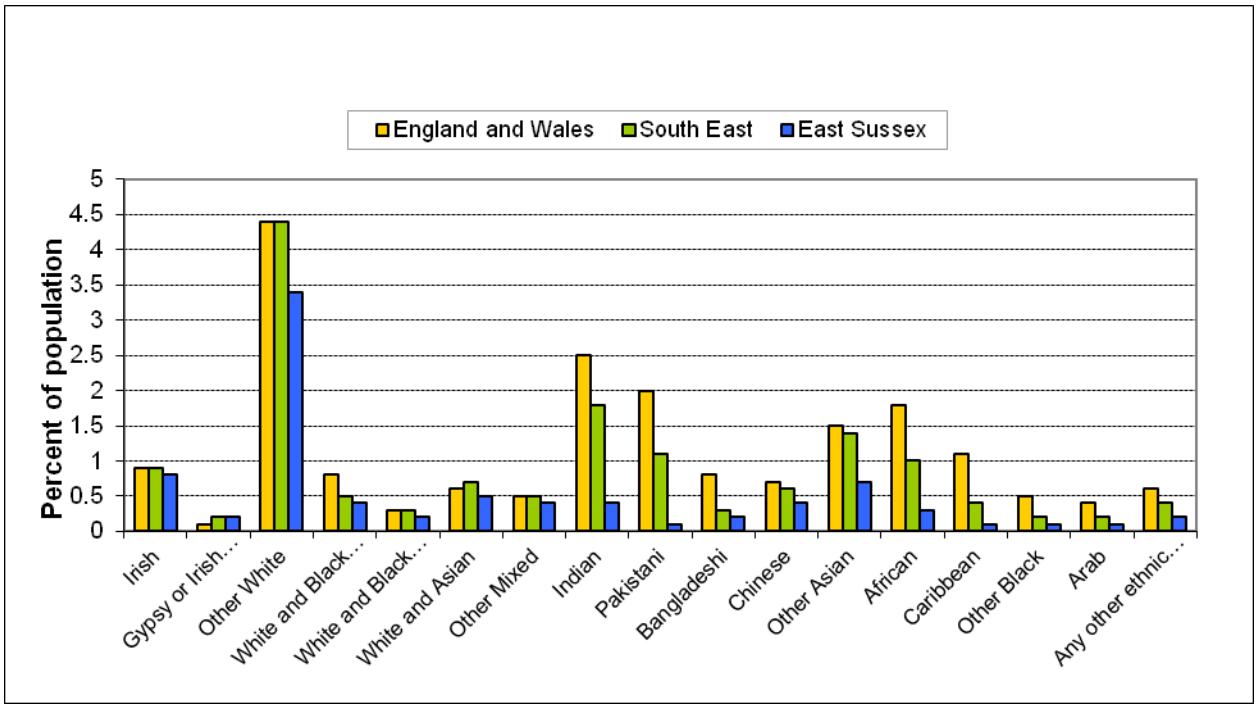
Liquid logic linked clearly to KPI's for service which includes Public Health and Department of Health data requirements will be used to develop, review and monitor.take- up of the mandated checks and access to services. The data will also inform the service and commissioners re outcomes and output from service delivery. Monitoring of Keywork referrals will also be undertaken to inform provision of targeted level 3 intervention

4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact. Race categories are: Colour. E.g. being black or white, Nationality e.g. being a British, Australian or Swiss citizen, Ethnic or national origins e.g. being from a Roma background or of Chinese Heritage

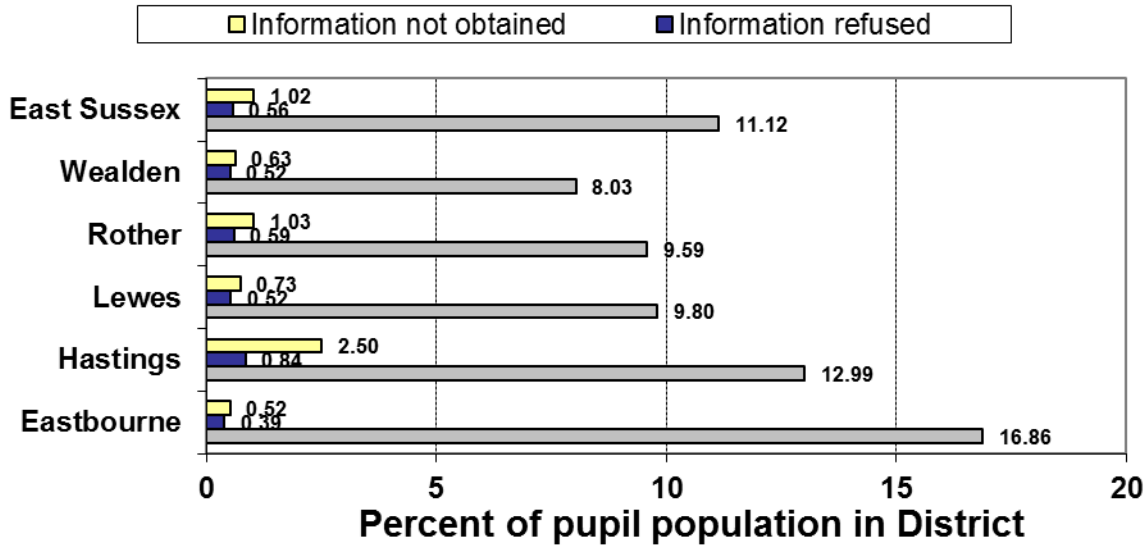
a) How is this protected characteristic reflected in the County /District/Borough?

The chart below shows the percentage of people within 17 minority ethnic groups in 2011. Please note it does not show White British people. 'White Other' is the largest Black and Minority Ethnic (BME) group in East Sussex.

8.3% of the population identified as BME in East Sussex according the 2011 Census data.



The chart below shows the percentage of the pupil population who identify as BME which according to school census data 2014, 11.12% of pupils identify as such. Eastbourne at 16.86% and Hastings at 12.99% have the highest percentage of minority ethnic pupils in East Sussex.



b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	Grand Total
Total Parents	**714**	**1480**	**1486**	**815**	**704**	**829**	**1116**	**1051**	**1333**	**9528**
BME Parents	70	378	160	98	72	68	186	149	144	1325
BME Parents %age of total parents	9.80%	25.54%	10.77%	12.02%	10.23%	8.20%	16.67%	14.18%	10.80%	13.91%

The table above shows those BME parents who accessed universal Children's Centre services by cluster 1st April 2014-31st March 2015.

We can see that at 13.91%, overall BME parents are more likely to access Children's Centres in comparison with the county and school census averages. This is particularly the case in Eastbourne where over 25% of all attendances are by BME parents.

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

BME parents are over represented in accessing universal Children's Centre activities.

d) What is the proposal, project or service's impact on those who are from different ethnic backgrounds?

The proposal is likely to have a negative impact on BME families because they are more likely to use universal Children's Centre services. This is particularly pronounced in Eastbourne. The consultation has found that reduction in this service will impact on families in the following ways:

- Increase isolation
- Reduce access to support and advice when they need it
- Lead to increased mental health problems
- Reduce opportunities for children to develop school readiness
- Reduce opportunities to learn good parenting techniques

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

Families with lower levels of need will be signposted to community play provision.

Families identified by Health Visitors through the 5 mandated checks as requiring support will be referred to targeted group provision, 1:1 key work support or the BME & Homeless Health Visiting team who are based in Eastbourne & St Leonards.

Access to new birth data may mean that needs are identified earlier.

Other services can refer families meeting level 3 on the continuum of need to the Kework service for support.

Children's Centres will offer a venue to community organisations to enable them to offer services to parents and children

The digital information and advice offer will be enhanced so that parents and carers can access advice online.

f) Provide details of any mitigation.

Through the consultation parents have indicated they would be willing to support the continuation of universal groups through volunteering. However, this will require the volunteering programme to be amended to ensure it equips volunteers to run groups.

g) How will any mitigation measures be monitored?

Liquid logic linked clearly to KPI's for service which includes Public Health and Department of Health data requirements will be used to develop, review and monitor.take- up of the mandated checks and access to services. The data will also inform the service and commissioners re outcomes and output from service delivery. Monitoring of Keywork referrals will also be undertaken to inform provision of targeted level 3 intervention

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

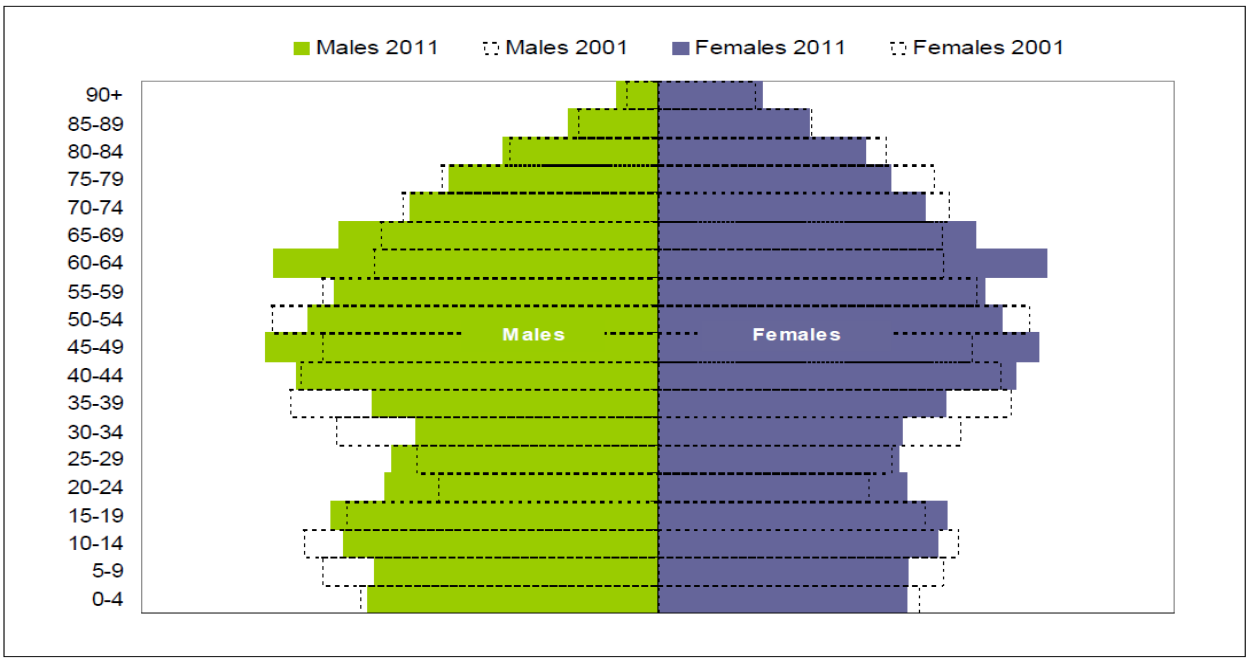
a) How is this protected characteristic target group reflected in the County/District/Borough?

The table below shows the gender breakdown across East Sussex according to the 2011 Census.

Protected characteristic		East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
	Total population, 2010	515,500	97,000	87,200	97,500	89,800	144,100
Sex	Male (%) (2011)	47.9	47.3	48.5	48.2	47.4	48.2
	Female (%) (2011)	52.1	52.7	51.5	51.8	52.6	51.8

The following chart gives breakdown by age-group and shows population change since the last Census in 2001.

East Sussex population in 2001 and 2011 by age and gender



b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	Grand Total
Total Parents	**714**	**1480**	**1486**	**815**	**704**	**829**	**1116**	**1051**	**1333**	**9528**
Fathers	131	185	138	90	85	93	118	124	117	1081
Fathers %age of total parents	18.35%	12.50%	9.29%	11.04%	12.07%	11.22%	10.57%	11.80%	8.78%	11.35%

The table above shows access of universal children's centre services by fathers, by cluster 1st April 2014 - 31st March 2015. We can see from this data that overall in East Sussex 11% of attendances are by dads. Thus, in East Sussex overall fewer fathers attend services than women. Conversely then,women are more likely to attend services.

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

Mothers will be disproportionally affected by the proposals.

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

The proposal is likely to have a negative impact on mothers because they are more likely to use universal Children's Centre services. The consultation has found that reduction in this service will impact on families in the following ways:

- Increase isolation
- Reduce access to support and advice when they need it
- Lead to increased mental health problems
- Reduce opportunities for children to develop school readiness
- Reduce opportunities to learn good parenting techniques
- Reduce community resilience

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

Women with lower levels of need will be signposted to community play provision.

Women with a higher level of need will be identified through the HV mandatory checks and can be referred to targeted group provision or 1:1 key work support.

1:1 key work by other services if they meet level 3 on the continuum of need.

Access to new birth data may mean that needs are identified earlier.

Other services can refer mothers meeting level 3 on the continuum of need to the Keywork service for support.

Children's Centres will offer a venue to community organisations to enable them to offer services to parents and children

The digital information and advice offer will be enhanced so that parents and carers can access advice online.

f) Provide details of any mitigation.

Through the consultation parents have indicated they would be willing to support the continuation of universal groups through volunteering. However, this will require the volunteering programme to be amended to ensure it equips volunteers to run groups.

g) How will any mitigation measures be monitored?

Liquid logic linked clearly to KPI's for service which includes Public Health and Department of Health data requirements will be used to develop, review and monitor.take- up of the mandated checks and access to services. The data will also inform the service and commissioners re outcomes and output from service delivery. Monitoring of Keywork referrals will also be undertaken to inform provision of targeted level 3 intervention.

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

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

Protected characteristic		East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
	Total population, 2010	515,500	97,000	87,200	97,500	89,800	144,100
Marriage	Single (%)	24.6	28.2	29.8	24.2	21.4	21.4
	Married & remarried (%)	53.2	46.7	45.7	54.8	55.7	59.5
	Separated and divorced (%)	11.6	13.3	14.9	10.7	10.5	9.9
	Widowed (%)	10.6	11.8	9.6	10.3	12.5	9.3

The above table shows Census data 2011 in relation to marriage.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

N/A

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

N/A

d) What is the proposal, project or service's impact on people who are married or same sex couples who have celebrated a civil partnership?

N/A

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

N/A

f) Provide details of any mitigation.

N/A

g) How will any mitigation measures be monitored?

N/A

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

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

	All ages			
	Number of conceptions	Conception rate per 1,000 women in age-group	Percentage of conceptions leading to abortion	Percentage of conceptions not leading to abortion
England and Wales	909,109	80.4	20.8	79.2
South East	131,204	78.1	19.1	80.9

The table above shows data on conceptions from ONS based on Census 2011 data.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	Grand Total
Total Parents	**714**	**1480**	**1486**	**815**	**704**	**829**	**1116**	**1051**	**1333**	**9528**
Pregnant women or mothers with babies less than 6 months old at time of attendance	120	507	508	171	167	207	254	310	477	2721
Pregnant women or mothers with babies less than 6 months old at time of attendance %age of total parents	16.81%	34.26%	34.19%	20.98%	23.72%	24.97%	22.76%	29.50%	35.78%	28.56%

The table above shows access of universal Children's Centre services by pregnant women and women who have children up to the age of 6 months, by cluster 1st April 2014 - 31st March 2015.

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

On average 28.56% of parents attending universal Children's Centre services are pregnant or are women in the first 26 weeks of maternity leave this is greater than the proportion in the general population.

d) What is the proposal, project or service's impact on pregnant women and women within the first 26 weeks of maternity leave?

Pregnant women and women in the first 26 weeks of maternity leave are disproportionately negatively affected by the proposals. The consultation has found that reduction in this service will impact on families in the following ways:

- Increase isolation
- Reduce access to support and advice when they need it
- Lead to increased mental health problems
- Reduce opportunities for children to develop school readiness
- Reduce opportunities to learn good parenting techniques
- Reduce community resilience

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

Pregnant women and women within the first 26 weeks of pregnancy with lower levels of need will be signposted to community play provision.

Pregnant women and women within the first 26 weeks of pregnancy with a higher level of need will be identified through the HV mandatory checks and can be referred to targeted group provision or to 1:1 Keywork support.

Access to new birth data may mean that needs are identified earlier.

Other services can refer pregnant women and women within the first 26 weeks of pregnancy meeting level 3 on the continuum of need to the Keywork service for support.

Children's Centres will offer a venue to community organisations to enable them to offer services to parents and children

The digital information and advice offer will be enhanced so that parents and carers can access advice online.

f) Provide details of the mitigation

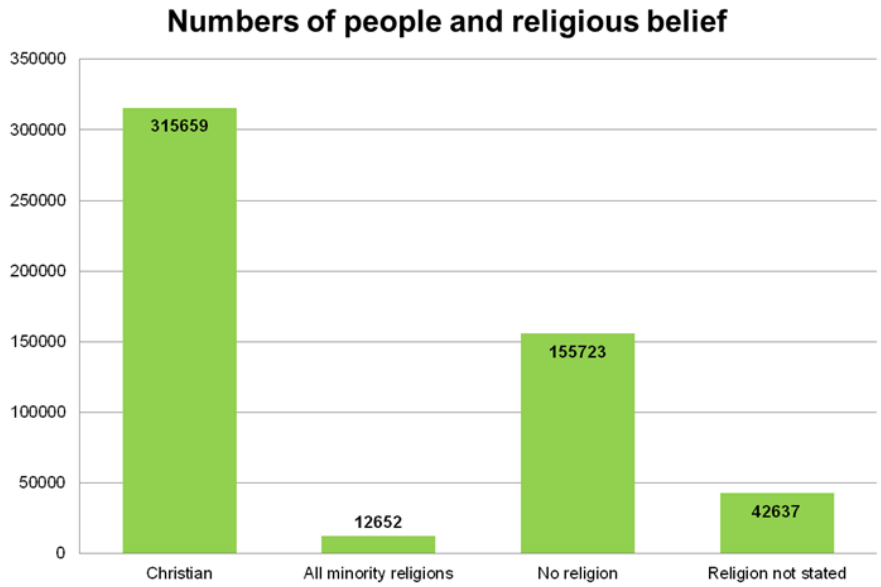
Through the consultation parents have indicated they would be willing to support the continuation of universal groups through volunteering. However, this will require the volunteering programme to be amended to ensure it equips volunteers to run groups.

g) How will any mitigation measures be monitored?

Liquid logic linked clearly to KPI's for service which includes Public Health and Department of Health data requirements will be used to develop, review and monitor.take- up of the mandated checks and access to services. The data will also inform the service and commissioners re outcomes and output from service delivery. Monitoring of Keywork referrals will also be undertaken to inform provision of targeted level 3 intervention

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

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



The chart above shows people's stated religion in East Sussex according to Census 2011.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

N/A

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

N/A

d) What is the proposal, project or service's impact on the people with different religions and beliefs?

N/A

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

N/A

f) Provide details of any mitigation.

N/A

g) How will any mitigation measures be monitored?

N/A

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

Protected characteristic		East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
	Total population, 2010	515,500	97,000	87,200	97,500	89,800	144,100

Sexual orientation: data not available

Government estimates that 5-7% of population is Lesbian, Gay and Bisexual.

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

N/A

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

N/A

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

N/A

d) What is the proposal, project or service's impact on people with differing sexual orientation?

N/A

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

N/A

f) Provide details of the mitigation

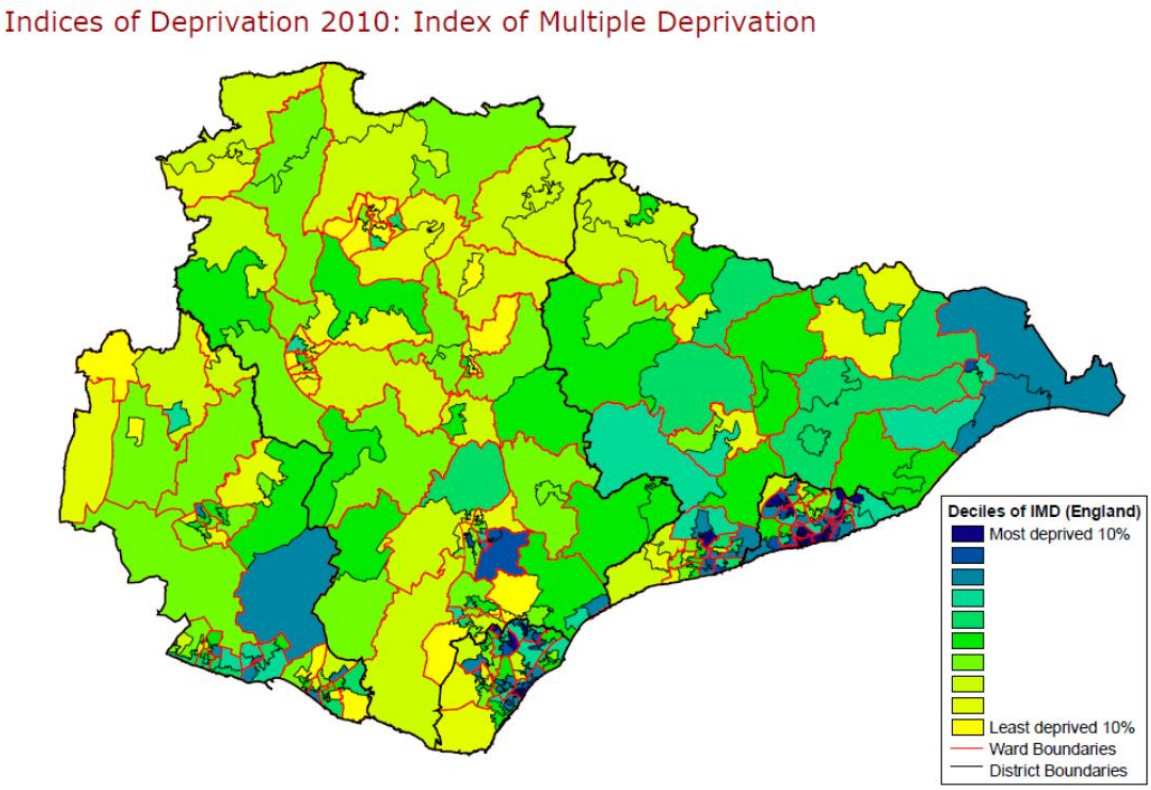
N/A

g) How will any mitigation measures be monitored?

N/A

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

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



The above map shows the most deprived areas across East Sussex.

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

The table below shows access of universal services, by cluster from the top 30% most deprived SOAs and those living in workless households from 1st April 2014-31st March 2015.

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	Grand Total
Total Under 5s	**846**	**1586**	**1621**	**876**	**742**	**997**	**1287**	**1152**	**1490**	**10597**
Under 5s from top 30% deprivation areas **or** from workless households	534	979	721	731	181	274	831	362	223	4836
Under 5s from top 30% deprivation areas or from workless households %age of total under 5s	63.12%	61.73%	44.48%	83.45%	24.39%	27.48%	64.57%	31.42%	14.97%	45.64%

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

On average across county 45.64% of under 5s accessing are from top 30% most deprived SOAs or from workless households. In Hastings, St Leonards, Bexhill and Eastbourne, the majority of services users are from the most deprived areas or from workless households..

d) What is the proposal, project or service's impact on the factor or identified group?

The proposal will disproportionally negatively affect families living in 30% most deprived areas and from workless households in Hastings, St Leonards, Bexhill and Eastbourne as they are more likely to attend universal services than more affluent families. The consultation has found that reduction in this service will impact on families in the following ways:

- Increase isolation
- Reduce access to support and advice when they need it
- Lead to increased mental health problems
- Reduce opportunities for children to develop school readiness
- Reduce opportunities to learn good parenting techniques
- Reduce community resilience

Families with low income were concerned they would not be able to access alternative provision.

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

Families from the most deprived areas and workless households will be signposted to other community play provision.

Families from the most deprived areas and workless households that require a higher level of need will be identified through HV mandatory checks and can be referred to targeted group provision, 1:1 Keywork support, or a planned Health Visitor intervention.

Other services can refer in families at level 3 on the continuum of need for Key work provision.

Children's Centres will offer a venue to community organisations to enable them to offer services to parents and children

The digital information and advice offer will be enhanced so that parents and carers can access advice online.

f) Provide details of the mitigation.

Through the consultation parents have indicated they would be willing to support the continuation of universal groups through volunteering. However, this will require the volunteering programme to be amended to ensure it equips volunteers to run groups.

g) How will any mitigation measures be monitored?

Liquid logic linked clearly to KPI's for service which includes Public Health and Department of Health data requirements will be used to develop, review and monitor.take- up of the mandated checks and access to services. The data will also inform the service and commissioners re outcomes and output from service delivery. Monitoring of Keywork referrals will also be undertaken to inform provision of targeted level 3 intervention. Ongoing work with stakeholders and other independent assessments from organisations such as Healthwatch.

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

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

Part 5 – Conclusions and recommendations for decision makers

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

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

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

X	Outcome of impact assessment	Please explain your answer fully.
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	The proposal disproportionately negatively impacts on 0-5s, BME families, teenage parents in some areas, women in general, pregnant women and women in the first 26 weeks of maternity leave, and families from the 30% most deprived SOAs or workless households, as these groups are all more likely to access universal Children's Centre provision than the general population. Reduction in this service will impact on them in the following ways: • Increase isolation • Reduce access to support and advice when they need it • Lead to increased mental health problems • Reduce opportunities for children to develop school readiness • Reduce opportunities to learn good parenting techniques • Reduce community resilience There will also be an impact on low income families if no other free provision exists in the area.
X	**B Adjust the policy/strategy** – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
	C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it *must* be removed or changed.	

		However, the key mitigating factor is that families requiring higher levels of need will be identified through HV mandatory checks and can be referred to targeted group provision or 1:1 Keywork support. There is an expectation that the Health Visitor workforce will expand to carry out the mandatory checks. There was a concern highlighted that targeted provision will become stigmatised. Further, other services will continue to be able to refer families at level 3 on the continuum of need for Keywork provision via SPOA. Families with lower levels of support will be signposted to community play provision The digital information and advice offer will be enhanced so that parents and carers can access advice online Children's Centres will actively promote opportunities for volunteers to lead universal provision with the centres. Children's Centres will offer a venue to community organisations to deliver services to support parents/carers and families

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

Liquid logic linked clearly to KPI's for service which includes Public Health and Department of Health data requirements will be used to develop, review and monitor.take- up of the mandated checks and access to services. The data will also inform the service and commissioners re outcomes and output from service delivery. Monitoring of Keywork referrals will also be undertaken to inform provision of targeted level 3 intervention. Ongoing work with stakeholders and other independent assessments from organisations such as Healthwatch.

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

Date completed:		**Signed by (person completing)**	
		Role of person completing	
Date:		**Signed by (Manager)**	

Part 6 – Equality impact assessment action plan

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

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

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

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

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

6.1 Accepted Risk

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

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)

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Consultation results: Adult Social Care savings proposals consultation

Date: January 2016

Document summary

Results from the consultation on the Adult Social Care budget consultation setting out the savings proposals for the coming three years

Contents

About this document:

Enquiries: Author: Consultation team Telephone: 01273 481 565 Email: adultsocialcare@eastsussex.gov.uk **Download this document** From: www.eastsussex.gov.uk/ascbudget	**Version number:** 1 **Related information**

Accessibility help

Zoom in or out by holding down the Control key and turning the mouse wheel.

CTRL and click on the table of contents to navigate.

Press CTRL and Home key to return to the top of the document

Press Alt-left arrow to return to your previous location.

About the report

This report summarises the many survey responses and comments we received during the consultation. Its aim is to share with Members the key themes and concerns that were raised by people who use services, their family and carers, statutory organisations, providers, voluntary organisations, groups and residents.

For a review of the impact of the proposals, the risks and mitigations please refer to the Equality Impact Assessments (EIA). These provide detailed information about services and client groups. What people have told us in the consultation has contributed to the EIA analysis.

The number of responses to the survey, along with the many letters, emails and comments received, mean that it isn't possible to include them all in this report. We have included some comments as examples of what people have told us.

Please rest assured that all survey comments, letters, emails, comments and videos will be shared with decision makers through the Members Papers. Videos will be available to watch and a transcript will be included with the papers. All the papers are available to Members in the week prior to the meeting.

Any responses received after the consultation closed are not included in this report, but they will be available in Members Papers.

The results summarised in this report are organised into the following sections:

- Feedback on the overall proposals
- Feedback on the Supporting People proposals
- Feedback on the proposals for the voluntary sector services that ASC funds
- Feedback on the drug and alcohol prevention service proposals

Note: Not everyone has answered every question in the survey, so all the charts include the percentage who didn't answer that question.

Background

Please note: During the consultation period the Government announced that council's would have the option of adding a 2% social care precept to Council Tax.

Why we consulted

Over the next four years there will be less money for services in East Sussex, even though demand for them is rising. This is mainly because funding from central Government is shrinking.

We have to make savings of between £70 million and £90 million by March 2019. This is on top of £78 million we have already saved since 2010.

For Adult Social Care, we will have £40 million less to spend on services by March 2019. This is in addition to the £28 million that we have already saved from these services since 2013.

This means making difficult decisions about which adult social care services we continue to invest in. The consultation explained how we proposed to make the savings, providing detailed information on the three main areas of saving in the first year (2016/17) and a summary of savings over the following two years.

There are some services that we are required by law to provide. This limits our opportunities for making savings. The consultation proposed three main service areas where we think the majority of savings will have to be made. They are:

- The Supporting People programme, which funds a range of services related to housing support.
- Support services, such as educational, occupational, leisure and activity-based services, which we fund the voluntary sector to provide.
- Drug and alcohol prevention services for adults and children.

We asked for people's views on how we are proposing to the make the savings. The consultation started on 23 October 2015 and closed on 18 December 2015.

Taking part in the consultation

How people could take part

We promoted the consultation widely to our stakeholders, including statutory partners, providers, voluntary organisations and clients and carers. Most of the services covered by the three main areas where we are proposing to make savings are ones that we fund other organisations to provide. We have worked with the providers of services to ensure that clients were informed about the consultation.

The consultation was also covered by the local press and television news. It was also discussed and shared on social media. (Information on this activity will be included in the Members Papers for Cabinet.)

People could take part in the consultation in a number of ways:

- By completing the online survey
- By printing and posting a survey back to us
- By coming to one of the consultation drop-in events and completing a survey or comment form
- By attending another event or group session where the consultation was discussed (these might have been arranged by the Council, a provider or a voluntary organisation)
- By emailing or writing us with their comments
- By speaking to us at the events or over the phone

We have also welcomed responses in any way people wished to provide them, such as videos and petitions.

Who took part in the consultation

Over 1800 people took part in the consultation, although some people submitted responses more than once. People took part in many different ways:

- 949 people and organisations completed an online or paper survey
- Over 400 people attended one of the drop-in events (see Appendix 3)
- 77 organisations commented (40 via letter/email and 37 via the survey)
- 35 groups or coordinated client responses were received (many of these included multiple responses)
- 365 individuals commented by letter (93), email (84), comment form (189), video (11) and phone calls (6).

Petitions

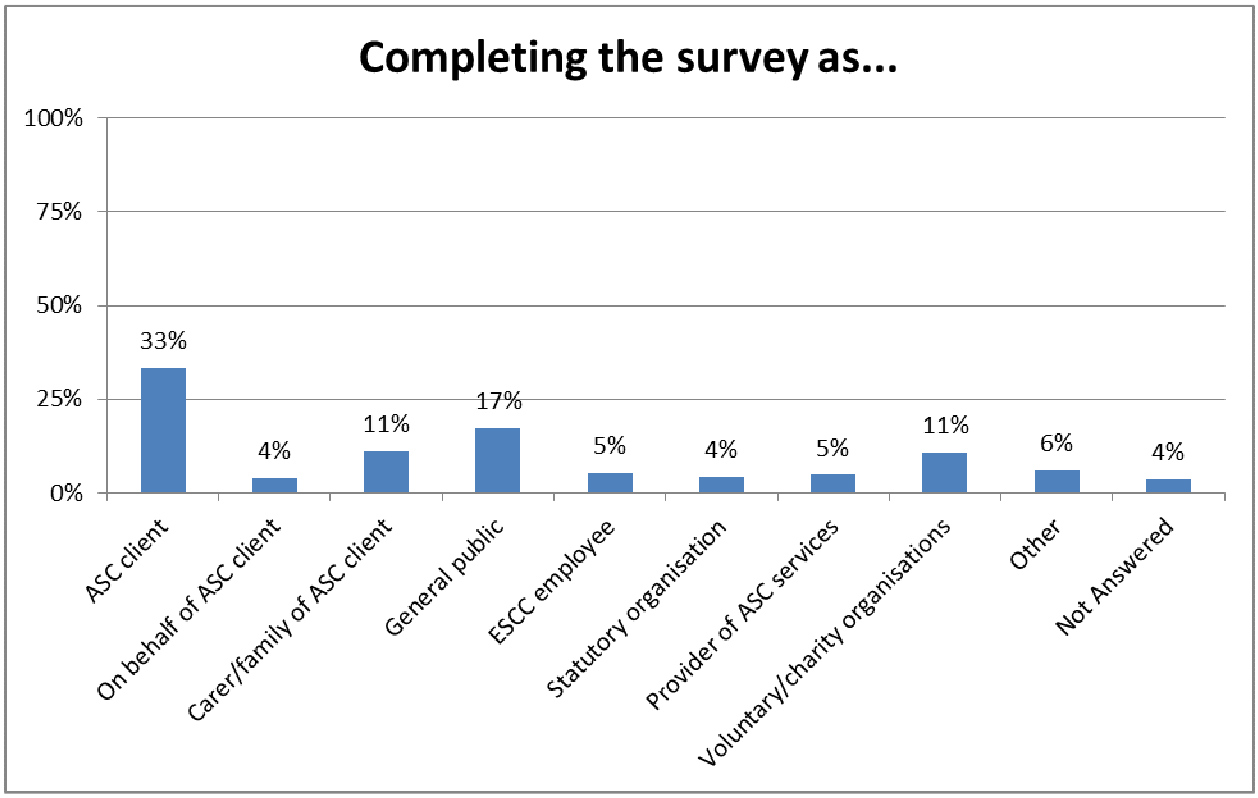
There are a number of petitions we are aware of and there may be others that people are planning to submit themselves. We received petitions from the following organisations, groups or individuals:

- Kerry Joyce and Martin Fisher: Don't let the funding cuts squeeze Zest Sussex dry

- Beth Granter: Stop Social Care cuts in East Sussex! Protect vulnerable people!
- Autism Sussex: East Sussex County Council cuts would affect valuable support and services
- Recovery Partners: Don't cut funding to Recovery Partners - East Sussex mental health services
- Jane Caygill: Rethink the proposed Adult Social Care Budget Cuts
- Stop cuts to Supporting People services – affecting the most vulnerable people in society

The survey

A wide variety of people had their say through the consultation as the survey chart below shows:



Other ways of taking part

Every group of respondents was widely represented in the other ways of taking part in the consultation. Many of the people who wrote to us or submitted comment forms to the consultation use the services covered by the proposals. There were also a lot of responses from the family and carers of people who would be affected.

Key consultation themes

The volume of responses received for the consultation shows the strength of feeling against the proposed savings. There are many responses from people and their families who use the Supporting People and the voluntary sector services that would be affected. Many respondents have talked of the stress and worry caused just by the proposals. For the drug and alcohol preventative service proposals the majority of the comments talked about their or other people's need for support and the impact on the community of reducing the services, rather than the specific services covered by the proposal.

There is recognition of the pressures on the Council's budget and the difficult decisions that the organisation has to make. Many respondents have commented on national policies and suggested savings relating to national policies or programmes. Even so, the vast majority of people who have responded to the consultation are concerned about the long-term harm that would be caused to people and the services that support them.

People have queried the proportion of savings that are coming from adult social care. Towards the end of the consultation period there are increasing references to the social care precept for Council Tax, with most people urging the Council to adopt it. Some respondents question whether the Council could retain its commitment to its stated priorities and whether adult social care would be able to meet its statutory duties if the savings went ahead as proposed. Of particular concern is the cumulative effect that people could experience if they lose support from multiple services at one time.

It is clear from the consultation that many respondents feel that if the adult social care savings went ahead as proposed it would cause serious and devastating harm to people who use the services, their carers and families. Linked to this, a significant number of comments say that lives would be at risk, either due to people not receiving the support they need or because of increased suicides.

Statutory and voluntary organisations would experience additional pressure on remaining services and the risk of closures to organisations, buildings and services would be very real. The cuts to the voluntary sector mean that it will be less able to step into any gaps in service provision that would be created.

There is also a lot of concern about the community impact through increases in rough sleeping, anti-social behaviour and crime. People also worried about the economic impact on the county in terms of jobs and tourism.

Some people have raised concerns about the consultation process, saying it is flawed for a number of reasons: lack of notice, length of the consultation, the complexity of the information, accessibility issues, and unsatisfactory drop-in events.

The services are preventative

Many of the comments say that it is short-sighted to remove support for preventative services such of the ones covered in the proposals, many of which have been shown to save money in terms of stopping or delaying people's use of more expensive services.

Linked to this, a lot of people raised the issue of the savings creating cost elsewhere in the social care and health system; for the Council but also for other statutory organisations, providers and voluntary organisations. For example, mental health savings proposals could lead to increased need for acute services and put more pressure on accident and emergency services. Removing funding for Supporting People services could lead people

to need more funding from the Adult Social Care community care budget. Reducing drug and alcohol services could put pressure on Police budgets.

Value of the services

Many people took the opportunity to tell us about the value of the services they or a family member receives. The positive impact typically went beyond the service itself, with people talking about how the service:

- promoted or improved their safety, health and wellbeing
- supported or improved their independence
- helped them to change or improve their lives
- stopped them from feeling socially isolated
- allowed them to feel part of the community
- allowed their family or carers to have a break or continue to work
- helped people to develop new skills and move into employment (relevant across many services, but particularly younger people, young mums, sensory impairment, learning disability and mental health)
- supported people to access mainstream services and manage everyday tasks

Impact on people of reducing or removing funding from services

Many people also told us what removing or reducing funding for services would mean for them or a family member. The negative impacts raised include:

- putting lives at risk, through increased suicides or increases in behaviour that put lives at risk
- pushing people into homelessness and rough sleeping
- pushing people into temporary accommodation and sofa surfing
- pushing people and their carers into crisis
- negatively affecting the life chances of children whose parents and carers would lose access to services
- stopping or delaying people's recovery
- putting ex-offenders at risk of reoffending or receiving longer sentences
- putting people at risk of exploitation
- increasing social isolation which will affect people's general health and wellbeing, both physical and mental
- increasing the need for mental health services as people are affected by services that support them losing their funding
- making people less safe and reducing their independence
- removing people's choice and control about the services they want to receive support from
- removing services that support distinct groups who face stigma or exclusion from mainstream services

- stopping people from getting involved in their community
- placing a bigger burden carers, which could push them into crisis and put their caring role or employment at risk

Equality issues and cumulative impact

Many of the responses raised issues relating to specific groups and the discrimination that they believe would lead from the proposals. For some groups, such as younger people and young mothers, people feel they will be disproportionally affected and won't have any alterative services to turn to. For other groups, the issue is with access to mainstream services and the stigma and exclusion people might experience. Removing or reducing funding could have a big impact on isolation for these client groups. This is raised for people with visual and hearing impairments (particularly relating to British Sign Language speakers), mental health needs, physical impairments and learning disabilities.

The negative impact on carers is raised across all service areas. It is notable that many of the responses come from carers who have seen the life-changing effect of services on the person they care for and the wider life of their family.

In addition, the wide range of services that would be affected mean that some people would have multiple services removed. This cumulative impact could be devastating to individuals and their families. For example, someone might be living in accommodation based services funded by Supporting People, attending mental health funded community hubs and be receiving support from drug and alcohol preventative services.

Risk of closure of buildings, services and organisations

Many comments said that the savings would put vital organisations, buildings and services at risk of closure. In some cases, the proposals would put the wider organisation or whole building set-up at risk. This would also affect many other services which aren't directly affected by the proposals.

People also believe it would affect the ability of voluntary sector organisations to raise money from other sources. In some cases it could also affect 'match funding' organisations have already been awarded in recognition of the funding they receive from adult social care.

Impact on the community of reducing or removing funding from services

A lot of respondents talked about the wider impact on the community of removing or reducing funding for services. The negative impacts raised include:

- increases in homelessness and rough sleeping
- increases in anti-social behaviour and hate crimes
- increases in street drug and alcohol use
- increases in crime

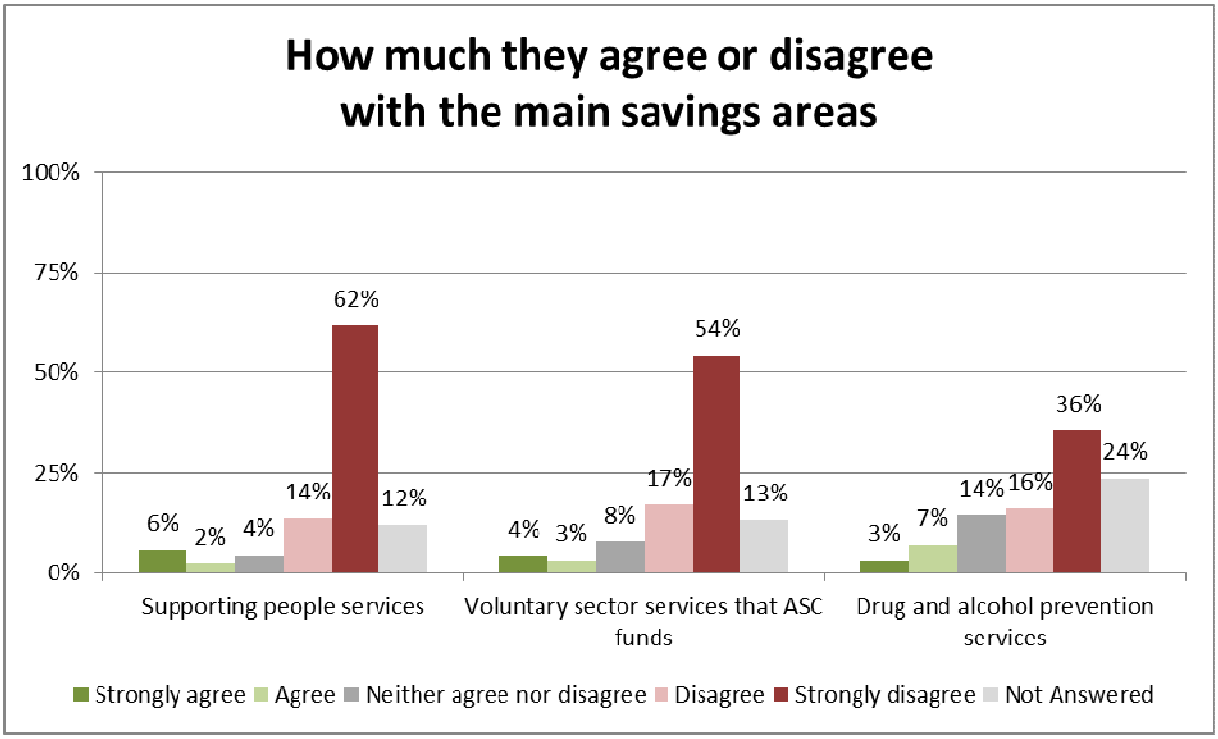
Feedback on the overall proposals

Survey feedback

Survey responses showed that people generally disagreed with the three main areas of savings:

- **Supporting People:** 75% disagreed or strongly disagreed
- **Voluntary sector services we fund:** 71% disagreed or strongly disagreed
- **Drug and alcohol prevention services**: 52% disagreed or strongly disagreed

A small percentage of survey respondents agreed with each of the proposed savings areas (see chart below), with the rest of the respondents either choosing 'neither agree nor disagree' or not answering the question.



We asked people why they agreed or disagreed with the main savings areas (489 people out of the 949 who took part in the survey answered this question). The themes that came up the most were because of the:

- Negative impact on people's lives and the community of removing the services (216 mentions).
- Knock-on effect, cost or longer-term impact of removing these preventative services (167).
- Value of services generally or how particular services had helped them (163).
- Pressure that would be placed on other services/budgets by removing these services, eg ASC, NHS, Police and so on (157).
- Savings areas affect or target the most vulnerable people (156).

(See the appendix for the full list of themes.)

Comments such as:

- “You are taking services away from the already extremely vulnerable. Without these services, it will severely impact on those individuals who use these services, and as a result will severely impact society as a whole.”
- “I believe this will be a false economy, creating a greater cost to society in other areas, particularly the NHS.”
- "We expect the savings to increase the intensity of caring roles, and to reduce carers' access to respite and practical support beyond that offered by dedicated carers' services. For carers, this is likely to translate into increased stress and physical health problems, greater difficulties in juggling caring and employment, and reduced finances.”
- “By removing the support from these groups they (the various groups) will require additional help & support from the community health teams & voluntary organisations - which currently is unable to cope with demands so to add extra work will result in more pressure being put on these already over stretched services organisations.”
- “Failure to support these services will lead to a rise in homelessness, mental health breakdown & NHS bed blocking the social cost of which will vastly exceed any short term savings to be made.”
- “This facility offers services invaluable to the maintenance of mental wellbeing. Without the services offered I can see an increase in the workload of the acute services.”
- “If the purpose of this exercise is to save money then cutting the budget for supporting people will simply move the cost elsewhere. SP have been instrumental in saving the county millions of pounds by ensuring that timely ,professional services are in place to support those who would be unable to cope on their own, without these services the justice system, the health service and adult social care will be swamped with calls for their services.”
- “These services prevent the need for acute intervention which is much more costly and many more people will present to services. There will be in increase in people in crisis which will put huge strain on statutory services.”
- “These services prevent the need for acute intervention which is much more costly and many more people will present to services. There will be in increase in people in crisis which will put huge strain on statutory services.”
- "Many [people] are vulnerable [and don't access services] because of the difficulty being LGBT can still mean... These cuts may deprive LGBT people of vital services."
- "[We] fully recognise the really difficult position of East Sussex County Council. We believe decisions about savings and cuts to Supporting People services have been made in an objective and principled way. However, we regret the need to make the cuts. We believe the lost services could have contributed to the aims of Better Together - preventing a drain on primary health care services and the ever more-limited resources of adult social care."

Survey questions on general topics

Other savings areas

We asked people if they had any comments on the additional areas of saving covered on pages 6-9 of the consultation summary document, such as management savings.

Many of the comments stated their disagreement with the savings proposals and raised issues of the impact on vulnerable people. There were comments on national decisions around funding and the fact the Council should be challenging the level of cuts. Some comments said the savings for adult social care were disproportionate compared to other departments. People commented on the three main areas of savings too and talked about the value of specific services or the fact they should be protected. Some people said they weren't clear on the other savings area or asked for more information.

The majority of the comments on other areas of saving related to management and staff savings. They all supported this area of saving, with many people saying more should be cut from management costs in order to protect frontline services.

Comments such as:

- “There doesn't seem to be a very large saving to Management, Commissioning and Support services. Given that the 2015/16 budget is £9 million, a saving of £3 million over two years doesn't seem a very large proportion. Also, with such a large amount of funding, bigger proportional savings could help fund other less administrative, more directly-delivered services.”
- “I think that the savings made to staffing costs needs to be increased.”
- “Heavy ended management teams centrally who do not provide any practical support or service to the public could be cut.”

Suggestions for alternatives

We asked people if they had any suggestions for other ways of making the savings.

Many people commented on national spending decisions and the money that is spent on other areas such as foreign aid, refugees and welfare. Many people registered their disagreement with the savings. They also raised their concerns about the impact of the proposals and the value they have received from certain services.

Suggestions included:

- Increasing council tax using the social care precept
- Pooling budgets/integrating with health
- Looking at merging/pooling budgets/sharing services with other councils (WSCC and Kent)
- Spreading the savings more evenly across departments
- Finding ways to raise money to pay for these services
- Making more savings from areas that don't directly support people
- Looking at reducing funding to services rather than completely removing it
- Considering merging services to get efficiencies
- Increasing contracting out to the private sector and voluntary services

- Looking at best practice elsewhere in terms of getting value for money and providing the most efficient services
- Being creative about how services are provided
- Listening to ideas from other people about ways of adapting services
- Removing management layers and bureaucracy
- Reducing the salaries/allowances of senior managers/councillors
- Increasing home and flexible working for staff to save on building costs
- Avoiding unnecessary costs like leaving computers running and replacing the windows at County Hall
- Reducing use of agency staff and improving staff retention
- Questioning the cost and value of the Hastings to Bexhill link road
- Reducing the funding for drug and alcohol services further
- Making invoicing more efficient and cost effective

Comments such as:

- “Yes, invest in promoting more innovative methods of service delivery. Work collaboratively with non-statutory organisation who have a strong record of innovation and efficiency. Employ fewer non-productive officers. Provide fewer direct services; utilise the skills and resources of non-statutory organisations. Stop protecting your own jobs. Less reliance or traditional institutional models eg residential care.”
- “Other areas such as consultancy costs, contract staff and ICT equipment must be reduced first. We'd prefer to see ESCC sell off property or even close a service that affects everyone than stop providing ASC services.”
- “I would like to propose that a collective approach is taken around integrating services for the same money in terms of working with Children's services, youth offending and health to formulate a complete care package around a young person - a "one stop shop".”
- “Personally I would look at funding on roads, street lighting before Social Care type services, but understand that this is a very minority view.”
- “By listening to any redesign ideas proposed for services that will provide a sustainable service to the local community of Hastings and Rother.”
- “Consolidating services, more signposting, better information sharing, investing in widespread peer mentoring to support reduced services.”
- “Increase Council tax across the county so that the 'savings' can be equally distributed across the population.”

Any other comments

The final question in the survey asked people if they had any other comments or suggestions to make.

Many of the comments disagreed with the proposals, questioning why the savings are focused on adult social care and the most vulnerable people. They felt that these vital

front-line services should be protected. Serious harm would be done to people and the community if the proposals went ahead. Many people said that the cuts won't save money in the long term and would put pressure on other budgets and services.

People raised concerns about the impact on people and associated risks: risk of suicide or death if people lose vital support; increased self-harm and substance misuse; increased homelessness; services and buildings closing; the wider impact on carers, families and children; increased isolation; and the negative impact on people's health and wellbeing.

They also raised concerns about the impact on the community through increased anti-social behaviour and crime. Some comments focused on the negative impact on specific client groups including people with mental health needs, people with a learning disability, young people and carers.

A number of people also raised concerns about the consultation process, specifically the complexity of the information and the survey, as well as the unsatisfactory nature of the drop-in events.

Comments such as:

- “I would urge the ESCC to think very carefully about the proposed cuts, as I am already worried about the levels of risk to vulnerable clients. I genuinely feel we will see an increase in suicide, need for intensive health support and homelessness if this is not managed effectively.”
- “I am very concerned that these cuts will mean that I will not only be homeless but I will lose the precious support I have here that has enabled me to make great steps forward in my life recently.”
- “I think that these cuts are disgusting and are abusive and discriminatory toward those who are vulnerable in society.”
- “I know these savings need to be made but I am seriously concerned by what is going to happen to all the people affected by the loss of service, especially in regards to Supporting People.”
- “My main concern is that early intervention will be affected and that people will not be able to get help at an early stage. As someone said at a meeting I attended people are going to be abandoned. I know that the situation is not of the councils making but I worry for the future and what it will be like in three years time.”
- “I would gladly pay more council tax to enable the cuts to be scrapped altogether.”
- “I have found this form far too complicated and this has made it even harder to answer these questions. I think the changes would be a huge set-back for me - other services haven't been as helpful as the ones I currently use.”

Organisation responses by other methods

Please note: Organisation responses made via the survey are included in those summaries. The original documents are available in Members Papers.

The table below provides a summary of comments received by letter and email from organisations about the overall adult social care budget proposals (see other sections for comments on the three main areas of savings). The original documents will be available in Members Papers.

Organisation	Summary: Overall proposals
3VA, Hastings Voluntary Action and Rother Voluntary Action	The letter recognises the need to make savings in line with government policy and the work that has been done to find more cost-effective ways of delivering services. However, it says that the proposals would leave many people without access to preventative services, meaning they would reach crisis point sooner and require acute services. The savings would have far reaching effects on the most vulnerable people in our communities. The letter also raises the three organisation's concerns about the consultation process and the impact on the health and wellbeing of people who use services and their families. The letter comments in detail about the consultation process and the lack of information about the impact of the proposals.
Age UK East Sussex	The letter recognises the financial challenge facing the Council and demographic challenges. Its response to the consultation relates to services it runs, but also the charity's role in representing older people. In this context, the organisation is already concerned about the £28 million the department has already saved and the cuts made to care packages. The proposals to save a further £40 million are described as 'extremely alarming' and the Council is urged to reconsider the scale and pace of the proposals, which are untenable in light of the rising level of needs. Reducing funding for non-statutory services would just increase demand on the community care budget.
Candlelight Homecare Services	The email concerns the general financial position of local government as a result of national spending plans, the increased need for services and the increased cost of providing home care services. There is a risk that less care would be provided and that social isolation would increase. Care providers are experiencing higher costs and the National Living Wage will make no difference to recruitment. The email suggests pushing for a better financial settlement from central government, making greater use of telecare, sharing more costs with health for medication related support, and abolishing 15 minute home care visits.
Cabinet Member for Community, Eastbourne Borough Council	The letter recognises the pressure on public funding, although raises concerns regarding the budget process and the impact of the proposed cuts on the most vulnerable in society. More information about the rational for savings and impact assessments to understand the implications are needed. The consultation does not provide information on alternative options. Decisions risk being made without proper consideration of the impact, leading to a failure to meet statutory duties.
Clinical Commissioning	The letter recognises the very difficult financial position facing

Groups: Hastings and Rother; and Eastbourne Hailsham and Seaford	the Council and the continued benefits of East Sussex Better Together. It welcomes the commitment to invest critical services that maintain people safely at home and in the community, recognising that this support means there is reduced scope when considering savings proposals. It asks that the before the final budget is agreed the impact on NHS partners is fully assessed. In the future an integrated planning process would need to be developed to improve the experience of people using health and care services.
Dementia Support East Sussex	The email provides information about Dementia Support East Sussex, a voluntary group supporting those with dementia and their carers, and suggests that with the inevitability of budget cuts there could be an opportunity for voluntary groups to fill some of the gaps for those most in need.
Eastbourne Homes	The letter suggests that consideration is given to using the social care precept to mitigate the impact. It also references the need to meet the Council's statutory duties.
East Sussex Disability Association	The email says that the Council should take up the option to add a social care precept to council tax.
Hastings & District Trades Union Council	The letter says the proposals would have devastating effects on the most vulnerable members of the community. It says the organisation does not accept the rationale for the cuts and urges the Council to challenge reductions in funding. The budget proposals would see adult social care and childrens services take the brunt of the cuts, affecting those who are least able to cope. The loss of key services would remove well established safety nets and lead to greater unemployment in the county. It questions the lack of Equality Impact Assessments. The cuts are a false economy as people would look for more support from statutory services. The Council would also be undermining its own priority commitments.
Hastings Borough Council	The letter explains that the proposals would have a significant impact on clients in Hastings. The concentration of vulnerable and economically deprived households would mean a heavier impact on the town. In addition, the level of need in the area means that many of the accommodation based services are located in Hastings. Some of the most vulnerable individuals and families would be affected. The letter references the effect of other central Government reductions in spending that affecting people, including welfare reform. It says that the most acute and obvious risk of the proposals is an increase in homelessness, which is already an issue. The possible withdrawal of services for those with significant support needs is likely to put pressure on other budgets and would also impact significantly on the wider community. The organisation is also concerned about the cumulative impact of the budget, particularly due to the pressure on the budgets of all statutory

	organisations including the borough council. The letter provides a detailed summary of what the proposed savings would mean to services in Hastings and the likely impact.
Homeless Link	The response recognises the difficult decisions local authorities have to make as a result of their funding reducing. It urges the Council to reconsider the proposed cuts to housing-related services because of the human and financial benefits of continued investment in them. The current proposals put a very heavy burden on Supporting People funding. The result would be that people's needs become more complex with associated higher costs for the authority and the health service. The responses set out the national and local context relating to homelessness and its significant increase in recent years. The services in East Sussex are already insufficient, while reducing floating support is likely to mean that more people end up on the street. Cuts to accommodation in Eastbourne and Hastings for single homeless people and people with mental health problems and young homeless is positively dangerous in this context. The response addresses the documented benefits of continued investment in services and the impact on people's health of being homeless. The cost to the health service of supporting homeless people is also significantly higher, which is important in the context of the work being done with the local health service through East Sussex Better Together. The proposed reduction in funding to young people's services would affect services that have a good reputation and achieve good outcomes. Savings made in adult social care would just shift to childrens services or other statutory bodies. It is likely too that East Sussex would not be able to meet its statutory obligations if this saving went ahead. Proposed savings to accommodation are also likely to have an impact on the street community and criminal justice services, particularly where people have needs that cross offending, drug and alcohol misuse and mental health. The ability to incorporate housing-related support services into a more holistic model will be vital in accessing new funding streams and in the work locally towards moving towards a model of fully integrated health and social care.
Local Strategic Partnership (Hastings and St. Leonards)	The letter raises the organisation's strong concerns over the decision to reduce adult social care funding by £40 million and its deep concerns about the Supporting People and voluntary sector savings. It asks the Council to fully evaluation the impact of the proposal to reduce this funding. Supporting People allows some of the most vulnerable people to live independently, easing the pressures faced by people with mental health problems and providing care for people with learning disabilities, homeless people and older people facing social isolation. The proposals would have a deeper impact in

	Hastings and St Leonards because of the deprivation in the area and the serious issues around child poverty, health inequalities and unemployment. Supporting People has been successful at providing early intervention which stops vulnerable adults falling further into poverty.
Marsham Older Peoples Project	The amount to be cut from adult social care should be reduced by savings elsewhere in the Council.
SHORE	The response recognises the need for the Council to make savings, but says this should be mitigated by introducing the social care precept for council tax. It urges the Council to improve work across the department and with partners to make the best use of public money. The large cuts proposed for adult social care services run a significant risk of increasing costs elsewhere for the Council and partners, particularly for acute services. The organisation suggests that better understanding of the impact of cuts is needed to inform decisions. It suggests looking at partnership working to save money and reviewing how savings could be achieved by making better use of the Council's assets. Evidence of the equality impact assessments should be shared that clearly shows the impact on service areas and residents.
Sussex Partnership NHS Foundation Trust	The letter recognises the difficult financial situation and that finding the appropriate balance between priorities is complex. It asks that the impact on local NHS services to deliver safe and effective services is carefully considered before any decision to reduce services is taken. Clinicians and Governors of the organisation have expressed grave concerns about the impact on vulnerable people and their families. As an example, it is estimated that around 50 of 200 people currently supported by the Trust to live in the community could end up in hospital as a result of the cuts across service areas.
Wealden District Council	The letter recognises the difficult choices the Council has to make, although it raises concerns about the potential impact of cuts on its residents. It also notes that adult social care seems to be hardest hit and asks whether other areas of the Council could be required to take a larger cut in order to protect the most vulnerable.

Group or coordinated client responses by other methods

Group or client group	Summary
Friends of Africa and Caribbean in England and BME Health & Social Care Forum	The groups were unsure about whether they would be affected. They were concerned about the double effect of the cuts on the BME community: on people who use services and also for the many people working in the care and support sector. There were also wider concerns about the impact on the economy, society and the local community, with the possibility that homelessness

	becomes more visible and people with mental health needs not being supported.
HomeWorks client meeting	The meeting started with a summary of the background to the budget planning and the proposals. Attendees spoke of the value of the service in supporting them, developing their confidence and independence, and what it would mean if the service was reduced. They were concerned about will it mean for others if these life changing services aren't available in the same way. The impact of the proposals on services that HomeWorks refers to was also raised. Comments included: "What will the human cost be? Has this been calculated? People are suicidal, homelessness is getting worse. Austerity in this country is disgusting." "HomeWorks helped me and changed my life when I was homeless. They are very helpful and I don't know what I will do without them." "If you can't do early intervention then people will tip into crisis and then we won't be able to take on bigger caseloads."
Lewes and District Seniors' Forum	The email expresses serious concern at the prospect of reductions in the adult social care budget and the consequently effect on many residents. It recognises the difficulty the Council is facing in terms of reduced funding. The forum is concerned about the impact on people who receive care and support services and their ability to remain independent in their own homes. The email also notes the issues with bed-blocking and the reducing funding for adult social care services. It urges the Council to draw the government's attention to the consequences of reducing local government funding, raise council tax as permitted to spend on social care services, and adjust the Council's budget to increase the funding for services supporting health and wellbeing.
Inclusion Advisory Group	The meeting started with a discussion about the background to the consultation and the savings proposals it covers. The following risks and negative impacts were raised: • Pushing people into crisis and then needing to meet their needs, hard to recover from. • Higher residential, hospital and crisis intervention costs than support in the community. • Risk about carers – not being able to meet the requirements of the Care Act about health and wellbeing. • Compromises people's choice and control. • Increase in hardship and poverty in rural areas, loss of support, increased social isolation. Increasing cost of living in ES. • Multiple impact on people with mental health issues. • Potential increase in suicide and complex problems. • Risk about more people being on streets, risk around gender, mental health, mothers and children, rural areas, things that will

	combine e.g. people on low incomes in rural areas. • Risk of assumptions about families stepping in and the impact this might have, e.g. on LGBT people and older people. The group recommended the following: Communicate the changes carefully, precisely and clearly to clients and carers. Inform and advise smaller organisations on how they can access alternative funding to maintain their service, even if not in the same way, to help them survive. Advise about becoming social enterprises. Support the capacity of small organisations to draw on funding by encouraging organisations to work together to apply for funding as a larger organisation. Monitor the delivery of the savings and the ESBT programme progress carefully. Monitor the impact of the changes on existing clients and people whose needs escalate.
Involvement Matters Team for learning disabilities	The group feels sad and worried about the cuts. It does not think the Council should make these cuts. People with disabilities have many challenges and face many things which are unfair. There are many difficulties in their everyday lives, such as transport, employment, being part of the community and their health. The letter says: “We feel the cuts are going to make the lives of people with learning disabilities even more difficult.”
South-East Network of Disabled People’s Organisations	The network notes that adult social care will receive disproportionately higher cuts than other departments at the Council. The response questions whether the Council can still meet its key priorities. Many of the people that would be most affected by the proposals are vulnerable and if the proposals went ahead they would have a significant impact. Many people use multiple services which are subject to this consultation, meaning that they are risk of losing a lot of support at the same time. Many of the services are preventative and the likelihood is that people will just become eligible for social care services. The network says that the consultation document is a very difficult document for members of the public to digest and respond to.
Speak Up Forum	The letter gives the views of the Speakup Forum and the deep concern members have about the impact on people and voluntary organisations. It says that it is not possible to comment without an impact assessment, while the process also pitches organisations into a popularity contest. The impact on community resilience is also raised, with organisations likely to have to cut other services too. Resources across the voluntary sector would be affected as people seek alternative support. It also raises concern that adult social care savings are not being discussed within the context of the work with health on East Sussex Better Together. The Forum also endorses the letter sent by RVA, HVA and 3VA. In a follow up to its earlier letter, Speak Up queried how the additional Better Care Fund money and the optional social care precept will affect the plans. The limited information on Childrens

	Services plans also means it is difficult to understand the cumulative impact. There is concern too that many of the adult social care cuts will impact on parents and families. The organisation also asks about how it can be involved in discussions and the importance of planning taking place in the context of other areas of work.
Young People's Takeover Day	The group explained that some of them would be directly affected by the proposals. They said: “The cuts will mean our safety, our homes and our lives are at risk.”

Individual responses by other methods

Individual responses: Overall proposals
There were many comments on the overall proposals across the letters, emails, comments, videos and phone calls. People expressed their disagreement with the proposals and questioned why adult social care was being asked to save so much. Many people also raised their concerns about the impact of the proposals on individuals and the community. In general, people highlighted: • the extra costs on other budgets and services if the savings went ahead, • that making cuts to the voluntary sector would be a false economy because of the impact on other statutory services and the strain on the remaining voluntary resources, • that the proposals would disproportionately affect vulnerable people, with lots of comments about the impact in terms of increased isolation leading to depression, anxiety and poor mental health, and • the impact on carers of services for those they care for being reducing or being removed. Some people were also unhappy with the consultation process and the way the drop-in sessions were run. Other issues raised included: • concerns that the Council didn’t understand the full impact of the proposals, • issues with the format of the consultation, and • suggestions of other areas the council should concentrate on for savings (other than ASC). Reference was made to the fact that children would be adversely affected by the adult social cuts as disabled parents and carers would be affected. Another stated that those with sensory impairments would be disproportionately affected and would struggle to access services without help.
Comments such as: • “These budgets affect people’s lives and will put extra pressure on other services which are already stressed …also charity money (for voluntary org support) is taken away”.

- ”If disabled people don’t have access to the basic services funded by ASC they won’t be able to use libraries and transport services – resulting in more isolation and marginalising people.”
- “Vulnerable people with mental health needs can’t be put on the streets”

Petition responses

The table below provides a brief summary of the petitions relating to voluntary sector services that adult social care funds. Please note that printed copies of petitions will be available in Members Papers.

Petition title	Signatures	Comments such as…
Stop Social Care cuts in East Sussex! Protect vulnerable people!	27,402 (Of which UK-based 10,605 and East Sussex based around 380)	“…Hastings is the 20th most deprived area in the country and cannot cope with the proposed cuts, e.g. to services for homeless people (…) I know that this is about government cuts to LA funding, but they need to be fought; please resist the pressures and campaign for the government to restore the RSA to a level needed to keep vulnerable people safe and local communities thriving,..” “My mother currently receives support from ESCC without which she would not be able to continue living at home. If these cuts are withdrawn this would mean additional burden for ESCC if she was to go into a home”
East Sussex County Council cuts will affect valuable support and services	506	N/A
Rethink the proposed Adult Social Care Budget Cuts	887	The people of East Sussex ask the Council to reconsider the very harsh proposed Adult Social Care budget cuts which are targeting the vulnerable and disabled in our community. Almost every area of social need will be affected should these proposals go ahead in their current form

Feedback on the Supporting People proposals

Survey feedback

There was a fairly even split on the Supporting People services that people commented about, ranging from 16% of comments relating to Mental Health to 6% for both Extra Care and Young Mothers services.

We asked for people's comments/suggestions on the proposals, the impact on them and how we could help them prepare if the proposals went ahead. The table below summarises the key points raised in the comments.

Summary of key points: Comments/suggestions on the proposals
Many comments raise their objections to the savings in this area and cite their concerns about the impact on individuals and the community of removing or reducing Supporting People. The speed and scale of the proposals is a big risk. In particular, many people are concerned that the most vulnerable people in the county would be affected, with young people, young mothers, the homeless and those with mental health needs all being frequently mentioned as being at risk from the proposals. In the context of young people the impact on people's future and the serious negative knock-on effect is raised. For young mothers the negative impact on the whole family is raised. It is also recognised that the people who would be most affected often don't have family or support networks that could step into the breach. A small number of respondents support the proposed savings. This tends to be due to a recognition of the cost pressures facing the Council. Supporting People services are recognised as preventative support that reduces people's reliance on statutory services. A number of comments note that the value of these services comes in part from the fact that they often used at crisis point. As a result, any cuts to this area would have a short term effect in terms of making savings, as it would just lead to cost pressures elsewhere for the Council and for other statutory services. The impact on the community and pressure on NHS and police budgets is also recognised. Services in this area have already been affected by previous budget reductions. In addition, many of the people who would be affected are experiencing pressures caused by other national and local cuts to statutory services. The lack of affordable housing in the county means that alternative accommodation isn't easily available. Reducing or removing funding would: • risk people's lives and lead to suicide attempts • have a negative impact on people's safety, health and wellbeing • lead to many people losing their homes (many of the survey respondents say they would be likely to lose their home or accommodation) which would significantly increase homeless and rough sleeping in the county • make people more vulnerable, particularly young people and older people, leaving them more at risk of being exploited • increase hospital admissions and make people more dependent on acute services • increase the need for temporary accommodation and the use of Bed & Breakfast

placements

- push some client groups currently living independently with support into residential care, such as people with a learning disability living in supported living or older people living in sheltered housing
- put financial pressure on older people living in sheltered and extra care housing, possibly forcing them back into work
- leave older people living in sheltered and extra care housing isolated and without the safety net of regular support

There were some comments about the national context and related spending decisions. Suggestions locally include making savings from other areas of the Council's budget, such as the back office. People also suggest working with providers to find alternative services or to allow them to reconfigure their services to make them viable to continue. It would be important to understand the impact on client groups and individuals and the associated risks.

Comments such as:

- "These are essential services. Cuts to funding would result in further poverty, isolation and ultimately in death whether by suicide or through neglect."
- "Supporting people services are essential to many people who would otherwise find it very difficult to cope living independently. There are many people unable to access services without support, unable to engage within the community and who without housing support would be in a far worse position. I believe that this would trigger further decline in health and wellbeing that would mean that these people would then meet the 'essential' criteria. therefore it would be a more sound idea to have a preventative strategy."
- "Many could end up becoming homeless and the social cost associated with losing their supported placements is likely to far outweigh any short term savings achieved. There will be increased risk of suicide, mental health breakdown, NHS bed blocking, antisocial behaviour and crime."
- "Supporting People Services fund staffing at the necessary levels in accommodation based services. Cutting or reducing this is a recipe for disaster. Housing providers will not allow their properties to be left unsupervised with the various resident client groups and will close them as they will be unsafe."
- "Lacking the support provided by the Foyer, the young people would be likely to find themselves sleeping rough. There would probably be an increase in anti-social behaviour, shop lifting, car crime and drug related crime too. This would have devastating consequences for the young people involved - and would also impact on the wider community which would have to deal with the effects of more crime and anti-social behaviour."

Summary of key points: Impact if the proposals went ahead

Many comments focused on the benefit the affected service provided to them or a family member and how hard, if not impossible, they would find it to cope with that support. People also talked about the help they've had and how it should be available to others. Many professionals explained the value services provide and how they've seen them permanently improve vulnerable people's lives.

The role of housing-related support services was also recognised in terms of the wider impact it has on someone's life. It affects many other things, like the ability to work and being part of the community.

Removing or reducing Support People services would affect many preventative services, meaning people would need more support from higher cost services. There would be greater pressure on statutory service budgets in the long term.

Many comments referenced groups of people that would be particularly affected, including women experiencing domestic violence, younger people, young mothers, carers and those with mental health needs. For younger people there is a particular risk of becoming homeless as a result of the proposals. The negative impact would also be felt across families and particularly by the children of those at risk of losing services.

Some services and the building they are based in may close as a result. Once these services close it would be very hard to start them up again. Services that support recovery and give people the skills to manage for themselves won't be available. People would look more to acute services and become more dependent on them. There would also be more pressure on remaining services and longer waiting times than ever.

The result is there would be less and less care available for people. In some cases people would be left with no community based support. This would push people into crisis.

Other statutory services would all be affected, including health, the police and fire services. There would be cost pressures and more need for support from these services.

There would also be an economic impact on the county, with jobs being lost at many providers, tourism being affected by the community impact of the proposals and an increase in deprivation.

Reducing or removing funding would:

- risk people's lives and increase suicide attempts
- shorten the life expectancy of many vulnerable people
- have a negative impact on people's safety, health and wellbeing
- lead to many people losing their homes (many of the survey respondents say they would be likely to lose their home or accommodation) which would significantly increase homelessness and rough sleeping in the county
- increase poverty and financial hardship in the county
- make people more isolated and less independent
- have an impact on the community through increased anti-social behaviour, substance misuse and crime
- increase hospital admissions and result in people staying in hospital for longer
- make people more dependent on acute services
- increase the risk of people being exploited and abused, raised as a particular issue for younger people
- increase the risk of people experiencing mental health problems
- affect employment and training opportunities for people being supported, making them more likely to need longer-term care and support

- force young people to move out of the area and away from their support networks

Comments such as:

- “These people will end up in hospitals, there will be more suicides if they don't know where to turn, people might be exploited into prostitution or become addicted to drugs.”
- “My clients will become more chaotic, requiring further support from already stretched services, the long term impact is that individuals will not receive the care they require and I am concerned that this will have fatal consequences.”
- “This will lead to even more vulnerable people sleeping rough or sofa surfing and will lead to increased mental health problems, substance and alcohol misuse, survival crime and deaths.”
- “We would be made vulnerable here alone without the support of our warden.”
- "The work that ESYMS does is important in supporting not only young homeless women but also their babies the vulnerable of all. Funding cuts to this service could put more young people and babies risk and there are not other services the Newhaven and Eastbourne areas who can properly support this unique client group."

Summary of key points: Preparing people if the proposals went ahead

Many people said it was impossible to prepare for the proposals which would be devastating to them or people they care for. There were lots of comments urging the Council not to make savings in this area (Supporting People).

Partnership working and clear strategic planning would be needed, with identified targets.

In terms of suggestions for helping individuals to prepare people suggested:

- the Council telling people directly how they would be affected
- keeping people informed about what is happening
- providing clear timescales
- giving people time to prepare
- being clear about the alternative services, if any, that are available
- provide referrals to other agencies
- being open and transparent about what it means for the service(s) they use
- providing signposting and considering how technology can support people who no longer have access to the same level of service

In terms of suggestions for helping organisations to prepare people suggested:

- giving them time to prepare
- support organisations to bid for funding from other sources
- provide clear service pathways showing what is still available

Comments such as:

- “Perhaps do it gradually with plenty of notice and advice of alternative places to go

who offer the same services."

- "Provide clear guidance as to how to manage transitions for people, what services are still available and clear eligibility criteria."
- "The only way you will engage is to work with partners and speak to people face to face. People will not know how it will impact them until it is too late."
- "Where services within Supporting People are removed or reduced, it's important that alternatives including information, advice and guidance are publicised widely and are easily accessible – use of CAB / social media for example."

Organisation responses by other methods

The table below provides a summary of comments received by letter and email from organisations about the proposed Support People savings. The original documents will be available in Members Papers.

Organisation	Summary: Supporting People proposals
Anchor	The letter recognises the financial pressure but raises concerns about the impact of the proposals on the scheme manager service the organisation provides to its sheltered housing schemes. A review of the scheme manager service confirmed the role is essential to providing a safe and secure environment. The scheme managers provide a proactive service to vulnerable people and can make early interventions as they know the residents well. Their presence prevents residents needing higher levels of social care support and enables earlier discharge from hospitals. They also have a role in helping people to maintain their independence and stopping them becoming isolated. The organisation feels that the proposals would affect the quality of service it offers and could have financial consequences for residents. The consultation has created a mix of fear, anxiety and anger among residents.
Cabinet Member for Community, Eastbourne Borough Council	The letter talks in detail about the impact of removing or reducing Supporting People funding, both in terms of the negative impact on people and the long term cost implications for the Council and health service. For some services, such as mental health and younger people services, the letter notes that removing Supporting People funding may also put the buildings the services run from at risk.
Community Rehabilitation Company	The email notes that reductions in supported accommodation for young people with mental health needs and care leavers is likely to have the greatest impact on reoffending rates, although a reduction in accommodation for single homeless people would also have an impact on reoffending rates. Any cuts to refuges would be a concern as it increases the likelihood of repeated victimisation. The reduction in the Homeworks service is concerning, but may be offset by the housing brokerage service that the organisation is planning to

	commission across Sussex. The drug and alcohol service proposals are likely to impact on reoffending rates too. There is also an issue of clients not being able to complete sentence requirements due to resourcing issues. Other savings to youth services and public health are also likely to impact on the public purse and offenders.
Eastbourne Homes	The letter says the proposed loss of Supporting People funding for sheltered housing mean the organisation would have to review how services are provided to residents and how they are paid for. The organisation is committed to retaining in an onsite service as removing it would impact negatively on residents (increasing their isolation and vulnerably) and would increase hospital admissions and the length of stays. The letter addresses the value of the Home Works service in providing effective services to the vulnerable and in providing early intervention to prevent homelessness. Reducing this service would put more pressure on statutory services in the longer term. The proposals relating to supported accommodation for those with complex needs run the risk of removing specialist preventative services and putting the buildings they are run from at risk. This would put more pressure on social care and NHS budgets. The result would be a significant impact on individuals, increases in rough sleepers, anti-social behaviour and bed blocking. Young homeless people and care leavers are one of the highest risk groups. The letter says there is currently an effective pathway and good provision. The savings proposals could mean that this high risk group disengage and become 'revolving door' clients. There would also be an impact on other budgets, increases in homelessness and loss of specialised buildings.
Hastings & Rother Mind	The response states the organisation's deep concern over the proposed cuts to mental health community services. It argues that the consultation process is flawed as people are not able to provide their views easily. It also pits organisations against each other. There has been risk assessment on the impact of the proposals on clients and their families. Organisations that provide services would also see a knock-on effect as other projects would suffer too. Removing adult social care funding could undermine the continued receipt of funding from other sources. When acute mental health beds were reduced it was on the basis that community support would provide appropriate, timely and preventative provision. Reducing funding would go back on this agreement and put financial pressure on NHS services. People on Section 117 are entitled to appropriate support in the community and this would be at risk under the proposals. The cut to mental health community services is disproportionate and shows the lack of parity in the way the Council is treating services. The ability of individuals to recover would be hindered and safeguarding would be

	impeded, probably leading to an increase in negative incidents. Reducing Supporting People funding would have a devastating impact on vulnerable people and their families and carers. It would also push them into more expensive care. Difficult decisions need to be made, but the consultation is not adequate engagement and decisions should be made following appropriate consultation with people who understand the sector.
The Foyer Federation	The letter says that Newhaven Foyer is a member of the Foyer Federation. It is potentially facing 50% cuts or the entire service being decommissioned. It provides examples of the high standards set by Newhaven Foyer and the added value it provides as a preventative service. The letter notes that it is managing to sustain an excellent service in a challenging environment for young people and publicly funded services and is the only service for young people in the Lewes district. It also addresses the national context and the need for services that have a maximum long term impact for young people. To reflect this, the Foyer Federation has challenged its members to remodel their offer and the vision for Foyers is to eventually become financially independent. Short-term investment from the Council now would ensure a thriving service is supported and has the opportunity to remodel its offer. If the service closes then young people who have already experienced significant disadvantage would become street homeless.
Lewes District Churches Homelink	The letter says that Home Works is often a key support to its clients and praises the expertise, conscientiousness and dedication of the staff. It explains the role of the charity in helping homeless people into accommodation and the role Home Works plays in helping them develop life skills. Removing or reducing the support the service offers could lead to people becoming homeless.
Sanctuary Supported Living	The email explains the services provided by the organisation and the impact of removing Supporting People funding. Services would close, with the loss of 55 jobs and the loss of 84 units of accommodation across mental health, homelessness and vulnerable young people. All the services help keep people out of higher cost services such as hospital, prison and registered care. The majority of the clients would be eligible for social care services, so without the Supporting People services there would still be a statutory responsibility to fund their care and support.
Saxon Weald	The letter says the organisation is disappointed by the proposal to remove Supporting People funding from extra care schemes. The success of the model is largely defined by the on-site presence of care and support, which supports independent living and decreases the need for statutory services. It provides information on the value of the scheme it

	provides in East Sussex. If the proposals went ahead the organisation would be forced to remove these valuable support services and reduce the amount of time scheme managers are employed on site. The STEPS service would not be able to replace this. This would affect residents' wellbeing and risks reducing independence and creating a residential environment. The Council and the organisation have invested significantly in the extra care schemes in East Sussex and the low cost is great value for money compared to care home alternatives.
SHORE	The partnership explains its background and provides details on accommodation services it provides for rough sleepers and the homeless. It says that increases in rough sleeping are already worrying and the issue is predicted to get much worse. The complexity is also increasing, with significant increases in vulnerable women and young people on the streets. Provision in the county is already inadequate and there are existing capacity issues. Members have grave concerns about the proposed cuts to Supporting People. It says the proposals run the risk of increasing rough sleeping and homelessness. The impact of this would be increased cost, vulnerability, crime, poor health, and unattractive shopping areas. There would also be a risk that the number of looked after children would increase. They would lead to an increase in complex needs developing. This would put more pressure on acute services, particularly mental health services.
Sussex Partnership NHS Foundation Trust	The letter raises the issue of delays in transferring people to community care. This is not currently an issue in East Sussex because of access to supported accommodation, but the savings proposals could change that. Those with mental health conditions are one and half times more likely to live in rented housing and mental ill health is frequently a reason cited for tenancy breakdown and housing problems. Availability of local supported housing is therefore crucial for recovery for people with the mental health conditions.
Wealden District Council	It welcomes the way the Supporting People team is working with partners to mitigate savings where they can and says this ongoing dialogue needs to continue. In terms of the proposed areas of savings, it says that Supporting People provides support to the most vulnerable. Wealden has access to county-wide services and there two services in the area that would be affected. For one service there are major concerns about whether it would be able to continue. In terms of sheltered housing and extra care, the letter welcomes the continued funding of floating support but says this cannot replace on-site support. Savings in this area would have a direct impact on homelessness in the area and also create additional costs to the organisation. It also registers concern for mental health and learning disability clients becoming

	homeless as a result of the proposals.

Group or coordinated client responses by other methods

Group or client group	Summary
East Sussex Young Mothers Service coordinated responses	The organisation has submitted comments from people who use the service. The respondents were asked what the service means to them; how their life was before they came to the service; and what it would mean if the service had to close. They said the service provides a safe and stable place, encourages their independence, gives them a chance to prove they can look after themselves and their children, and provides support whenever they need it. Before using the service, they were alone, living in inappropriate accommodation and some were at risk of becoming homeless. If the services closed then vulnerable mothers and babies would end up in unsafe B&B accommodation, sofa surfing or homeless, putting them both at risk. It also means people won't get the support they need to look after their children. Comments include: "It is mine and my daughter's stable and safe home." "I would be homeless, probably be put in some B&B where I would not feel safe." "I can prove to people I can live independently and it gives me a safe home for my son."
Housing and Support Services group	The response notes the group's strenuous objections to the proposed budget cuts. It says the consultation process has failed to provide a published assessment of the impact on the community and hasn't considered the reductions across the Council and other tiers of local government. There has also been no attempt to mitigate the impact on the most deprived areas of the county. The proposals would have a multitude of detrimental impacts on individuals, services and communities. Members have no doubt there would be an increase in homelessness and rough sleeping. The proposals that most concern the group are the impact on Hastings, the reduction in floating support and the reduction in funding for Seaview homeless day centre. The proposals are short term savings that will have significant knock-on effects on social care, mental health, health and housing services. The group also says there is no evidence of a plan to ensure suitable and effective transitional arrangements and requires that it be involved in the process if the proposals go ahead.
Lewes and District Seniors' Forum	Removing the Supporting People funding would take away valuable assistance and is likely to lead to an increasing demand on the voluntary sector even as it also faces cuts to Council funding.
Inclusion Advisory Group	Risk about social isolation in sheltered housing and escalating need. Increased homelessness and mental health issues - particular concerns about young people in need and risk of

	homelessness from SP reductions.
Newhaven Foyer coordinated client responses	The organisation submitted letters and comments from its residents. All the responses talked about their personal experiences of using the service and the positive impact it's had on their life. Removing or reducing the service would mean people end up on the streets or in prison. Comments include: "The Foyer has got me to open up more regarding my mental health. Got me referred to the right people so I can get my children home… The staff make this place feel like home so many residents." "You should keep the Foyer open. It helps lots of young people improve their lives and gives them a good future to look forward to." "If it weren't for the Foyer accepting my placement I would be homeless and on the streets."
Priory Avenue Homelessness Services and Sanctuary Supported Housing event	The meeting started with a summary and a detailed Q&A session covering people's concerns about the proposals and what options people would be left with if they went ahead. The group were clear that the alternative support that would be available is not adequate to meet people's needs. People were concerned about not being able to find private accommodation, being force to move into temporary accommodation or even being force to move out of the area. One of the volunteers has carried out a landlord survey which showed that if the hostels are taken away the Council cannot rely on the private sector to meet demand. Estate Agents confirmed the demand is much greater than supply, for example, only one flat was available in Hastings and they would require a guarantor. Most homeless people are unable to get a guarantor. (Report included in Members Papers). Impacts raised by the group were: • the high risk of deaths and suicides; more people becoming or being made homeless; • increased self-harming; removing safe spaces that have saved lives; pressure on other budgets and health services; • stopping people seeing their children; loss of an asset base if buildings close, and • an economic impact on tourism. For ex-offenders in particular, the service is critical in keeping them from living on the streets and providing a safe place. It was also raised that the length of prison sentence is often influenced by whether you have stable accommodation to come back to.
South-East Network of Disabled People's Organisations	On Supporting People funding it says that the withdrawal of funding would have a negative impact on the ability of residents of those services to live independently and access the community. It may also force people to move into residential care. Schemes entirely funded by adult social care would obviously close if the proposals went ahead. It is not clear from

	the proposal which ones this applies to. The removal of Supporting People funding for sheltered housing and extra care will mean that many services lose their on-site support, particularly because many schemes are operated by social landlords. For people with learning disabilities or mental health needs the removal of Supporting People funding could force them out of supported living and into residential care. This would be a backward step given the long battle for independent living. The proposal to remove 100% of funding from Supporting People schemes for young people would mean they would become more vulnerable and likely to end up in crisis. They would eventually need more costly support in the long run. Removing or reducing funding for mental health services would remove a preventative service and lead to more going into crisis and into hospital. It is also likely to mean they need more support from social care services.
Supporting People coordinated client responses	Feedback was from clients across three schemes (different providers): The relationship with the scheme manager is vital and should not be withdrawn. One service would prefer reduced hours with a full service, and the others were concerned about any reduction in service. Without a scheme manager, illness and deterioration may go undetected. It also provides support for people to access benefits and other services. Clients felt angry and upset. There was also some concern about responding to the consultation - both in time and information needed.
Supporting People provider meeting	These services are part of the prevention agenda and the changes will ultimately mean a higher cost to the authority. Clients have to be given notice that meets the requirements of the legal occupancy agreement and Assured short hold tenancies require 6 months' notice. It is regretful that the timing of these savings cannot be better aligned to funding opportunities via Better Together. It would be good to be able to keep services until Better Together are able to consider funding. This is difficult and once buildings go probably impossible to get them back. This is due to planning arrangements as well as capital funding. Easier to change direction than start again. Need to keep buildings to implement future preventative services. Floating support services support people/ households with complex needs and prevent statutory interventions**,** this includes safeguarding issues.
Supporting People coordinated provider/ staff responses	**Housing providers/staff** All expressed concern about the level of impact for single homeless people. They raised concerns about some ongoing Public Health investment whilst front line services are being cut. Cuts to Mental Health/Single homeless/Young People were identified as really risky, and a huge concern, and staff discussed any possible way to protect accommodation based services. Accommodation based services for people with multiple and complex needs should be a priority – used to be

	more rooms available but resources for this group are extremely short now. **Mental health providers/staff** Sheltered Housing: For some clients (mainly those under 65) the on-site manager is integral to the care and support plan/ package. Mental health services: These services are used all the time as both prevention and as a step down from hospital. Services are integral for accommodation officers to move people from wards. They take people direct from hospital and are a resource for the Trust. Hyde gardens is extremely valuable. If people with mental health issues become homeless they are likely to become a cost to NHS. Additionally, it's likely to lead to an increase in suicides for people with mental health issues who have no support; health needs are being met by these services; many service users have personality disorders and drug and alcohol issues with little other support available. Loss of these services might also increase issues for our Care Act duties - for example, an impact on wellbeing and increase in Safeguarding – Self Neglect. Home Works: Saves additional money being spent on Personal Assistants, and also on unnecessary referrals from Wards and speeds up discharge from hospital. Without the service there would be more referrals to health , more pressure on ASC. It flies in the face of supporting independence. Home Works does a lot of work to support safeguarding issues – this will be lost leaving people more vulnerable. We desperately need the mental health short term accommodation provision and it will be catastrophic if this is cut. **SAILS and Mencap providers/staff** Re SAILS cuts: if SP funding is removed it's possible that Adult Social Care would need to pay for other service instead. Cuts to Learning Disability services: Costs are so low in SAILS and Mencap... clients in these services have Learning Disabilities and will continue to need services. SP funding is treated as part of the core service (background hours) so may impact on level of service provided. Some services have higher levels of SP funding only because of the historic split between housing management and support so this could be seen as an equalities issue if funding is reduced on this basis. Concern expressed about our ability to reduce funding and keep services safe. **Sheltered housing providers/staff** A scheme manager wrote to say how the proposals would affect the residents in a sheltered housing scheme and that few people at his scheme were likely to respond to the consultation. He also wanted to include a quote from a client. "This morning (24/11/2015) one of my residents joked “Beachy Head here we come”. Although this is a rather sad joke the client genuinely feels very depressed and worried he won’t be able to afford to

	live in his home." Other providers advised that some are seeking to mitigate cuts through increased service charges – some are passing costs onto the clients. Some residents are expressing concern about the potential loss of onsite support which they say would leave them vulnerable. Concerns were expressed by providers about the capacity of STEPS to respond to demand from sheltered tenants. There was also concern about schemes' ability to cope with more complex referrals if there was limited onsite support. Providers were worried about timescales for the decision making/notice periods being very tight for providers to manage. Some providers have raised the point that their budget decisions to mitigate potential cuts have to be made now, and not in February. **Young mums service providers/staff** The ripple effect is immense for young people and young mums – there will be nowhere for them to go. There is a wealth of experience and expertise in services that will be lost. How can we influence Better Together –Addressing Health inequalities are part of the service for young people and this is not being recognised. There a tension between the stated aims of cabinet report to protect the most vulnerable and the proposal to remove funding from all these services for the vulnerable. This can all fall apart before implementation: Key staff will leave and it will be impossible to support the most damaged of young people'. **Young people's service providers/staff** Providers raised concerns about cumulative cuts to services for young people e.g. cuts to under 19 services within the Drug and Alcohol service. One manager explained loss of funding for YP services has meant they now offer support as 'Appropriate Adults' when a young person is arrested – this can't be maintained if there are more cuts. Most damaged young peoples are also seen by the Youth Offending team, Children's services referrals. Chaotic high need young people live within the accommodation based projects - many have mental health issues. Demand is high. All services running waiting lists. Providers are extremely concerned as to how referrals will be managed with a reduced level of service provision. Providers stated that in the young mum's accommodation based services many of the babies are on Child Protection orders and asked how will they cope without these services?
Young People's Takeover Day	The Council has a statutory duty to support people, meaning the costs would just fall to another department. There would be a negative impact on people using services, on the organisations and on the community. It could lead to increased suicides. More people would be sleeping rough and crime rates would go up. There would be increased use of drugs and alcohol and people would be at risk of sexual exploitation.

Individual responses by other methods

Individual responses: Supporting People proposals
There were many comments on the Supporting People proposals, particularly via letters and emails. In general, people spoke up for their individual services and said how much they benefited in all areas of their life. Lots of people were concerned about their housing situation and worried that the cuts would mean they would be more likely to be homeless or sleeping rough in future. Concerns about homelessness were particularly raised in relation to young peoples and homelessness accommodation services. Some people also said without the support from their service they would not feel safe and that most residents getting support from Supporting People are vulnerable. For young people removing or reducing services also limits their future lives, stopping them from progressing to education and employment. There were also some comments highlighting that without the Supporting People services, the costs to the NHS and other statutory organisations would be significantly higher. People also said there would be an impact on the economy in relation to threats to the tourism industry locally. For people in sheltered housing there was a view that on-site support is a key element of the service. Removing funding for this would negatively affect older people, bringing additional service costs and removing early intervention support. Some people also raised the issue that they chose sheltered housing because of the support it offered and, having already been reduced in recent years, this would now be taken away from them. They asked what would happen to people if services were cut. Some people said they would prefer to have a reduced service than a complete cut, and a few people were worried about increasing costs in sheltered housing.
Comments such as: • “I wouldn’t be alive without it.” • “I receive excellent support, they understand and I get professional help and guidance… I’m proud to be here today”. • “We are going to be put out on the streets – it’s not safe.” • “If you take away my home I will be put back in a vulnerable situation, self-harming.” • “Where would people go instead – would they end up in hospital?” • “We’re young vulnerable people with mental health issues, and homelessness makes illnesses worse…we’ll end up committing crime for somewhere to sleep” • “I’m concerned about the already high cost of services - will reductions increase this?”

- "When I came to live here… I chose this accommodation for the high level of support it offered to assist me in the changes that ageing brings."
- "The cuts are disproportionately affecting young people who have mental health issues and housing issues"

Petition responses

Petition title	Signatures	Comments such as…
Stop cuts to Supporting People services - affecting the most vulnerable people in society	138	"I currently work in supported accommodation for 41 homeless adults aged 16-25. These cuts would be devastating emotionally, with physical devastating effects – children as young as 16 who have been anything from neglected to abused with nowhere to go. This is just the sector I work with, this does not reflect the reality including the elderly, young mothers, mental health etc…!" "I believe that funding for young people's services should not be cut. They are essential to every area and in do so, suicide and crime will increase, putting extra pressure on other cash strapped services."

Feedback on the proposals for the voluntary sector services that ASC funds

Survey feedback: comments

General comments from the survey

There were a lot of general comments about funding for voluntary sector services. The table below summarises the key points raised in these comments.

Summary of key points: Comments/suggestions on the proposals
There were many comments from people disagreeing with the savings proposals and urging the Council not to go ahead with them. People feel the voluntary sector, which supports vulnerable and disabled people, is being targeted. Some comments raised the issue of a lack of equality impact assessment, organisations closing as a result and the need to honour contracts. There were many reasons people gave for being against the savings, including: • the value services provide, from value for money to the role they play in increasing independence, wellbeing and recovery • the impact on clients and their families of removing funding from these preventative services, particularly in terms of people's mental health and deaths resulting from neglect or suicide • the knock-on effect of increased use of statutory services and putting greater pressure on other services, such as the NHS • the gaps that would be left by services stopping and whether any alternatives were available • the impact on voluntary sector funding more generally and in discouraging people from volunteering • the impact on the wider community of removing funding from these services • that it discourage people from volunteering • impact on the wider East Sussex Better Together project Alternatives were suggested, including raising Council Tax, making staffing and organisational savings. Some people agreed with this savings area some respects, saying individuals not organisations need to be protected. The focus should be on retaining essential services
Comments such as: • "Many people in the voluntary services are already doing things for nothing, saving the government and councils a lot of money. If the support goes, so does the service. As we all know many disabled have already suffered in this respect and now spend more time on their own." • "Again money being removed from the most vulnerable. The most at risk. The people who often do not get a voice and have to have whatever support they are told to have. All the service listed have a huge impact on the lives of local people all

dealing with different disabilities, illness, and situations that some of us cannot even imagine. ASC services provide a lifeline to people. Many of the services already go above and beyond what is expected of them to provide high quality caring support for people who need it most. Some of the above provide care for those who may not be eligible for other support services and offer support to prevent people from needed more costly services."

- "All of these services are essential to the network and capacity to provide community based solutions, around preventing reducing and delaying care needs."
- "Services should be maintained. They cannot just be removed and it should not be assumed that carers will fill the gaps."
- "Significant risk of driving more providers out of the sector. Care needs to be taken to manage the market."

Summary of key points: Impact if the proposals went ahead

The savings proposals would significantly affect clients and their carers and family. It would:

- impact on quality of life, wellbeing, people's ability to be independent and their mental health,
- increase poverty and could lead to deaths from neglect and suicide,
- increase the burden on carers and may stop them working,
- mean that voluntary sector services and organisations have to close and alternatives might not be available,
- have a wider social and community impact, affecting cohesion and job opportunities,
- put pressure on other services such as the NHS, and
- affect the East Sussex Better Together project.

The impact of savings across adult social care services and across departments was also raised, particularly in terms of affecting equal treatment and equality of access.

Comments such as:

- "This will significantly impact on their health & wellbeing both mentally and socially. The changes will significantly impact on their daily lives where services currently available support early intervention."
- "Many carers have to work unpaid or little pay to care for the people they love, this has a huge impact on their and their loved ones lives and bend over backwards for their own wellbeing to give the sufficient support and care needed already to the detriment of wellbeing, It is a struggle already why further this?"
- It would mean that socially isolated people will become even more lonely, having a detrimental effect on their well-being, as well as making communities less cohesive and inclusive."
- "As a Charity [we have] been extremely dynamic and energetic in seeking funds from sources other than the statutory sector, but if the "Core Contract" is cut this will impact on the rest of the services. We are unable to make good any further deficits.

- "These CUTS will cost you more than you think you will save. The effect on deaf people will be inestimable. There is no way you can prepare us."

Summary of key points: Preparing people if the proposals went ahead

A number of people commented on the savings and the impact and the fact we can't help people to prepare. In terms of helping people to prepare, time to prepare or a phased approach was suggested as was the need to inform everyone who would be affected. People's care and support needs would still need to be met somehow. Explaining the need for cuts and the national position was another suggestion, as was providing information on alternative services to clients and to signposting organisations. Supporting people through the changes and supporting organisations to apply for funding from other sources were also raised.

Comments such as:

- “Provide service user with other possibilities.”
- “By letting people know well in advance if a service they use is being cut and also to give genuine alternatives, even at a charge for the person needing the service.”
- “Just let people know about the full impact.”

Service focused feedback from the survey

We received feedback on all the services and the value they have for people and the community. We received the most about mental health services.

We asked for people’s comments/suggestions on the proposals, the impact on them and how we could help them prepare if the proposals went ahead. The tables below summarise the key points raised in the three comment areas. (The layout mirrors the table included in the consultation summary information.)

Advocacy services

Providers: POhWER

Summary of key points: Comments/suggestions on the proposals

People raised the fact that advocacy is an essential service helping people to be independent and is needed by the most vulnerable. Some people won't be able to speak up for themselves without this service. Social workers don't provide the same level of 1-2-1 support and BME people's ability to access support and services would be affected.

Comments such as:

- "Advocacy is an essential service, an independent person to help people understand their rights and choices in sometimes very difficult and delicate situations can paramount to their wellbeing.”
- “I think that giving people a voice is extremely important and one of their most basic human rights, therefor if you take funding away from an advocacy service and support away from them at home or from a day service, some will not be able to speak up for themselves.”

Summary of key points: Impact if the proposals went ahead
The comments said that advocacy has a vital role to play in giving people and their families a voice in their own care, particularly at times when people might need independent support to make choices about their health and wellbeing. If the service wasn't available people wouldn't get the support they need to access services and support, particularly mental health services and BME clients.
Comments such as: • “May not get the support I need in future, no one to talk to about my concerns or help me get the services I need in future.”
Summary of key points: Preparing people if the proposals went ahead
As well as not making the savings, suggestions included giving plenty of notice, working with partners through any changes and talking honestly with people about what it means.

HIV services

Providers: Terrence Higgins Trust (THT)
Summary of key points: Comments/suggestions on the proposals
Comments talk about the value of the service, particularly for the NHS and the role THT plays in supporting people, which makes their health interventions more effective. People say they could not function without the support they are given and lives would be put at risk. The way the organisation treats people, ensuring they are not stigmatised, was also seen as critical. The equality impact of removing funding for the service and the cost to other services was also raised.
Comments such as: • "THT's clients would not feel safe that the support or advice they seek would not be discriminatory, patronising or prejudicial - despite 20 years of HIV many professionals do not understand the needs of people with HIV." • “You CANNOT remove HIV services as it is a valuable resource for people in the area. It would mean no educative and anti-stigma work locally and the service users would become isolated and likely to require other more EXPENSIVE services - Short term- ist thinking is going to mean long term EXPENSIVE reparation.” • “THT work with people who are disengaged from care or who use services ineffectively: miss appointments, are infrequently monitored, are at risk of loss to follow up, interrupt and stop antiretroviral therapy, struggle to maintain adherence to antiretroviral therapy, etc. THT’s essential support of vulnerable people living with HIV increases the effectiveness of their clinical management.”
Summary of key points: Impact if the proposals went ahead
Removing this value for money service would leave people isolated and unable to cope, putting lives at risk. There would be a cost impact for the NHS and an equality impact of removing funding for the service.

Comments such as:

- “THT's clients would not feel safe that the support or advice they seek would not be discriminatory, patronising or prejudicial - despite 20 years of HIV many professionals do not understand the needs of people with HIV.”

Summary of key points: Preparing people if the proposals went ahead

A number of people commented on the savings and the impact and the need to honour the contract. In terms of helping people to prepare, the only suggestion was to phase in the savings rather than cut it in one go.

Learning disability and autism services

Providers: Autism Sussex, Culture Shift, Pepenbury, Project Artworks, Railway Land Wildlife Trust – Lewes, Southdown Housing, Stay Up Late and Zest (was Norwood)

Summary of key points: Comments/suggestions on the proposals

A number of comments said the funding shouldn't be stopped and that services would have to close if funding is removed. Some people said the savings should at least be phased in so the services have time to become self-funding or find alternative funding.

Comments raised the issue of people ending up in crisis and the increased risk of social isolation and exclusion. The impact on people of removing services, in terms of being involved in the community, supporting people to be independent and preparing them for employment was also raised.

One comment said that the ASC funding is helpful in raising money from other sources and one person suggested that people could pay towards the services.

Comments such as:

- “These cuts are really promoting social isolation / exclusion and have the potential to damage clients resilience and self belief. It may be possible for clients to pay towards stay up late and culture shift.”
- “The services provided by Autism Sussex which may be affected are a vital lifeline for people with autism & their families. They are literally life-changing for many of the service users. How can it be right to remove services that help autistic people to find work & play a part in their community? How would it be right for them to stay at home & do nothing.”
- “Choice is a key factor in everyone's life, but even more important in the lives of people who have learning disabilities. Cuts in ESCC funding to voluntary services will reduce the services that the sector can offer, many of whom support individuals in a holistic way which supports well-being.”

Summary of key points: Impact if the proposals went ahead

Many of the comments talked about the significant impact on people: being stuck at home, not seeing friends, not being involved in the community, losing opportunities to socialise and taking away people’s jobs.

The comments said this would affect people's general wellbeing, but also could have

serious mental health implications for some, leaving them isolated and socially excluded. There would also be an impact on carers.

All this would lead to additional costs elsewhere in the system and could push people into residential care. The issue of the wider impact on an organisation's funding was also raised, for example, their ability to fundraise and the impact on other services provided.

Comments such as:

- "We would be ISOLATED, ABANDONED, UNABLE TO SOCIALISE, we would GET ILL and be a further cost to Social Services of the NHS"
- "Q-Kit may not be able to continue and it is a needed service which helps me be involved, and supports people to have a voice so they can be heard in a different way. It's against my rights to have choice and control."

Summary of key points: Preparing people if the proposals went ahead

A number of people commented on the savings and the impact and the need to honour contracts. In terms of helping people to prepare, clear information and support to help clients understand the changes and find alternatives were all mentioned by a number of people. Some people said the Council needs to talk to people directly and tell them what alternative services are available.

Some comments also said that more notice and phasing of the cuts is needed: for example, reducing the funding over time to allow for fundraising. The issue of the wider impact on an organisation's funding was also raised, for example, their ability to fundraise and the impact on other services provided.

Comments such as:

- "By putting information together with easy read. The survey is not easy read! Not use jargon not use letters instead of the full words (ASC=Adult social care) Help me understand properly."

Long term condition services

Providers: Stroke Association

Summary of key points: Comments/suggestions on the proposals

The comments said that people who've had a stroke need this valuable service. Removing funding would increase social isolation and affect people's quality of life. There is a national requirement to review people who've had a stroke so that need would still have to be met. This would put pressure on other services and budgets.

Comments such as:

- "It is important that people who have had a stroke receive support, information and signposting."

Summary of key points: Impact if the proposals went ahead

It would affect peoples' lives and mean they would need more support from health and social care professionals and GPs, with the costs associated with that.

Comments such as:

- “This will just remove some of the helpful services that make life a little easier for our wife/mother who suffered a massive stroke and has partial sight and hearing.”

Summary of key points: Preparing people if the proposals went ahead

One comment said they would need more support from other services as a result.

Long term condition and physical disability services

Providers: East Sussex Disability Association

Summary of key points: Comments/suggestions on the proposals

The comments noted the positive role ESDA has in helping people to be independent and live in the community. The service was described as a valuable resource, with a number of professionals noting that it is a key resource for staff to refer to.

It is described as offering independent advice and providing a good resource for self-funders. A number of comments noted that removing the service could lead to people needing more Adult Social Care support in the community or to move into residential care.

One comment noted that there is a national requirement for councils to fund one centre for independent living.

Comments such as:

- “This service is critical for the elderly and disabled people of East Sussex. As an OT I use this resource, and encourage my clients to use this resource regularly. This service helps maintain clients in the community reducing costly residential and nursing placements and packages of care.”

Summary of key points: Impact if the proposals went ahead

There would be an impact on people's lives and independence, possibly leading more people to need to move into residential care. It would also remove a key independent resource for getting advice on the most suitable products.

People felt this would put pressure on Adult Social Care workers, create budget pressures elsewhere and increase the risks of falls and injury from people buying unsuitable equipment.

Comments such as:

- “I, and other Disabled people, will experience a significant deterioration in our quality of life, which will in turn impact negatively on our physical and mental health. This will of course also impact negatively on ASC, because they will then have to place vulnerable Disabled people in residential care because they will be unable to live independently in their own homes.”

Summary of key points: Preparing people if the proposals went ahead

A number of people commented on the savings and impact. In terms of helping people to prepare, they said it needs to be clear how peoples’ needs would be met if the service was not funded any more. The voluntary sector also needs notice to prepare for the change.

Comments such as:

- “Consider how the services currently being provided by these agencies will be met in the future. There will still be a need for these.”

Mental health services

Providers: Alzheimer's Society, HARC Hastings Advice and Representation Centre, Recovery Partners, Seaview Project, Southdown Housing, Southdown Housing, Sussex Oakleaf, Together

Summary of key points: Comments/suggestions on the proposals

The majority of the comments talked about the value of the services in question: to the individual, their family and carers, and to the wider community. Many people also said they disagreed with the proposals, with some saying that mental health services would be disproportionally affected.

The services are seen as critical, value for money services which support people’s wellbeing, encourage independence and recovery, and support people into employment. In the case of the Alzheimer service a number of comments said this is a unique service with nothing else available for those suffering from early-onset Alzheimer’s or dementia.

Suggestions include streamlining services instead of cutting them, asking people to pay a contribution, cutting management costs and requiring providers to demonstrate the value of services.

Reducing or removing funding would:

- affect the most vulnerable, having a domino effect for clients and putting lives at risk
- increase social isolation and exclusion
- increase the pressure on family and carers, in some cases meaning they can’t work any more
- remove community resources and buildings
- increase hospital admissions and put pressure on other budgets and services
- leave more people reliant on benefits
- mean that Adult Social Care would not meet its statutory duties in relation to people with mental health needs

Comments such as:

- “Potentially the service could be compromised and unless a great deal of consideration is give to how a reduced budget service can be delivered there is a risk of the hubs becoming stale and reverting to "old style day centres".”
- “Very unfair. 1 in 4 people will have mental health issues but this is not reflected in the budget allowed”
- “If money is reduced to mental health services, then there will be a domino effect right across the board. I believe the "hubs" are a starting point for most people, after NHS protection, for all levels of mental illness and conditions. Many conditions are unseen, for instance if someone has had a head injury or stroke.”

- "You will be putting lives at risk from the cuts as well as the health and wellbeing of the community."

Summary of key points: Impact if the proposals went ahead

Comments said that removing or reducing funding would leave people with no services and no support for their illness. There would be an impact on the individual, with a real risk to people's lives and safety as well as their quality of life and wellbeing, and a wider impact on families and the community. People would be pushed into acute services and there would be more hospital admissions.

There would also be a social impact, with a lot of people saying they would be at home all day. The knock-on effect to people's mental health would be felt through greater risks of depression, homelessness and exploitation.

People would need more funded support from Adult Social Care and it may push people into institutions or mean they need more NHS care.

Comments such as:

- "All my support would be taken away and I would be left isolated & insecure which would be detrimental to my mental health being."
- "My daughter would be more likely to overdose as she cannot cope with uncertainty and needs to feel secure."
- "There is very little help for mental health issues as it is before the cuts. I'll have no one to help if I get really ill again and there be no support for family and friends to help me."
- "People from BME communities would be disproportionately affected as we work with a higher number of people from these groups. Also people who have more than one health condition will be disproportionately affected."
-

Summary of key points: Preparing people if the proposals went ahead

A number of people commented on the savings and the impact. In terms of helping people, giving people as much notice as possible, providing information on alternatives and if possible phasing in any cuts were suggested.

Transparency is important, as is providing easy access to information for those affected (information sessions suggested). It's also important to work with the NHS to manage any changes, ensure GPs are better at signposting and make sure people still have access to support when they are in crisis.

Organisations should also be supported to access other funding sources.

Comments such as:

- "Phase in the savings over an extended period of time. Offer alternative sources of support."
- "Help us find alternative sources of funding and/or show us how to run our services on a reduced budget."

Older people's services

Providers: Age Concern Eastbourne, Alzheimer's Society, Age UK East Sussex, Marsham Older People's Project, RVS Royal Voluntary Service, Sound Architect Creative Media

Summary of key points: Comments/suggestions on the proposals

Comments included general views and comments on particular services, particularly Home from Hospital services and Marsham Older Peoples Project.

Home from hospital services were recognised as excellent services that should be protected, with a number of people raising the issue of pressure on the NHS and bed blocking if funding stopped.

The Parish Council responded regarding MOPPs, explaining the value of the service and the fact that the needs of people would still need to be met. Isolation was also mentioned as an issue of removing funding for this service.

Increased costs through people needing other services and the risk of voluntary sector closures were also raised.

Suggestions included raising Council tax, cutting out duplicate services and cutting management and administration costs.

Comments such as:

- "I think this will prevent people getting home early from Hospital and therefore block beds and cause more costs and frustrations. It is important to talk to the NHS, they may well save money if they supported some of this."
- "Most of them will fold because they are already on minimum funding so any further cuts even those that say they are only a part will result in the closure of the service."
- "MOPPS provides services which, if it did not provide them, would still have to be provided through Social Services or the NHS. Examples would be toenail cutting and hearing aid maintenance. It is likely that the overall effect of the proposed cut would be to increase the cost to the public purse."

Summary of key points: Impact if the proposals went ahead

People would be housebound and isolated, with others being stuck in hospital without help to get home. All of this would put more demands on social care in the long term.

Comments such as:

- "Isolation, loneliness, lack of stimulation."
- "It may not be possible for some elderly people to return home after a hospital procedure so soon, without help from outside agencies. Many are not in a position to pay for the help they need. So more bed blocking!"

Summary of key points: Preparing people if the proposals went ahead

A number of people commented on the savings and the impact. In terms of helping people, keeping them informed and offering alternatives were raised, as was reducing or phasing the cuts so organisations can look for alternative funding.

Comments such as:

- “Reduce and Stagger cuts to help us seek outside funding.”

Sensory impairment services

Providers: Action for Blind, East Sussex Hearing Resource Centre, East Sussex Vision Care, The Sussex Deaf Association

Summary of key points: Comments/suggestions on the proposals

People said the funding shouldn't be cut from critical services such as these, which encourage independence and reduce social isolation. These are value for money services which are already dealing with the impact of reduced funding. Services could be forced to close if the savings went ahead, leaving people isolated and unable to cope.

The hearing impairment services are doing things the private sector doesn't want to do and in some cases there isn't an alternative service. Services that understand what deaf people need could be forced to close if the savings went ahead leaving people isolated.

There is also the equality impact to consider around people's communication needs, particularly relating to British Sign Language and managing written communications, and the wider implications of losing support in managing finances and health needs etc. People need to know what alternatives there would be if the funding was stopped.

Comments such as:

- “Please do not cut funding to these vital Voluntary Sector support groups. Without the help of Eastbourne Blind Society, who provide activities, companionship and transport contact, I would be cut off from the community and most likely in need of Mental Health support.”
- "I consider 100% cut in 2016/2017 to be irresponsible. Deafness isolates people and if this charity cannot survive the cuts inflicted many of them will suffer a great deal. By their very nature they would not be able to protest vociferously or in any meaningful way draw attention to their plight.”

Summary of key points: Impact if the proposals went ahead

The impact would be on people's whole life, their health, wellbeing and mental health. People risk being isolated and getting into debt if their communication support needs and BSL needs aren't met. These services provide preventative support, so removing them would lead to costs elsewhere.

One comment focused on the implications of the cuts across the voluntary sector and knock-on effect.

Comments such as:

- “There would be a huge impact on the health and wellbeing of service users. Many are socially isolated and coming together as a group for social inclusion and information gathering is vital. Staff know the service users well and are able to recognise when situations are deteriorating and offer support and early intervention.”
- “To repeat - isolation, loneliness, less support resulting in increased ill health,

mental health (5 times more incidence of mental ill health in deaf people than hearing people) I could go on but this has created so much more work for me in ending the lease on our building, redundancies, selling off vehicles etc.”
Summary of key points: Preparing people if the proposals went ahead
A number of people commented on the savings and the impact. In terms of helping people to prepare, a key issue is providing equal access to all services for people with BSL needs and supporting this through technology. Other suggestions included being clear about alternative options and continuing to provide training and guidance to organisations.
Comments such as: • “ASC would need to continue to support organisations with training and guidance or seeking alternative funding. They would need to offer assurances that those who need the most support would still be able to receive this from ASC.”

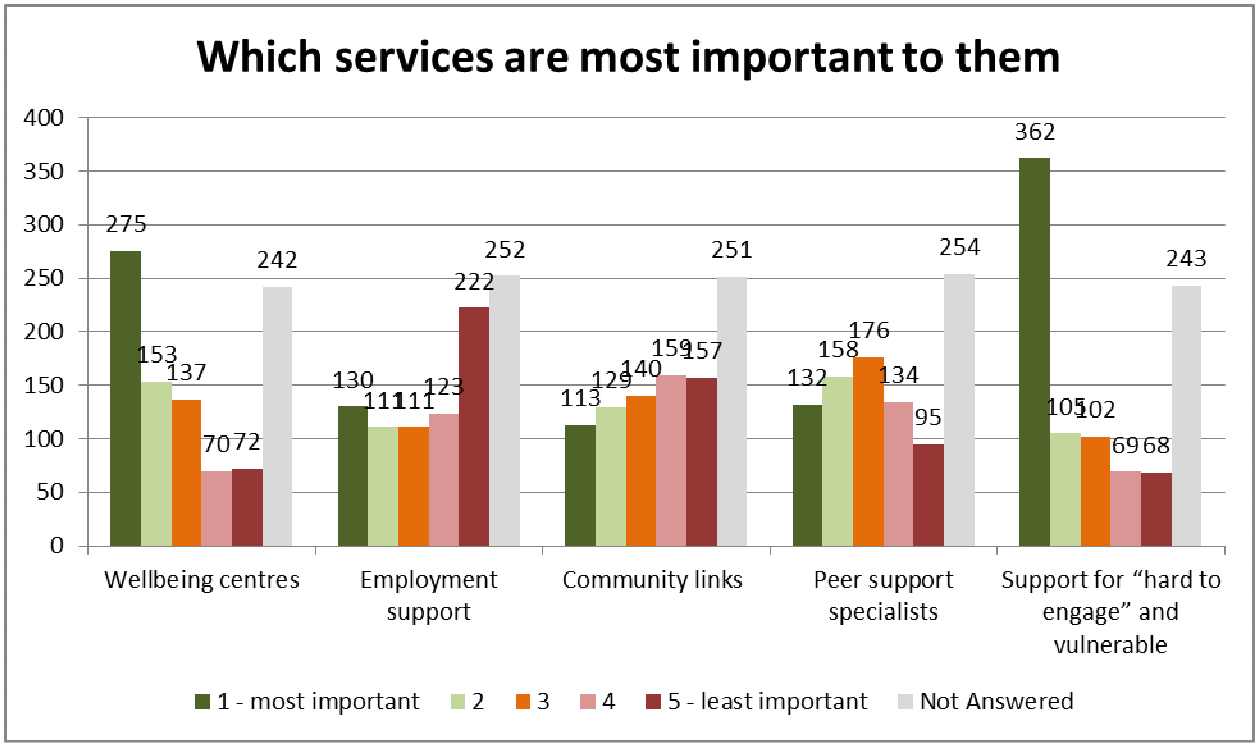
Survey feedback: mental health ranking questions

For mental health services we asked people to rank the importance of the services for themselves and for others. 795 people ranked the services for importance to them, with 595 people providing a comment, while 696 people ranked them for importance to everyone, with 420 people providing a comment.

Most important to them

The services that all respondents felt were **most important to them** were:

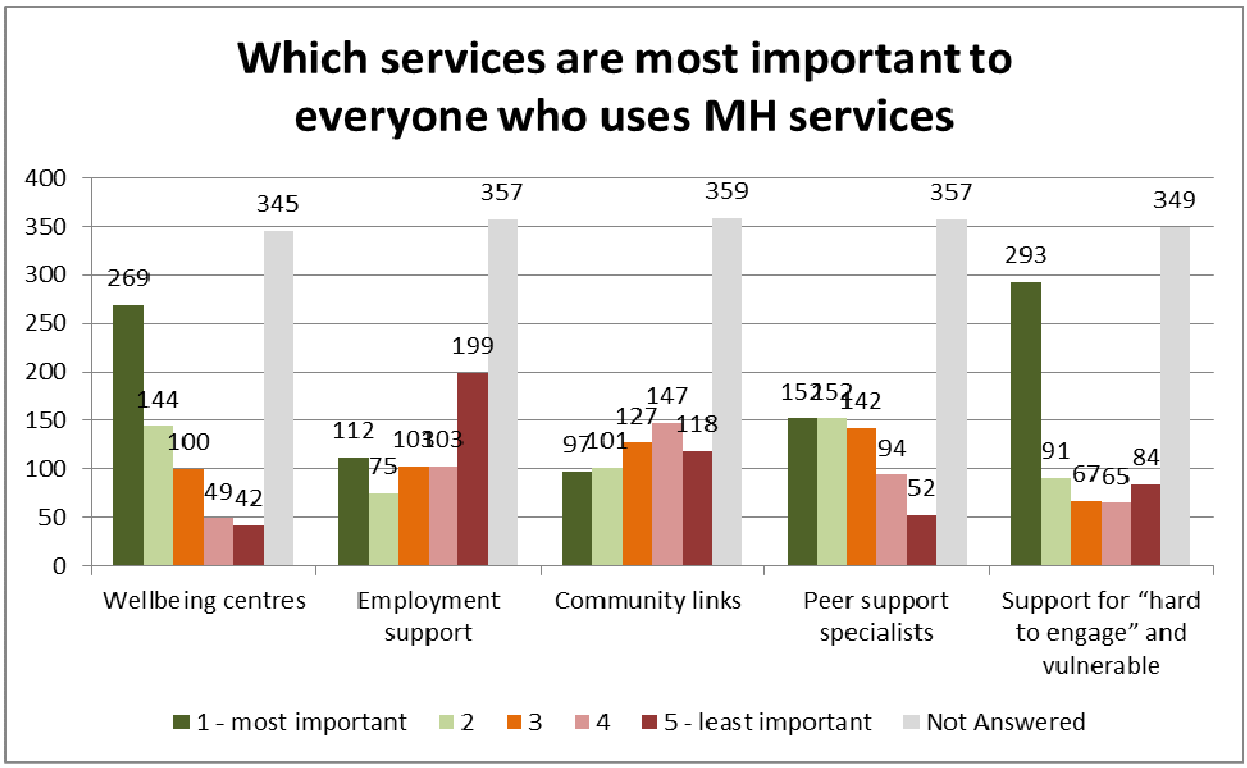
- Support for 'hard to engage' and vulnerable people with 362 rating it most important
- Wellbeing Centres with 275 people rating it most important



Most important to others

The services that respondents felt were **most important to everyone** were:

- Support for 'hard to engage' and vulnerable people with 293 rating it most important
- Wellbeing Centres with 269 people rating it most important



Explaining their ranking

We asked people why they ranked the services as they had. The summary below covers comments relating to services for themselves and for everyone. People did talk about the services they have personally valued across both comment questions.

The services are listed in the same order as the consultation survey.

Summary: General points
Many comments raised the fact that people were unhappy about being asked to rank the services. Reflecting this, many people said all the services are equally important to them and were worried about the impact of the cuts on services. Many people talked about much they valued the services and how they had helped them. Some people referenced the interconnectedness of the services and how people are funnelled in through one service but eventually use them all as they move towards recovery. The particular importance of these services for young people was also raised.
Comments such as: • "Mental health is intensely personal and requires a relationship with a trustworthy person." • "Good mental health has a path way – not always the same for everyone." • "I see it as a progression from one to five: The most important thing is to get engage the most vulnerable so that is number one priority as they need the most help. Then once you have engaged with them you can move on to giving Peer Support to decide on their recovery so that is step 2. Once you have done that you can move on to number three, help find employment. The next move number 4 is to address the person`s wellbeing to keep them in good health and then finally engage them in community activities." • "Because I feel if we aren't tackling support for hard to engage and vulnerable

individuals, this is going to become more of a cost in the long term. Cost savings need to look at changing universal services into targeted ones if public sectors services are going to survive cost cutting."

Summary: Wellbeing centres

Wellbeing hubs also have a crucial role in supporting people, improving their health and wellbeing and stopping people from becoming isolated.

Comments such as:

- "Hospital wards have been closed in favour of care in the community. The proposed cutbacks remove care and communities. Wellbeing centres are essential to many people."
- "Wellbeing centres, are unique there is nothing else in the community to replace this service. There are other services which provide employment support and peer support."
- "Because wellbeing centre with support has been a great help in my recovery. Meeting new people who understand."
- "People with mental health problems are not accepted in mainstream venues and need wellbeing services to provide support, motivation, sense of community and improved quality of life."

Summary: Employment support

The role of employment in long-term recovery was raised by a number of people. There were also a number of comments from people who said they didn't see themselves being able to work so other services were more important. Some people felt that other services, such as Job Centres, are already available.

Comments such as:

- "Because employment is proven to be one of the most important things to improve an individual's wellbeing. It also reduces the amount of re-referrals into mental health services therefore reducing the amount of ongoing care needed."
- "It is important for everyone to have a job and feel of use in the community. It is also important to socialise and feel accepted by others."
- "People with mental health issues first of all to support their recovery need a centre they can go to, and a lot of these people getting back into employment is not their primary goal."

Summary: Community links

Some comments talked about the value of community links services for recovery and improving wellbeing. There were some people that felt community links could be delivered through over services, such as the wellbeing hubs.

Comments such as:

- "I feel it is important for vulnerable people to have confidence to go out in the community."
- "The Employment Specialists provide a demonstrative link between ASC and

reducing long-term unemployment. Their positive support without pressure is invaluable."

- "Having a job helps with all other areas. Guidance about community activities could be given by other services."
- "Employment makes a huge impact on a person's life, community links is an added extra that could be part of the work of the wellbeing hubs or peer service."

Summary: Peer support specialists

Peer support has great value in engaging and empowering people, and offering evidence of the possibility of change.

Comments such as:

- "Peer support and IPS employment are evidence based and wanted by people with mental health challenges. They lead to savings elsewhere. I personally know people who benefit from these."
- "Peer support quite often involves working with "hard to engage and vulnerable people". It is a vital service as it offers direct evidence of the possibility of change. If you can't engage people or offer hope to begin with, people are less likely to engage with the other services mentioned."
- "I am a member of a number of peer support groups who have been most helpful. Builds confidence and support and advice from peers."
- "Peer support is worth its weight in gold as it encourages independence and therefore less reliance on other services."

Summary: Support to "hard to engage" and vulnerable people

People felt that services for the hard to engage are particularly important, as these services can be crucial in helping people out of crisis and getting them into the right place to accept support.

Comments such as:

"Service providing support to "hard to engage" and vulnerable people is such a specialist area and needs to continue to be funded."

"My experience is that these hard to engage clients are often at the most risk, and also often most likely to commit crimes which impact on the community so services to support them and help them are most important in my view for the individuals themselves and the wider community."

"Again these hard to engage people are often at the most risk and unable to actively seek help themselves."

Organisation responses by other methods

The table below provides a summary of comments received by letter and email from organisations about the proposed savings to ASC funded voluntary sector services. The original documents will be available in Members Papers.

Service area and organisation	Summary: ASC funded voluntary sector services proposals
General comments	
3VA, Hastings Voluntary Action and Rother Voluntary Action	It questions the level of cuts to the voluntary sector and the wider impact of what would be lost if funding to services is stopped. The short term savings would be offset by the long-term damage to individuals and communities. It says the Compact has not been met, while failing to have discussions about alternatives with the voluntary sector in advance has meant the opportunity to propose other options has been missed. It believes the proposals would pose a significant threat to the future of some organisations.
Age Concern Eastbourne	The letter recognises the difficult decisions and the value of voluntary sector services generally. It references the announcement that a social care precept of 2% can be used to increase council tax bills and urges the Council to take up this opportunity. It also asks Members to phase the savings over the three year period in order to give organisations time to seek alternative funding, even though this would not be easy as some bodies won't fund services previously funded by the statutory sector. Not phasing in the savings would mean there is a risk that organisations may have to close. If this is not possible the letter argues that charities which would lose all their funding should be given six months' notice.
Age UK East Sussex	The letter summarises the results of the affected services and client feedback (details are included in the individual feedback section). The blanket proposal to make savings from ASC funded voluntary sector services mean that highly effective interventions would be lost. There is also the wider impact on the voluntary sector, which would be damaged by the cuts.
East Sussex Disability Association	The response says the size of the cut to the voluntary sector is drastic and would have a devastating effect on thousands of people supported by it. It asks the Council to reject the cuts or postpone them until the full impact is known or other options have been explored. It also says the Council should use the social care precept for council tax to fully fund the voluntary funding that is at risk. The response raises concerns about the validity of the consultation which it describes as flawed, unwieldy and not held over a long enough time period. It also questions the lack of a publically available impact assessment. The cuts programme does not prioritise direct support to clients and could well impact on related health funding. Many services would close and the viability of organisations would be compromised, as they would find it harder to bring in other funding. This means that the cumulative impact and the knock on effect of demand for adult social care and health services are not captured. Vulnerable people would lose their support

	and have their independence compromised. The effectiveness of the East Sussex Better Together integration programme would be affected with a robust voluntary and community sector.
Hailsham District Committee	The letter urges the Council to change its mind about the drastic 80% cut proposed to the voluntary sector budget. The proposal would have an enormous impact on people dependent on social funding and care – especially disabled people.
Wealden District Council	The voluntary sector savings are described as disappointing, with particular concern raised about losing services that prevent interactions with statutory services such as health, housing and care.
Advocacy services	
POhWERher	The response recognises the need to reduce spending due to reductions in funding and the Council's commitment to its key priorities. Further reductions in funding for statutory advocacy services are not possible, particularly as there is likely to be an increased demand for services. The organisation is concerned about the proposed reduction in Supporting People funding and increased need for mental health services and re-homing. Further integration of health and social care, which is needed and provides opportunities for improvements, could be affected by the savings to adult social care. In addition, much of the savings would remove support that provides early intervention. More people would be placed in crisis and need more statutory support.
HIV services	
Terence Higgins Trust	The organisation's submission sets out its mission and the role it plays in building independence and wellbeing. This work helps to absorb pressure on public services and finances. The response recognises the strains on the local budget. The organisation is working to respond to these changes, but this is made more difficult by the cuts that have already taken place. It believes further cuts would be hugely detrimental to its core service and could lead to the service no longer having an office base in the county. It says there is no other provider that can give the holistic range of services. The organisation explains the context of the work it does and the impact the service has already had for clients in supporting them and their families, helping them to understand HIV and to challenge the stigma associated with it. Many clients come from minority groups who already dealing with discrimination, so need support to access traditional services. The response is supported with a case study, client letter and a comment from the National AIDS Trust.

Learning disability and autism services	
Culture Shift	The letter explains the service background and how the organisation has helped people to engage with the consultation. Over 120 people have responded and more people have taken part directly in the consultation. Cutting the funding for the organisation would mean losing a unique county-wide cultural offering and reduce the opportunity to develop transferrable skills. This would affect the health and wellbeing of people who use the service and have a negative impact on carers and support workers. There would also be a wider impact on the organisation, particularly in terms of funding opportunities and its long term viability. The letter also references the videos, photographs and data submitted giving clients' views.
Railway Land Wildlife Trust	The letter raises the organisation's concern about the proposed removal of funding to Nature Corridors for All. It says the ground breaking project makes a real difference to the lives of people who are often marginalised and ensures that achievements are properly appreciated. In the context it plays an important role in meeting the public sector equality duty. The people involved in the project have also played an integral part in the building of a community environmental change centre. The most recent contract was dependent on a paid worker being employed and the organisation has worked tirelessly to develop the service so it can be rolled out elsewhere. The plan is to provide a community hub running activities, which would also free up spaces with in the day care setting. The proposed cuts would undermine all this work and would result in people returning to day care centres. The organisation asks that the Council to retain the funding to the point where participants can complete their project. It would also give the organisation time to explore alternative funding options. The letters states that rather than being subject to cuts, the project should be seen as model for future day services and support for adults with learning disabilities.
Zest	The organisation provided a large folder of information for their consultation response including: introduction to the services; Zest appeal by the directors; appeals from the people who use the service; summary of media and social media exposure; petitions; survey responses; correspondence and Zest awards. The appeal explains the Zest story and the value the service has for people with a learning disability or autism. The proposed savings would see the contract end six months earlier than agreed. This means the organisation's plan to become self-sufficient won't be given the time it needs to succeed. The email says that telling the team was one of the hardest things they've ever had to do. Removing funding for the service would take away their hope for the future. Zest helps people to learn new skills, be more independent and

	work towards getting a paid job.
Long term condition services	
Stroke Association	The letter sets out the organisation's deep concerns regarding the plan to reduce the funding for stroke services and the impact that the reduction of the service would mean in real terms for stroke survivors and their families. It also provides comments from clients about the vital role the service has played in helping them to rebuild their live following a stroke. The meeting notes set out what was discussed: current funding and grant agreement, impact of proposed cuts, the consultation process, the client perspective and the current service. The value of the service provided, including its tailored approach which uses peer support, was raised and a client talked about the benefits for him. The organisation said that's peer support cafés would no longer be able to run if the proposals went ahead. Issues highlighted at the meeting included the fact the cuts would impact on other areas, such as the budget for community care and health services, and the significant numbers of stroke survivors who suffer from depression and anxiety, meaning that the proposed cuts to mental health services would affect them too. The poor accessibility of the consultation process for stroke survivors was also raised.
Long term condition and physical disability services	
East Sussex Disability Association	For ESDA, this would mean losing the funding for the Centre for Independent Living, affecting around a significant number of people and creating more demand for social care and health services. The email describes the service offered and the benefits it provides in offering impartial advice. The service is also able to see people much quicker than adult social care can complete assessments. Without the Centre people would deteriorate rapidly and their carers would face increased pressure. A similar centre in Brighton recently closed, so if ESDA's centre closed the impact on services in East Sussex would be even greater. Disabled and vulnerable people would be hardest hit by the cuts. It also provides information about the support ESDA provides to the community.
Hailsham District Committee	ESDA offers so much to disabled people and losing it would remove support from people who need it the most. The organisation questions whether the Council is acting within the law, particularly in terms of the proposal that each local authority should have a user-led Centre for Independent Living. The impact of previous cuts have already affected disabled people and the quality of service they receive through community care. The letter explains how the organisation helps people and provides some comments about the positive role ESDA plays in their live. Funding raising generally is difficult for smaller organisations like ESDA which play an

	important role locally.
Mental health services	
Hastings & Rother Mind	The response states the organisation's deep concern over the proposed cuts to mental health community services. It argues that the consultation process is flawed as people are not able to provide their views easily. It also pits organisations against each other. There has not been a risk assessment on the impact of the proposals on clients and their families. Organisations that provide services would also see a knock-on effect as other projects would suffer too. Removing adult social care funding could undermine the continued receipt of funding from other sources. When acute mental health beds were reduced it was on the basis that community support would provide appropriate, timely and preventative provision. Reducing funding would go back on this agreement and put financial pressure on NHS services. People on Section 117 are entitled to appropriate support in the community and this would be at risk under the proposals. The cut to mental health community services is disproportionate and shows the lack of parity in the way the Council is treating services. The ability of individuals to recover would be hindered and safeguarding would impeded, probably leading to an increase in negative incidents. Difficult decisions need to be made, but the consultation is not adequate engagement and decisions should be made following appropriate consultation with people who understand the sector.
Recovery Partners	The email draws attention to the severe implications of the proposed cut in funding for the service. It provides details on the organisation, which is led and run by people with lived experience of mental health challenges. The proposals would decimate the organisation's preventative services, which are already run on a shoestring. The service saves money for social care and the NHS by preventing people from becoming more isolated and ill, stopping them needing to use statutory services. It is a low cost service with highly successful outcomes. Everyone who uses the service says they would recommend it to others, with many positive benefits. Most importantly, 26% say the service has saved their lives. The email provides a link to a petition and also raises the fact that the proposals would see funding for mental health voluntary sector organisations cut by a massive 36%. Information provided to councillors explains the impact that such a significant cut in funding would have for the organisation and the people it supports. It sets out the more limited services it would have to consider providing and the additional costs this would put onto adult social care and the

	NHS. It sets out in detail the cost savings provided by the service and shares the petition results so far.
Seaview	The letter explains the organisation's history and the support it provides to the community of Hastings. If the proposals for savings go ahead then the service would be under threat. The service has a complex funding picture and has already absorbed a 25% cut to its income six years ago. There is currently unprecedented need in the community, so a reduction in the services would be devastating to clients and other services which rely on the organisation.
Sussex Oakleaf	The letter raises the detrimental impact the cuts would have on the organisations clients, in addition to the impact of previous savings. It urges the Council to continue funding mental health services at the same level and says the organisation would continue to argue for further investment. Many clients say that A&E would be the only service left to them if funding were withdrawn for the service. Any reduction in mental health funding would have serious and far reaching implications for clients and their carers. It would increase the pressure on NHS services, which is clearly a false economy. Clients have openly discussed self-harming since hearing that the services are at risk.
Older people's services	
Age Concern Eastbourne	The letter also asks Councillors to watch a video of people who use the Eastbourne Shed service. In addition, information is provided about the two affected services: Home from Hospital and Eastbourne Shed. Home from Hospital has exceeded its targets and is a vital transition service. Stopping the service would affect the work of East Sussex Better Together and increase NHS costs. Eastbourne Shed is an innovative service that has been a model for other local groups. Stopping funding would increase social isolation with direct impacts on peoples' mental and physical health.
Fairlight Parish Council	The letter explains that the organisation also funds Marsham Older People's Project and the local context. The effect of the proposal on MOPPS would be serious, as it would probably mean that it would no longer be able to afford a qualified carer. This would make it difficult to cater for those most in need. Transport support would also have to be cut, making it difficult for the most isolated to attend. Services that MOPPS currently provides would still need to be provided by social care and the NHS, so the savings would probably increase the cost to the public purse. The letter notes that the since the consultation started the government has outlined plans for a social care precept on council tax, meaning that circumstances have changed. The organisation invites the Council to reconsider its proposal to cut MOPPS' grant.

Marsham Older Peoples Project	The Council's funding accounts for 50% of the project's funding from external sources. It would be very difficult to replace. This would mean that the organisation would no longer be able to afford a qualified care worker. It would also mean reducing transport costs and free services such as toe-nail cutting. This would mean those most in need, such as those with disabilities and in need or professional care, and those who are most geographically isolated would not be able to attend. It would also place more costs on the NHS.
Sensory impairment services	
Eastbourne Blind Society	The letter explains the services the organisation provides that would be affected. It says that the proposals would have a major impact on the ability of the county-wide consortium to deliver statutory and necessary services. A proven additional benefit of the service is the Certificate of Visual Impairment – this service enables people to access support, advice and referrals from a Low Vision Support Worker. This support significantly reduces this emotional impact of sight loss. The organisation hosted a highly emotional client event during the consultation. Clients at the meeting were concerned that the service they received is not lost to those who follow them into visual impairment. The impact the service can have was demonstrated through the personal stories people shared of contemplated and attempted suicide before receiving the help they needed. Delaying support for people also has an impact on the NHS, as people need more medical intervention to cope. The letter also provides information on the low vision contract and training services that it provides. The letter asks the Council to reflect very carefully on the decisions the organisation recognises must be taken.
East Sussex Association of Blind and Partially Sighted People	The letter explains the services it provides that would be affected by the proposals and the reduction in services that would follow if the proposals went ahead. The impact would be enormous and even though services would have to reduce the number of people needing support would not. Visually impaired people make up 4.18% of the population in East Sussex and that number is only going to increase due to the ageing population. The cuts would also affect the other services provided by the organisation, as it would have to focus on essential services. It would also mean early intervention won't be possible, despite that fact that this is shown to lead to better and sustained independence. The effect of the proposed cuts would be devastating to the organisation and its members. For those diagnosed with sight loss their life chances for good and their confidence falls. The organisation is there to help them live a full and independent life, which can only be done through the services offered to people. If it is not able to do this members would become more isolated and eventually look to statutory services for help. This

	would be hugely more expensive. The letter provides some comments from clients about the positive value of the services provided to them and detailed information on the services provided that would be affected: low vision support worker, mobility and orientation training, aid and equipment service, and training courses on modern technology and skills and strategies for daily living etc.
East Sussex Vision Care	The response provides information on the organisation which is a partnership of three societies that deliver services through the Commissioning Grants Prospectus. It says that proposed cuts would result in considerable unmet need for people with impaired vision. The proposed reductions would have a devastating impact on a very vulnerable group and is likely to result in increased calls on GPs and Accident and Emergency services. A significant proportion of the funding supports Low Vision Workers. These workers have taken on the statutory duty for making contact with new clients very quickly. The response provides more detail on the work they do and says that under the proposed cuts the level of support that could be funded would be very limited and many clients, particularly in rural settings, would be left without any effective support. The funding also allows the organisation to provide sensory aid and equipment services and orientation and mobility support (including a statutory requirement to provide training). Both services would have to be significantly scaled back if the savings went ahead. The number of training courses provided by the funding would also have to be reduced, leading to unmet need as no other providers offer suitable training. There are also administration and related costs associated with managing the service.
Hastings and Rother Voluntary Assocation for the Blind	The letter explains the services that charity provides which would be affected by the proposed savings to voluntary sector services funded by adult social care. It shows the current provision and the significant reduction in services that would take place if the savings went ahead. The challenge with the cuts is that money would disappear but the people would not. Of the population of East Susses, 4.18% have a visual impairment. The ageing population in the county means this is only going to increase. It urges the Council to reconsider these cuts and to ensure that vulnerable visually impaired constituents are not left without the services they so desperately need. The cuts would also affect the other services provided by the organisation, as it would have to focus on essential services. It would also mean early intervention won't be possible, despite that fact that this is shown to lead to better and sustained independence. The letter provides detailed information on the services provided that would either affected: Low vision support worker, aids and equipment service, and training courses on modern technology

	and skills and strategies for daily living etc.
SHORE	The organisation is concerned that the cuts to the voluntary sector would be a false economy, removing services that reduce demand on more expensive services, risk organisations losing match funding and expertise.
Sussex Deaf Association	The letter says that its client group is one that is regularly overlooked. They are isolated because of their vulnerability, especially the older generation. Removing the funding would affect the service provided and could mean the charity becomes unsustainable. The result would be that all the hard work and commitment in building up the organisation would be lost. This would put more pressure on statutory services, which this client group already has difficulty engaging with. The effect on the deaf community would be devastating. The cost differential between using the organisation's services and using British Sign Language interpreters is significant. The service is also used by other organisations to ensure provision for deaf clients is met. The organisation also provides case studies, explaining the value of the service to people and how it is used.

Group or coordinated client responses by other methods

Service area and group or client group	Summary: ASC funded voluntary sector services proposals
General comments	
Lewes and District Seniors' Forum	Removing the Supporting People… is likely to lead to an increasing demand on the voluntary sector even as it also faces cuts to Council funding.
Inclusion Advisory Group	Loss of voluntary sector capacity and services. Big impact on mental health clients -loss of community based services now helping people learn independence and recovery skills. Loss of buildings and staff- hard to replace once gone. Hard to source other funds- loss of smaller more vulnerable organisations. Risk of loss of peer support networks and skills. Risk to volunteering - volunteers may be impacted by cuts and less able to carry out voluntary work. Increased charges for voluntary organisations services - risk to people on low incomes.
South-East Network of Disabled People's Organisations	The ability of the Council to meet its statutory duties is questioned, as is the ability of the voluntary sector to step into the breach considering the cuts it is facing.
Young People's Takeover Day	Voluntary sector services funded by ASC: The group questioned the level of cuts to this area and said that more people would need support from the NHS if these services were cut. They said:

	"People will just end up in crisis sooner!" A couple suggested increasing council tax to reduce the savings required.
Advocacy services	
PoWher coordinated client responses	The organisation gathered feedback from clients, carers and staff at the Council. People questioned the proposal to make savings in this area and said they don't know what they would have done without the service. It helped them to have a voice and to successfully challenge Council decisions. In many cases the decisions would have had a serious impact on the care and support they receive. People felt that this service helped them to have control over the way care and support is discussed and organised. One response also raised issues with the consultation process, in terms of the lack of notice and the accessibility of the survey for people with learning disabilities. Comments included: "This help and support [from the advocate] enabled me to get back most of my care package, keep my PA and continue to access the community. I could not have managed this without the support of an advocate." "I am not able to function if I am pressured and I needed the help of an advocate to get my point across." "I think without an advocate they would not have looked more closely and I could have ended up in Court as I did not have the money to pay." "It has helped me to have someone independent present... Service Users tell advocates things they may never tell us and it is essential I know this to make sure my assessment is as full as it can be."
South-East Network of Disabled People's Organisations	The response says that provision of advocacy is a legal requirement and particularly important when there is pressure on community care budgets.
HIV services	
Sussex HIV Network/ Operational Delivery Network	The letter says its members strongly disagree with the proposal to cut funding to the Terrence Higgins Trust. While the enormity of the cuts required is recognised, the letter argues that making savings to this particular service would increase costs in the longer term through increased hospital admissions. There are also particular concerns about the impact on East Sussex patients who receive their clinical care outside of the county, with a high risk of people disengaging from their care. Marginalised groups are likely to be disproportionately affected and would not get the support they need to enable people to understand their diagnosis and tackle the other support needs that affect their health. The organisation also plays a crucial role in tackling stigma around the disease. The service is requirement of the HIV Service Specification and as such as to be provided.
Learning disability and autism services	
Autism Sussex coordinated client	The response summarises how Autism Sussex has promoted the consultation and the services it provides that would be affected by

responses	the proposed savings: Adult support groups; 1:1 mentoring; Talk 1:1 online forum; and Pathway to employment. These are preventative services provided at minimal cost and often to people who don't receive any other support. Removing or reducing funding would increase the need on social care, mental health and NHS budgets and services. The employment support service is helping people into the workplace and is leading to wider partnership working with other voluntary sector organisations. Clients comments about the services include: "The [support groups] provide a place to be safe, similar traits hence acceptance of each other, not being judged." "I have been desperate for a way for people to take me seriously and I have it [through the support group]. I have found friendship through the group something I have always struggled with as it was never based on the truth." About the online forum, someone said: "A real valuable asset hence it should not be made redundant for all the unfunded people who use it. This information is not widely available if you don't receive funding." "I know that without the help and support from Autism Sussex Jason would not be where he is now: being able to take orders, serve customers, operate the till, arriving on time and traveling on the train independently – and just having been offered a couple of hours paid work (something I was not sure we would ever get to)!!!"
Culture Shift	Over 120 people contributed, including those who use the service, carers and volunteers. People who use the service wrote their comments down and had their picture taken. Comments include: "Devastated." "Sad." "Why the cuts to Arts Connect and disabled. Pick on the rich not poor." "Arts Connect helps me to build confidence and fit into society." "Disappointed. Support needs not met." "Connections and opportunities are so important. We should all be able/have opportunity for them." "If taxpayers saw the work going on here, they would never want it cut. Seeing people's faces - the joy and pleasure they get, the feeling of being part of a community, the chance to feel part of things and understood."
Involvement Matters Team for learning disabilities	The group use some of the projects that might lose their funding from the Council and they think all the services are good. The letter says that without the projects people who use the services would be: more lonely, have less activities, less choice about what services they use, and they may not get help to get a job. It might make them feel sad, depressed and even suicidal, meaning they need to go to their doctor and may need help from mental health services. If the proposals go ahead then people need to know exactly what it means for them and how much people would have to pay for services. Advocacy may be needed to help people speak out about cuts. The letter concludes: "Please do not make these cuts."
Parchment coordinated parent	The organisation gathered responses from parents and carers, who are extremely worried about the threat to services. They feel the proposals could push people and their families into crisis. They

and carer responses	emphasised the toll of the process on the carers health and wellbeing and their ability to continue to provide care. The proposals could put additional pressure on support accommodation, respite and residential services if people are no longer able to live at home. It could also mean that some parents and carers would be unable to continue working. Comments included: “You can’t make cuts without meeting the person” “Lay off Learning Disabilities!” The response asked whether East Sussex will use the social care precept to increase council tax and how this would money would be set. It also suggested that Councillors allowances be cut to the same degree. People also fed back about the consultation process, saying there was inadequate notice and time for it; there was no opportunity to ask questions at the drop-in events; and people at the events seemed uninformed about learning disability issues.
Nature Corridors for All coordinated client and parent responses	Parents wrote to say that clients took a lot of pleasure and pride in being involved in the scheme, and that it had improved skills and self esteem. Ending the scheme would cause a lot of sadness and possible regression for some. Partners wrote in support of the scheme's unique work, and of challenging perceptions of adults with learning disabilities. "This experience has helped X's self-esteem… made a real difference... taken pride at being recognised as being aware and responsible ..a vital cog in the wheel of conservation." "this project has helped immensely by allowing X to become involved in a worthwhile project ...helped develop existing skills as well as developing new ones." "The project is exceptional in the outcomes it delivers" "the group’s quality of work and commitment to nature and wildlife that is the key reason for working together." Most of the clients felt upset and angry at the prospect of the project ending, and some were shocked and confused. They would miss the activities that the group undertook and felt they were a team: they really enjoyed the different elements of being in nature and the skills they had developed, and would miss them a great deal. "‘If the project stops, I won’t be able to come to the Linklater and I might not go to St Nics either. It’s not just now, it’s cuts for 4 years and its stupid’. "‘I would miss the project. I like coming here. I like the building. It makes me feel like I am at home and I feel good. It’s in my comfort zone. It’s different from a day centre, - it’s quieter and more space and it makes me feel happy. It took a long time to make the building. "
South-East Network of Disabled People’s Organisations	It notes that the fact that mainstream provision does not meet the needs of people with learning disabilities or autism, so losing these services would be devastating.
STEPS coordinated client responses	The organisation gathered feedback from clients. People talked about what the service has meant for them, for example, giving them more confidence, helping them to learn new skills, and providing access to voluntary work. They say using the service has

	made them feel happier and they would be upset and disappointed if it was to lose funding. Comments include: “From doing the programme, I have come out a lot, meeting people, confidence building and getting a voluntary placement. “ “I would feel hurt, disappointed [if I’d never had a chance to take part in the programme.”
Zest	The response said the team have struggled to understand the consultation and what the proposals would mean for them. It also questioned the length of the consultation. Comments from people who use the service include: "We are like a big family. Without Zest I will feel like hanging myself." "I won't have a reason to get out of bed." "Zest has changed my life, it's helped me with my confidence... If Zest closes I will feel very sad because I've learnt so much." "I will not have any help in being more independent and no help in getting a job." "It has made me a better person by coming here." "I have learnt team leading skills and team working."
Long term condition services	
Stroke Association coordinated client, carer and staff responses	The organisation submitted comments from clients, carers and staff of the Council. They also provided information on the commissioned services they have delivered under the contract to date and how many people have benefited. Many people said they could not have managed without the support they received from the service. They said the support they receive improves their quality of life, contributes to their rehabilitation, enables them to rebuild their life, improves their communication skills and provides much needed ongoing support. The peer element of all the services is also really valued. Staff said they value the role of the service in providing reviews and feel that people find it invaluable for receiving advice and guidance after suffering from a stroke. Comments included: “With the input of the Stroke Association Coordinator and the peer support of other stroke survivors my quality of life has been enhanced.” “It could make the difference in being supported to avoid complications and possible readmission.” “What’s happened has been both sudden and shocking and although friends mean well they do not have the understanding of stroke and the devastation it causes. This is where the Stroke Association is vital.”
South-East Network of Disabled People’s Organisations	The importance of receiving information and advice to manage your condition after a stroke is raised.
Long term condition and physical disability services	
ESDA meeting	The meeting started with a presentation on the background and what is being proposed in the consultation. Questions included whether the social care precept would be used in East Sussex; how adult social care and health budgets support people; the impact of removing early intervention and preventative services; how the impact will be assessed; whether the consultation is

	Compact compliant; how people are being supported to take part; whether people really understand what is being proposed; and why the cuts can't be done once the integration picture with health is clearer.
South-East Network of Disabled People's Organisations	It covers the value of the ESDA service to the community and the fact that it is the organisation's largest source of funding, meaning that removing funding could threaten its survival.
Mental health services	
South-East Network of Disabled People's Organisations	Removing or reducing funding from preventative mental health services puts people at risk of crisis and needing hospital care. They are also likely to need more support from social care in the long run. It explains the value of the Recovery Partners service and says that due to the value it provides and the focus on developing peer support services it would seem counterproductive to reduce its funding.
Older people's services	
123 coordinated client responses	The organisation asked clients who would have supported them if the service didn't exist and whether the potential loss of the service would be a significant loss, a loss or no loss. Of the 8 people who responded, 7 said they would have had no one to help them and 1 person said family would have helped them. Nearly everyone (7 people) said the service would be a significant loss and 1 said it would be a loss. Comments included: "I had lost my confidence and your service helped me - my volunteers were very good." "I would not have met my neighbours as quickly or have confidence to join groups in common lounge. I would have felt isolated."
Home from Hospital coordinated client responses	The organisation asked clients who would have supported them if the service didn't exist and whether the potential loss of the service would be a significant loss, a loss or no loss. Of the 35 people who responded, 26 said they would have had no one to help them and 11 people said family or friends would have helped them. Nearly everyone (32 people) said the service would be a significant loss and 3 said it would be a loss. Comments included: "I would have a really found it hard to cope as I am on my own with no support from my family. HfH also helped me find support for long term." "Very slow recovery if no support." "I would have got in a real mess because I would have tried things that I was not fit enough to do after my surgery. I would have injured myself and got ill again."
South-East Network of Disabled People's Organisations	The significant cuts proposed to home from hospital services would set back recovery times and put more strain on social care and health budgets in the longer term.
Take Home and Settle coordinated client responses	The organisation asked clients whether they would have had to stay in hospital longer, who would have supported them if the service didn't exist and whether the potential loss of the service would be a significant loss, a loss or no loss. Of the 36 people who

	responded, over a third (13) said they would have stayed in hospital for another night and the rest said might have stayed in longer (18 people). 21 said they would have had no one to help them and 11 people said family and friends would have helped them. Nearly everyone (35 people) said the service would be a significant loss and 1 said it would be a loss. Comments included: “I would not have had food in or help tidying and all the washings up.” “I would not have been supported at home - I could not even have got in my house.” “I would have made my own way home by public transport against the advice of the hospital staff.” “Would have had to wait for much needed equipment - advice on life line, bathing, shopping and hand rails.” “I would have had to wait for equipment, which might result in another fall.”
Sensory impairment services	
Deaf Choices meeting and client comments	The group discussed the background to the proposals. They were very concerned about how the proposals would affect the deaf community and the support that enables them to avoid getting into crisis or debt, stay in work, negotiate health and benefits service, and to do everyday things like manage paperwork. Removing or reducing the funding for this service would increase the risk of deaf people becoming isolated. They feel that there would be no alternative support available if funding was cut. Many people say they would not be able to cope without the help they receive, as it stops people getting into crisis and prevents isolation. It could also delay people getting vital services while an interpreter is arranged. People are also concerned about deaf people being able to stay in employment. People found the survey difficult to complete. Comments include: "If we lose our community worker for the deaf it will have a knock-on effect… 40 years ago families cared for their own by they are more spread out." "Hearing world is very different. English is their first language so completing forms for most people is not a problem… Who will help with this and book interpreters?" "If there is no support because of the cuts that means the deaf will have to go to social services for support. They will then have to book an interpreter to be able to understand the deaf person and this will take time and money. No one will be able to receive help as soon as they need it." "DLA is changing to PIP and we are seeing an increase in people coming to the Association for support with applying for the new benefit... If there is no one to help them to do this many people will not complete the form as they find it too daunting and in some cases cannot understand it."
East Sussex Vision Care event	Attendees felt that vulnerable people are being targeted by the savings. If the proposals went head people would become isolated, which could affect their health and wellbeing. Coordinated support would be lost, while the needs of people with multiple impairments must be considered. Sensory teams at the department do have enough specialist knowledge to replace what would be lost if funding was removed. They also felt health should be involved in the discussion as people's health would be affected. The group felt

	that video contributions were more accessible for them and a number of videos were later submitted. The organisation also filmed people talking about what the service has meant for them. Comments included: “I’m lucky, because I’ve got a family who supports me, but some people are totally on their own and this is a complete lifeline for them and if you withdraw it, it would be horrible!” “If it wasn’t for East Sussex Association of blind and partially sighted people working with the RNIB, I wouldn’t have a job right now… [but I] will very soon almost become unemployable… because the charities are not being supported by the government.” “Blind people have a very special requirement, and its emotion, and emotion doesn’t come over in reports and responses in the normal way… There are hundreds of volunteers in East Sussex, and they will have nobody to lead them.” “I was left for four months totally without care [by the social care sensory team], during which time I lost my job, I tried to take my life twice and I have to say that if it wasn’t for ESAB, I would not be sitting here today because I would have succeeded in taking my own life.”
Group from Eastbourne Hearing Resource Centre	The letter explains the work that the East Sussex Hearing Resource Centre does, highlighting the value the service provides to people with a hearing impairment and their families. In particular, it mentions a group that meets regularly to learn and practice sign language and the joy deaf people experience when you communicate in their language. Cutting services like this would increase the isolation deaf people experience and the letter urges Councillors not to cut the funding for this charity.
South-East Network of Disabled People’s Organisations	Some of the sensory impairment services covered were previously outsourced by the Council, so if the services were cut there would be no one providing support in the county. All the sensory impairment service providers offer a range of valuable services, many of which reduce isolation.

Individual responses by other methods

Individual responses: ASC funded voluntary sector services proposals
There were many comments on the ASC-funded voluntary service proposals across all response forms (letters, emails, comment forms and videos). The majority of the responses were about the services that people receive or work for, and how they benefit people in the community. There were lots of comments about how the services reduce isolation and how without all of the services that would be affected, people would be cut off. Social isolation was a particular concern for those with sensory impairments, physical disabilities and learning disabilities who have limited options in terms of support or may struggle to access mainstream services. Within this, there were many comments about the support deaf people (whose first language isn’t English) get to attend GP appointments, read letters and find employment opportunities. Further to this, clients of the Terence Higgins Trust service highlighted how difficult access to services is for them because of stigma, and how marginalised and isolated clients can be as a result. People said there

wouldn't be alive if it wasn't for THT.

Many people said that without the support they get from voluntary organisations, they would be far more reliant on statutory services – particularly the NHS because of health implications, and there were concerns about what would happen if services stop. Lots of comments raised the issue about the impact on carers of services for those they care for being reducing or being removed.

Many people talk about the value of mental health services, with a particular focus on the wellbeing hubs and the holistic service they provide. A significant number of people wrote to support ESDA and urge that funding is retained for this service. The value it provides to the community would be at risk if it was not. The value of services such as the support for those who've had a stroke, those suffering from dementia and MOPPS was also raised through the letters.

It was noted that some people might choose to use specialist voluntary sector services rather than adult social care services because they feel the support better meets their needs.

Comments such as:

- "Your proposals to leave elderly and disabled people even more vulnerable than they already are."
- "Blind & partially sighted people will be disproportionately affected - they are more likely to experience greater physical and mental ill health."
- "Cuts will result in Deaf lack of communication, loneliness, isolation - also access to health services."
- "THT serves an already marginalised community, without service impact will be huge and affect isolated people"

Petition responses

The table below provides a brief summary of the petitions relating to voluntary sector services that adult social care funds. Please note that printed copies of petitions will be available in Members Papers.

Petition title	Signatures	Comments such as…
Don't cut funding to Recovery Partners - East Sussex mental health services	14,392 (around 200 East Sussex based)	"There is already a paucity of mental health services in our area and this is particularly true in respect of peer led support services. In the current climate of budget restrictions this kind of support is a key part of mental health services and should be prioritised." "My daughter wouldn't be here if it wasn't for these services. Mental health affects everyone one way or another. The services need to be improved not cut. Early help means the opportunity of life for so many people. Many

		police still aren't trained in dealing with people with mental health. The ambulance service is missing its targets already. How much time do you want to waste on other resources when they should be fighting crime and saving lives? Keep everyone safer. Do not make cuts to cost more money and damage in the long run. Thank you”
Don't let the funding cuts squeeze Zest Sussex dry	3,332	“There is so little for people to access to improve their work prospects that this small project punches above its weight in terms of funding. It should be supported.” “I know how life changing working at Zest has been [for her] and the other learning disabled adults. They would be lost without the motivation or routine it provides.”

Feedback on the drug and alcohol prevention service proposals

Note: There were no petitions or individual responses by other methods for the area of the proposals.

Survey feedback

We asked for people's comments/suggestions on the proposals, the impact on them and how we could help them prepare if the proposals went ahead. The table below summarises the key points raised in the comments.

Summary of key points: Comments/suggestions on the proposals
The majority of the comments talked about drug and alcohol services generally, although there are also quite a number focused specifically on LASAR and Star. Many of the comments state that people disagree with the proposed savings. In contrast to other areas though, there are also a minority of people who support making savings in this area. Sometimes this is because people don't think such services should be funded and in other cases it is because they think priority should be given to other services facing cuts. Some people commented on national policy around drug and alcohol prevention or said the local government savings should be challenged. A number of people questioned whether the Council would still be meeting its statutory duties. Comments also noted the link between drug and alcohol abuse and mental and physical health issues. People felt that cutting the funding for these already stretched services would remove an important community resource, particularly as some feel there is a greater need than ever for these services. It is seen as a short-term approach that would just push costs elsewhere. It may also be the only chance some people have to recover and many would be lost without these services. A number of professionals questioned whether STAR has the capacity to provide the required level of service, particularly around building trust, 1-2-1 support and safeguarding. In contrast, there was some feeling that stopping the LASAR service would remove an unnecessary layer. Comments also suggested ways for managing the change, in particular the need to understand the impact of the proposal, providing a clear referral pathway for GPs and social workers and monitoring the impact if it went ahead. Some people commented that the service should be funded by health, while one suggested using the STAR cap to fund LASAR. Reducing or removing funding would: • lead to people losing their lives if they don't get the support they need • remove a service from a vulnerable group of people, with many comments focusing on the impact on young people and the cumulative effect of service funding cuts in other areas such as housing support services (Supporting People funding) • increase hospital admissions and the chances of people reaching crisis point

- lead to higher consumption for people with a drug or alcohol problem
- increase the chances of people losing their accommodation and becoming homeless
- affect the families of people who use services, pushing families into crisis or leading to relationship breakdowns
- affect the community through increased street drinking and crime
- increase costs for the NHS, particularly acute mental health services and A&E
- put pressure on other budgets and services, such as the Police
- ESCC could fail to meet its statutory obligations and it could affect the success of the East Sussex Better Together project
- affect communities through increases in drug and alcohol use, anti-social behaviour, drink driving, and crime

Comments such as:

"There are many people who use these services with success in reducing/abstaining from drugs and alcohol. Without them the NHS would have to accommodate more individuals who through drug/alcohol use would require treatment for long term illness."

"These prevention services have already been cut & should not be cut further - our young clients in particular are vulnerable to abuse of both drugs & alcohol, with often devastating results for themselves & others."

"This is a big problem in Hastings and affects so many other areas that good support and treatment for people is vital."

"This is a service for both young people and adults. There is a concern of the impact of these cuts, especially for young people (with cumulative impact of removal of other YP support services) increases the risk of offending, exploitation and these individuals becoming victims of crime."

"This is an important area of support for people with mental health and needs to work in conjunction with supported housing, redesign a sustainable service."

Summary of key points: Impact if the proposals went ahead

Many of the comments focused on what the proposals would mean for them, family or friends. People feel that a vulnerable and hard to engage client group would be left with no support, affecting their mental health and making them more at risk of isolation, exploitation and neglect. There is also a danger that people would lose their lives if they don't receive the support they need.

There would be no one to support them or challenge their behaviour. They would be more likely to drop out of treatment as trust and 1-2-1 support is crucial to recovery. This would also put them at greater risk of harm and put other people at greater risk of harm from them.

There would also be a significant impact on families, carers and children and their wellbeing. There is also a risk that family relationships would break down.

The result would be increased use of NHS services and the risk of increased homelessness, anti-social behaviour and crime. As well as the impact on other services it

would also affect the community, as the streets would become more unsafe. This is raised as a particular issue in areas like Hastings and St Leonards.

Professionals have queried whether adult social care teams have the specialist knowledge and capacity required to give this client group the support they need. A number of comments also flag the issue of the cumulative impact of cuts in other areas, such as housing support services (Supporting People) particularly for younger people and young mothers.

Comments such as:

- “We simply cannot leave this client group to fend for themselves. They desperately need help and support. Without this, it can lead to terrible problems including crime, homelessness, mental health issues and suicide.”
- “Less support for individuals and families. Possible increase in substance misuse, offending and unaddressed safeguarding children and vulnerable adults concerns.”
- “Our community is made the poorer. There will be more street drinkers, more petty theft and break ins, more young people and old stuck as users who don't want to be.”
- “The safeguarding currently provided will be significantly reduced, and will be directed to emergency and front line services. The issues by this population of people will not be addressed to the degree that they are at this time, serving to safety net so that more service users go into abject crisis. An inevitable increased in deaths of this client group due to alcohol and substances, self neglect and homelessness.”
- "We will pick up the pieces along with local drug/alcohol services, but it's the individual themselves who will find the path to recovery that much harder to find. You need those services to be accessible for that moment when the individual want to make a change. More barriers to services will mean less success."
- "Reduction of these [drug and alcohol] services would lead us to have concerns about the impact on carers, including young carers whose caring roles may intensify if caring for an adult previously accessing a service."
- “Our service users (learning disability) may suffer more disability hate crime or be afraid to independently access our services and the local community as our local area has a high number of people with drug and alcohol dependency. Currently this is fairly well managed but wouldn't cope with cuts."

Summary of key points: Preparing people if the proposals went ahead

A number of people commented on the savings and the impact and the fact we can't help people to prepare. In terms of helping people to prepare, general points include explaining the national policy context, providing clear information, giving people notice and ensuring people have a safety net.

For existing clients having time to plan a clear exit strategy for ending or transferring support is key, as is having some additional floating support during the transition. Better partnership working is also required to support the process.

Suggestions to support clients and carers through any changes include self-help groups, providing clear online information, providing access to a source of advice, using technology more to support younger people, having specialists in the Adult Social Care

teams and providing information in accessible formats. Suggestions for supporting organisations through any changes include working with health commissioners, funding workshops, providing information on alternative services and understanding/monitoring the impact of the proposals.
Comments such as: • "Give 6 months' notice, to get funding from other sources." • "Ensure that the voices of the practitioners are heard in helping configure what would be left to ensure the best outcomes for the clients." • "An alternative solution is essential if the face to face provision is to be reduced. Digital models of self awareness and support would be beneficial similar to those used in Australia. Young people are very used to modern day technology and could be encouraged to use this model as part of the reduced service by the drug and alcohol prevention team." • "Prepare the police force for the impact of cutting the budget for drug and alcohol prevention services."

Organisation responses by other methods

The table below provides a summary of comments received by letter and email from organisations about the proposed drug and alcohol prevention service savings. The original documents will be available in Members Papers.

Organisation	Summary: drug and alcohol prevention service proposals
Community Rehabilitation Company	The drug and alcohol service proposals are likely to impact on reoffending rates too.
Wealden District Council	Access to drug and alcohol services is already difficult in rural areas, so any reduction in services would be very concerning.

Group or coordinated client responses by other methods

Group or client group	Summary
East Sussex Recovery Alliance	The group felt that the removal of LASARS was overdue and would improve the service by reducing assessment times. They felt LASARS were a cultural barrier as the workers were less likely to have a history of substance misuse. Some of the group reported that they had previously dropped out during the LASARS assessment due to the time delay.
Inclusion Advisory Group	Increase in substance misuse.
South-East Network of Disabled People's Organisations	The response notes the fact that people using services may have mental health or physical impairments. Any savings made to the other services are likely to impact on the health and wellbeing and may increase their need for drug and alcohol

	preventative services. They would be at increased risk of crisis.

What happens next?

The Council's Cabinet will consider the savings proposals for the whole Council at its meeting on 26 January 2016. Councillors are appointed to the Cabinet by the Leader of the Council. The Cabinet must make its decisions in line with the overall policies, priorities and budget set by the Council.

There is a tough planning and decision-making process ahead for elected councillors. They will carefully consider the different views shared in all the consultation and engagement activity that has taken place around the budget.

All surveys, letters, emails and comments submitted to the Adult Social Care budget consultation will be shared with Cabinet as part of the department's savings proposals. We will provide a detailed summary of the consultation results and printed copies of responses will be available for Councillors in the Members Papers.

After Cabinet has made its decision the budget proposals for the whole Council will be considered by all elected councillors on 9 February 2016.

After that, we will share the decisions as widely as possible with partners, providers, voluntary organisations and clients and carers. Nearly 500 people have already asked to receive a copy of the consultation results.

We know that many people who use adult social care services will be affected by the savings we need to make. It will be a difficult time for people who use services, their carers and family, everyone working in the department and all our partner organisations, providers and the voluntary sector. We'll make sure we work closely with you to ensure that any changes to services are managed as sensitively as possible.

Appendix 1: Template survey

Please find below the survey questions for reference.

Q1) Are you completing the survey as…

Please tick one box.

- ❑ Someone who uses adult social care services
- ❑ On behalf of someone who uses adult social care services
- ❑ A carer or family member of someone who uses adult social care services
- ❑ A member of the public (go to Q4)
- ❑ An East Sussex County Council employee (go to Q4)
- ❑ A statutory organisation (go to Q4)
- ❑ A provider of social care services (go to Q4)
- ❑ A voluntary or charity organisation (go to Q4)
- ❑ Other (please explain below)

Please explain:

Questions 2 & 3 are for people, and their carers, who use adult social care and other services.

Q2) How long have you, or the person you care for, been using services covered by our three main areas of savings?

Please tick one box for each row.

Note: Please see the relevant sections of this document for more details on what is covered by the three budget areas below.

	Less than a year	1-5 years	More than 5 years	Not applicable
Supporting People services (See p18-23 for details)	❑	❑	❑	❑
Voluntary sector services that ASC funds (See p24-32 for details)	❑	❑	❑	❑
Drug and alcohol prevention services	❑	❑	❑	❑

(See p33-34 for details)

Q3) How long have you, or the person you care for, been using other services?

Please tick one box for each row.

	Less than a year	1-5 years	More than 5 years	Not applicable
Adult social care services For example, receiving home care or accommodation support as part of a planned package of care	❑	❑	❑	❑
Sussex Partnership Trust services For example, psychiatric out-patient or community psychiatric nursing visits as part of a planned package of care	❑	❑	❑	❑

Our savings proposals

Q4) How much do you agree or disagree with our main areas of saving?

Please tick one box for each row.

Note: Please see the relevant sections of this document for more details on what is covered by the three budget areas below.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Supporting People services (See p18-23 for details)	❑	❑	❑	❑	❑
Voluntary sector services that ASC funds (See p24-32 for details)	❑	❑	❑	❑	❑
Drug and alcohol prevention services (See p33-34 for details)	❑	❑	❑	❑	❑

Why is this?

Q5) Do you have any comments about the other areas where we are proposing to make savings?

Note: Please see the savings proposal table on p10-17 for details.

Q6) Do you have any other suggestions for how we could make the savings?

The following sections ask about each of the proposed main areas of savings. If you don't want to answer any of the questions just leave them blank.

Supporting people savings

This section refers to the services covered on p18-23.

Q7) Which Supporting People services are your comments about?

Please tick all that apply.

- ❑ Sheltered housing
- ❑ Extra care housing
- ❑ Learning Disabilities services
- ❑ Mental Health services
- ❑ Single homelessness
- ❑ Young People at risk
- ❑ Refuge service
- ❑ Young mothers
- ❑ Supported Accommodation and Independent Living Solutions (SAILS)
- ❑ Home Works
- ❑ Other

If you ticked other please explain:

Q8) Do you have any comments or suggestions about the proposed savings to Supporting People services?

Q9) How would you, or people who are important to you, be affected by the savings we propose to make to Supporting People services?

Q10) If we did go ahead with our proposals, how could we help you to prepare for the impact of the savings?

ASC funded voluntary sector savings

This section refers to the services listed on pages p24-32.

Q11) Which service (or services) are your comments about:

Q12) Do you have any comments or suggestions about the proposed savings to voluntary sector services that ASC funds?

Q13) How would you, or people who are important to you, be affected by the savings we propose to make in voluntary sector services that ASC funds?

Q14) If we did go ahead with our proposals, how could we help you to prepare for the impact of the savings?

ASC funded voluntary sector savings: Mental health services

The mental health services commissioned through the Commissioning Grants Prospectus are jointly funded by Adult Social Care and the local NHS. Adult Social Care needs to make savings of £666,000 from the £1.85 million joint budget for these services. These services are listed on p14-15.

We want to understand which of the services are most important to you. Please use the questions below to rank the services in order of importance to you and everyone who uses mental health services. This will help us to decide how we spend the budget in future.

Q15) Please tell us which of these services is most important to you, from 1 for most important to 5 for least important:

Please write the numbers in the boxes below – you should only rank one service as most important and so on.

Wellbeing centres offering support, advice and guidance in the community ☐

Employment support to find and keep a job ☐

Community links to take part in community activities ☐

Peer support specialists to help people decide on their own recovery pathway ☐

Service providing support to “hard to engage” and vulnerable people ☐

Why did you rank them as you did?

Q16) Please tell us which of these services is most important to everyone who uses mental health services, from 1 for most important to 5 for least important:

Please write the numbers in the boxes below – you should only rank one service as most important and so on.

Wellbeing centres offering support, advice and guidance in the community ☐

Employment support to find and keep a job ☐

Community links to take part in community activities ☐

Peer support specialists to help people decide on their own recovery pathway ☐

Service providing support to “hard to engage” and vulnerable people ☐

Why did you rank them as you did?

Drug and alcohol prevention savings

This section refers to the services listed on pages p33-34.

Q17) Do you have any comments or suggestions about the proposed savings to drug and alcohol prevention services?

Q18) How would you, or people who are important to you, be affected by the savings we are proposing for drug and alcohol prevention services?

Q19) If we did go ahead with our proposals, how could we help you to prepare

for the impact of the savings?

Comments and suggestions

Q20) Do you have any other comments, suggestions or concerns about the adult social care savings proposals?

Thank you for completing the survey.

Feedback

We are aiming to share the survey results on our website by January 2016. If you would like to receive the results directly please provide your details below.

Email or address:

About you – organisations

Q21) If you are completing this survey on behalf of an organisation please provide the following information (you don't need to provide individual 'about you' information as well):

Your organisation name:	
Your position in the organisation:	
Contact details (optional):	

About you – individuals

If you are completing this survey as an individual please fill in this section.

We want to make sure that everyone is treated fairly and equally and that no one gets left out. That's why we ask you these questions. We won't share the information you give us with anyone else. We will only use it to help us make decisions and make our services better. If you would rather not answer any of these questions, you don't have to.

Q22 **Are you.....?** Please tick one box.

❑ Male ❑ Female ❑ Prefer not to say

Q23 **Do you identify as a transgender or transperson?**
Please tick one box.

❑ Yes ❑ No ❑ Prefer not to say

Q24 **How old are you?**

Q25 What is your postcode?

Q26) To which of these ethnic groups do you feel you belong? (source: 2011 census)
Please tick one box.

❑ White British	❑ Mixed White and Black Caribbean	❑ Asian or Asian British Pakistani	❑ Black or Black British other*
❑ White Irish	❑ Mixed White and Black African	❑ Asian or Asian British Bangladeshi	❑ Arab
❑ White Gypsy/Roma	❑ Mixed White and Asian	❑ Asian or Asian British other*	❑ Chinese
❑ White Irish Traveller	❑ Mixed other*	❑ Black or Black British Caribbean	❑ Prefer not to say
❑ White other*	❑ Asian or Asian British Indian	❑ Black or Black British African	❑ Other ethnic group*

*** If your ethnic group was not specified, please describe your group here:**

The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted or is likely to last at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day to day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

Q27 Do you consider yourself to be disabled as set out in the Equality Act 2010?
Please tick one box.

❑ Yes ❑ No ❑ Prefer not to say

Q27a If you answered yes to the previous question, please tell us the type of impairment that applies to you. You may have more than one type of impairment, so please select all that apply. If none of these apply to you please select other and write in the type of impairment you have.

- ❑ Physical impairment
- ❑ Sensory impairment (hearing and sight)
- ❑ Long standing illness or health condition, such as cancer, HIV, heart disease, diabetes or epilepsy
- ❑ Mental health condition
- ❑ Learning disability
- ❑ Prefer not to say
- ❑ Other (* please specify)

*** If other, please specify:**

Q28 **Do you regard yourself as belonging to any particular religion or belief?** Please tick one box.

❑ Yes ❑ No ❑ Prefer not to say

Q28a **If you answered yes to the previous question which one?** Please tick one box.

❑ Christian ❑ Hindu ❑ Muslim ❑ Any other religion (*please specify)

❑ Buddhist ❑ Jewish ❑ Sikh

*** Please specify:**

Q29 **Are you...** Please tick one box.

❑ Bi/Bisexual ❑ Gay woman/Lesbian ❑ Other

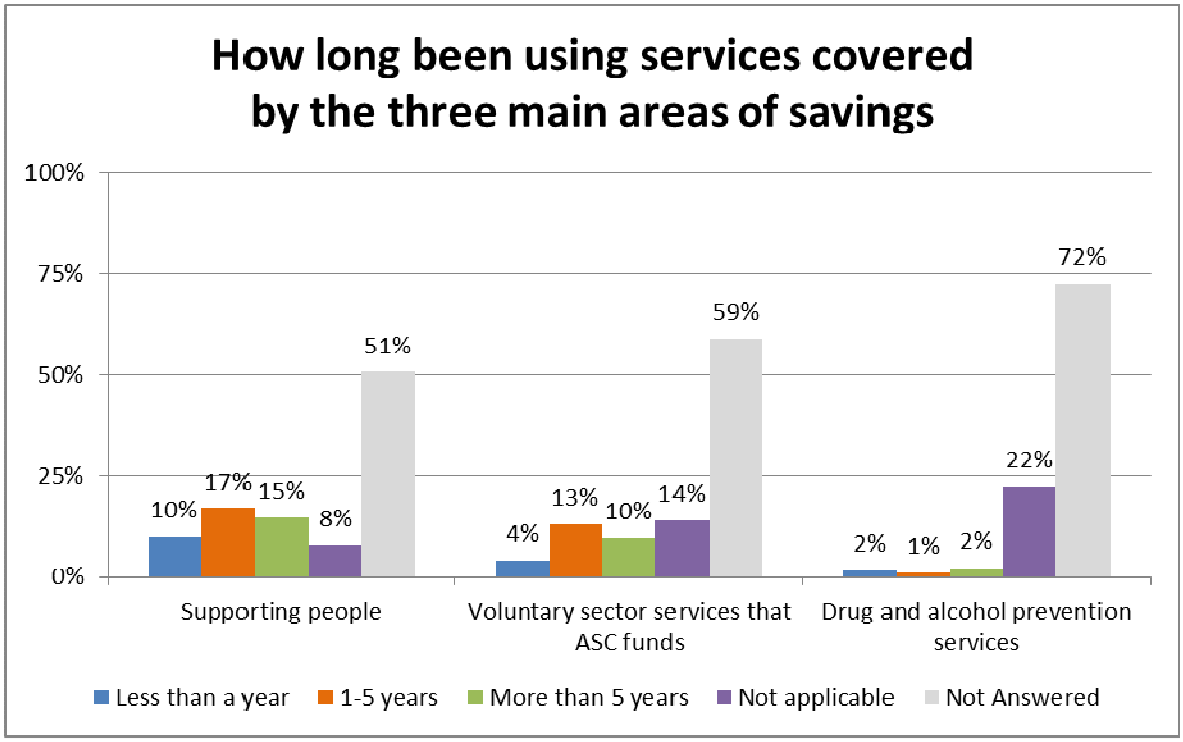
❑ Heterosexual/Straight ❑ Gay Man ❑ Prefer not to say

Q30 **Are you married or in a civil partnership?**
Please tick one box.

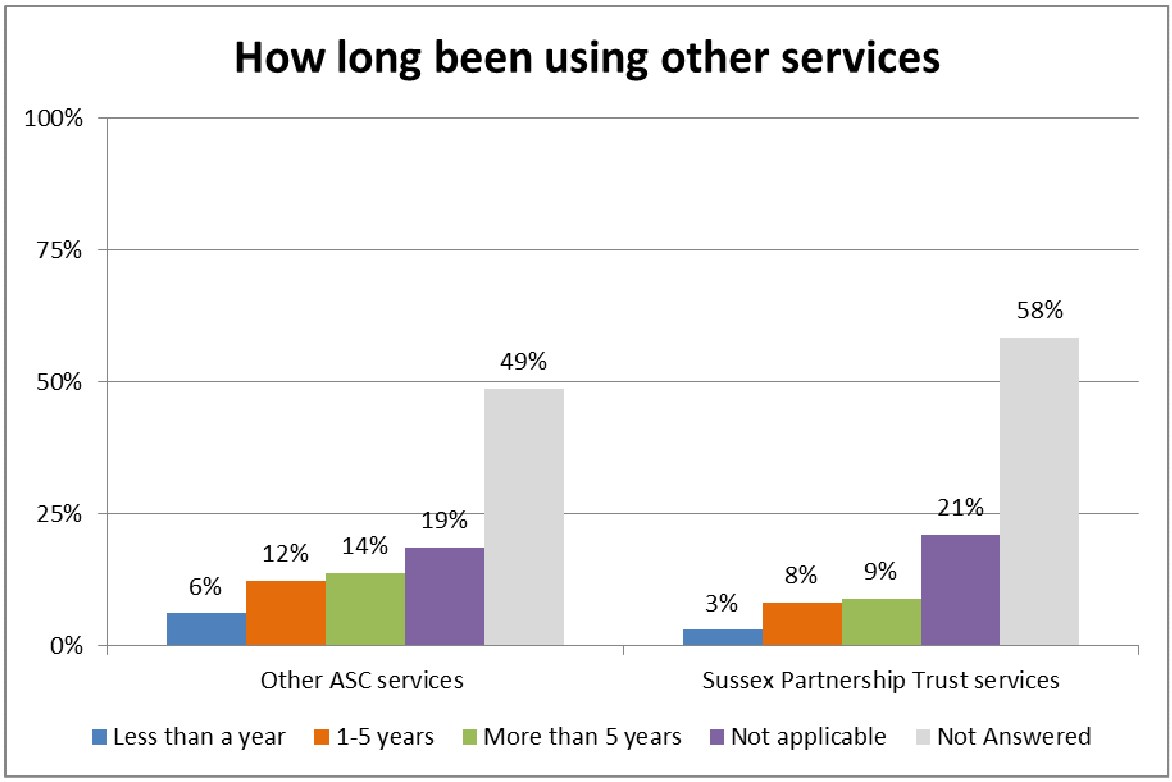
❑ Yes ❑ No ❑ Prefer not to say

Appendix 2 – Additional survey data

How long have you, or the person you care for, been using services covered by our three main areas of savings?



How long have you, or the person you care for, been using other services?



Comment themes explaining why people agree or disagree with the proposals

Comment theme	Number of times covered
Commenting on the negative impact on people's lives and the community of removing the services	216
Commenting on the knock-on effect, cost or longer-term impact of removing these preventative services	167
Commenting on the value of services generally or praising particular services	163
Commenting on the pressure that would be placed on other services/budgets by removing these services, eg ASC, NHS, Police and so on	157
Commenting that savings areas affect or target the most vulnerable people	156
Commenting on their personal experience of the services (whether they are a client, carer, family or staff)	135
Other theme (only mentioned by a few people)	82
Commenting that the services that would be affected promote independence and wellbeing	64
Commenting that the proposals would increase homelessness and put people in danger	59
Commenting on the value of mental health services or the negative impact of cutting these services	57
Commenting on the value that Supporting People services provide	56
Raising an equality issues relating to one of the protected characteristics (which are age, disability, race, gender reassignment, disability, pregnancy, religion or belief, sex, sexuality, carers)	60
Commenting on the danger of removing services, particularly in causing deaths or suicides	53
Commenting that they are generally against the cuts	47
Commenting that there is already not enough support for people	39
Commenting that they are against or concerned about the Supporting People cuts	35
Commenting on national issues – policy, austerity, tax, benefits and so on	33
Commenting that the proposals would increase crime and/or drug/alcohol use	31
Commenting that they recognise that savings or difficult decisions need to be made	25

Commenting that they are against or concerned about the proposed voluntary sector cuts	24
Commenting on the value that voluntary sector services provide – eg, they are community based and people trust them more etc	21
Commenting on the role of housing/supported accommodation in supporting people, increasing their independence and helping people in recovery	20
Commenting that they accept or agree with the drug and alcohol prevention service cuts	17
Commenting that the Adult Social Care savings could be open to challenge or are discriminatory	15
Commenting that Council Tax should be increased	15
Commenting that Hastings would be particularly affected	12
Commenting on the value that drug and alcohol prevention services provide	10
Commenting that the impact of cuts is already being felt	10
Commenting that the Council should refuse/resist nationally imposed cuts	8
Commenting that they are against or concerned about the drug and alcohol prevention service cuts	8
Commenting that they accept or agree with the voluntary sector cuts	8
Commenting that the ESCC budget puts too much of a savings burden on Adult Social Care	6
Commenting on the impact on other voluntary sector fundraising of removing ASC funding	6
Commenting on the element of choice with drugs/alcohol but not with old age or impairments	6
Commenting that the Council should save money by cutting bureaucracy, wages and so on	5
Commenting that savings would mean Care Act duties aren't met	5
Commenting about integration and the role of East Sussex Better Together in the context of the savings	4
Commenting that they accept or agree with Supporting People cuts	3
Commenting on the value of referrals to certain services from a professional point of view	2
Commenting that Adult Social Care has not shown it is doing the required risk/equalities assessment	2

Who took part in the survey

Gender

Gender	Respondents	Census
Male	35% (331)	48%
Female	52% (498)	52%
Prefer not to say	3% (24)	N/A
Not answered	10% (96)	N/A

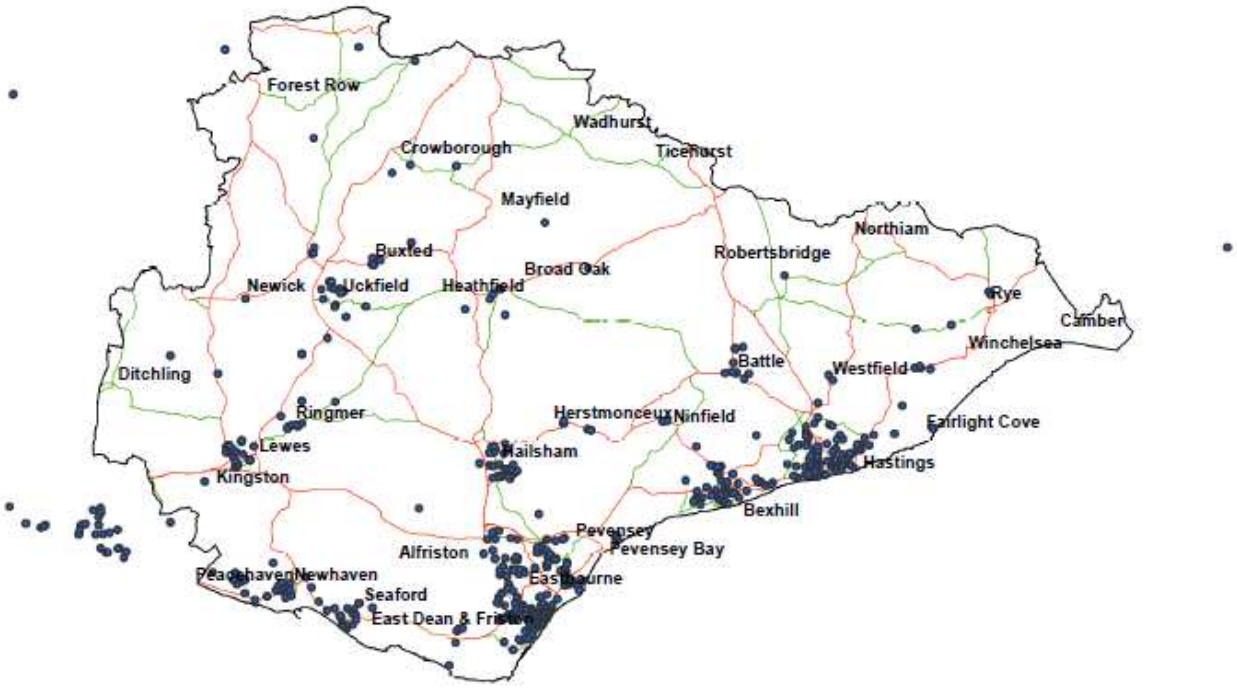
1% of respondents (10 people) consider themselves to be transgender.

Age

Age	Respondents	Census
under 18	1% (11)	19.8%
18-24	8% (59)	7.3%
25-34	12% (94)	9.6%
35-44	17% (133)	12.5%
45-54	20% (154)	14.2%
55-59	11% (87)	6.3%
60-64	11% (89)	7.5%
65 plus	19% (148)	11.2%
Prefer not to say	1% (10)	N/A

Location

The map below shows the post code areas of people who responded to the survey (620 that were in East Sussex and the surrounding area are included). Please note that dots may represent more than one post code.



Ethnicity

Ethnicity	Respondents	Census
White British	77% (726)	98%
White Irish	1% (11)	
White Gypsy/Roma	0.2% (2)	
White Irish Traveller	0% (0)	
White other	2.5% (24)	
Asian or Asian British Indian	0.1% (1)	0.6%
Asian or Asian British Pakistani	0.1% (1)	
Asian or Asian British Bangladeshi	0.1% (1)	
Asian or Asian British other	0.1% (1)	
Mixed White and Black Caribbean	0.5% (5)	0.5%
Mixed White and Black African	0.3% (3)	
Mixed White and Asian	0.9% (9)	
Mixed other	0.7% (7)	
Chinese	0% (0)	0.2%

Black or Black British Caribbean	0% (0)	0.3%
Black or Black British African	0.2% (2)	
Black or Black British other	0.4% (4)	
Other	0.8% (8)	0.3%
Prefer not to say	2.2% (21)	N/A
Not answered	12.8% (121)	N/A

Disability

33% of respondents consider themselves to be disabled (311 people).

Impairment type	Respondents
Physical impairment	8% (93)
Sensory impairment (hearing and sight	4% (51)
Long standing illness or health condition, such as cancer, HIV, heart disease, diabetes or epilepsy	8% (88)
Mental health condition	18% (208)
Learning disability	5% (62)
Other	2% (19)
Prefer not to say	2% (21)
Not answered	52% (595)

Religion

33% consider themselves to have a religion or belief

Religion	Respondents	Census
Christian	30% (282)	60%
Buddhist	1% (6)	.4%
Hindu	0% (0)	.3%
Jewish	0.4% (4)	.2%
Muslim	0.7% (7)	.8%
Sikh	0.1% (1)	0%
Other	3.7% (35)	.7%
Not answered	64.7% (614)	N/A

Sexuality

Sexuality	Respondents

Bi/Bisexual	2.6% (25)
Heterosexual/Straight	67.4% (640)
Gay woman/Lesbian	2.1% (20)
Gay Man	1.6% (15)
Other	0.8% (8)
Prefer not to say	10.8% (102)
Not answered	14.7% (139)

Marriage or civil partnership

33% are married or in a civil partnership.

Organisation responses via the survey

The following organisations completed a survey (please see organisation responses by other methods in the main report for responses that came in via letter and email):

- Amicus Horizon
- Beachy Head Chaplaincy Team
- Bexhill Caring Community
- Brighton Housing Trust
- Care for the Carers
- Churches Together Eastbourne
- Clifton Court
- Diversity Resources International (DRI)
- East Sussex Disability Association (ESDA)
- East Sussex Hearing Resource Centre
- East Sussex Young Mothers Service
- Eastbourne Food Bank
- Eastbourne Seniors Association
- EW YMCA
- Ewhurst Parish Council
- Fairlight Parish Council
- Hastings & St Leonards Seniors Team
- Hastings and Bexhill MENCAP
- Hastings and Rother Rainbow Alliance (HRRA)
- Homegroup
- Improving Carers Experiences (ICEPRO)
- Managing Bipolar CIC

- Newhaven Town Council
- Peacehaven and Telscombe Housing Association
- Project Art Works
- Recovery Partners
- SAHA
- Seaview
- Southdown Housing
- Stay up Late
- Sussex Deaf Association
- Sussex Partnership Foundation Trust (SPFT)
- Sussex Police
- Terence Higgins Trust (THT)
- Wealden Residents' Action Group
- YMCA
- Youth at Risk

Appendix 3 – Drop-in events

We arranged five daytime drop-in events. People could attend at any time during the session. There was a video summarising the savings proposals and staff were available to answer questions and help people complete a survey or comment form. At one event the video wasn't working, so a short presentation was provided. Two sessions included a group Q&A on the request of attendees.

A BSL interpreter supported four events: 13 Nov; 26 Nov; 30 Nov; and 3 Dec.

Following a request from a voluntary organisation, we arranged four additional events. These were held in the evening to allow people who work to attend.

The table provides details of all the events.

Drop-in event details and key themes

Time	Date	Venue	Approximate headcount
12-2pm	2 November	Hastings Town Hall	70 people
12.30-2.30pm	3 November	Battle Memorial Hall	28 people
12-2pm	4 November	Lewes Town Hall	70 people
12-2pm	11 November	Uckfield Civic Centre	49 people
11am-1pm	13 November	Eastbourne Town Hall	200 people

6-7.30pm	26 November	Crowborough Community Centre	No take-up
6-7.30pm	30 November	Seaford Head School	3 people
6-7.30pm	3 December	De La Warr Pavilion	10 people
5-6.30pm	4 December	Robertsbridge Village Hall	3 people

East Sussex County Council

Equality Impact Assessment

Name of the proposal, project or service
Adult Social Care Revised Budgets for Physical Disability, Sensory Impairment and HIV Outcomes commissioned through the 2011 and 2014 Commissioning Grants Prospectuses

File ref:		Issue No:	
Date of Issue:	January 2016	Review date:	January 2017

Contents

How to use this form

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

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

You can delete the comments as you would for normal text, but they will not show up if you print out the form.

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

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

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

1.3 The Public Sector Equality Duty (PSED)
The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have "due regard" to the need to

- eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act,

- advance equality of opportunity and foster good relations between those who share a "protected characteristic" and those who do not share that protected characteristic (see below for "protected characteristics"

- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:
- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

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

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

1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:
- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21stCentury Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers

- Rurality

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

- Removing or minimising disadvantages suffered by people due to their protected characteristic

- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities

- Encouraging people from protected groups to participate in public life or in other activities where their participation in disproportionately low

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

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

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

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

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

- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

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

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

2.1 What is being assessed?

a) Proposals to reduce funding through the Commissioning Grants Prospectus:

Services commissioned for people with physical disabilities, sensory impairments and HIV through the 2011 and 2014 Commissioning Grants Prospectus

The specific services are:

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities

Action for Blind (AfB) People with any type of disability, for example Deaf, blind, people with a hearing or sensory impairment, physical disability or long term conditions are supported into paid employment, and/or supported to retain their employment if they have developed a disability.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

The East Sussex Disability Association (ESDA) is commissioned to deliver a User Led Centre for Independent Living (CIL) which includes a Daily Living Centre to promote use of community equipment and information service to primarily support people with physical disabilities, sensory impairments and long term conditions.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

The East Sussex Hearing Resource Centre (ESHRC) is commissioned to provide support that enables Deaf people and people with hearing impairments and long term conditions who significantly struggle to communicate and live independently (as BSL is the first language of many deaf people and many struggle to read written English, have multiple conditions to manage as they have struggled with communication needs) to live independently for longer through the provision of sensory community aids and equipment and support services such as hearing aids maintenance, lip reading classes and a wide range of practical and social support opportunities.

The Sussex Deaf Association (SDA) is commissioned to support Deaf people and people with a hearing impairment who significantly struggle to communicate and live independently (as BSL is their first language and many struggle to read written English, have multiple conditions to manage as they have struggled with communication needs) through personalised advice and information, and group support to reduce isolation. The service is commissioned for 3 years from 2014 and to cover the whole of East Sussex.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

East Sussex Vision Care (ESVC) is commissioned to deliver support to blind people, people with a visual impairment and people with dual sensory loss through the provision of assessments for CVI status (certified as visually impaired), sensory equipment, and support services, eg. to maintain equipment, learn to walk with a white cane, social engagement to reduce isolation for blind or sensory impaired people who struggle with daily living activities due to sight barriers. The service is commissioned for 3 years from 2014 and to cover the whole of East Sussex.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

Terrence Higgins Trust (THT) is commissioned to deliver self-management support enabling people with an HIV+ status to manage their long term condition and significant impacts of medication side-effects and stigma associated with HIV which isolates people from generic support so that people can live more independently and healthily in the community, enabling many of whom have caring/parenting roles to continue, and to avoid onward transmission of HIV. The service is commissioned for 3 years from 2014 and to cover the whole of East Sussex.

b) What is the main purpose of these proposals?

The Adult Social Care Department is required to make reductions to existing budgets in response to the recent spending reviews. This proposal suggests that the services included in this EIA which deliver the objectives below are the subject of budget reductions. This means that services may need to be decommissioned or delivered in a different way and because of this, Adult Social Care will need to consider the impact of budget reductions or cuts.

Physical disability objectives:

- Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities
- Provision of a user led centre for independent living to help disabled people overcome barriers to living independently and improve their health and wellbeing.

Sensory impairment objectives:

- Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services
- Support for people with a visual impairment and those with dual sensory loss, including Low Vision Support, communication support for people with dual sensory loss.

HIV Support:

- Support to enable people with HIV to improve self-management skills and live more independently

c) Manager(s) responsible for completing the assessment

Angela Yphantides, Strategic Commissioning Manager

2.2 Who is affected by the proposals and how?

The people affected by the proposals include disabled people, people with a sensory impairment and/or, long term condition/s and people with an HIV positive status. Unpaid carers, who provide a significant amount of care and support to their loved one, will also be affected.

Although people with visual and hearing impairments and physical disabilities who are recorded as currently using services are predominantly over the ages of 65, there may be significantly more working age adults whose ages (and other details) are not recorded because of the nature of their use of the service, eg. one-off information, advice or support.

Disabled people of working age are more likely to be affected by the removal of support into paid employment or help to retain employment.

Largely, people with HIV and of working age will be affected, including those who have caring and/or parenting roles themselves.

Children who are cared for by working age parents or older grandparents will be affected if support is removed.

People who do not meet the ASC eligibility criteria or choose not to use Adult Social Care services but fund their own care will be affected as these services can offer an alternative route to support for local people, and some universal support (eg. sign-posting, information and advice.

People with physical disabilities, sensory impairments and long term conditions including HIV will have reduced access to support, information and advice, equipment promotion, sensory aids, direct employment support and specialist communication support, some of which can be additionally costly due to its specialist nature, eg. BSL interpreting.

People who are vulnerable because of the impact, stigma and barriers experienced by being disabled where general support is not always fully accessible or adapted in the fuller awareness of the needs of disabled people, people with a sensory impairment, long term condition or HIV, and other care needs will be affected.

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

Consultation Period

As Adult Social Care funds, but does not directly provide services included in the proposal, it does not directly hold client identifiable data. Therefore, Adult Social Care has asked, organisations providing services to communicate proposals to people currently using services that will be impacted by the proposal.

To support and enable vulnerable people to participate in the consultation, Adult Social Care has delivered a number of accessible engagement sessions across the county, with full BSL interpreting, at a range of different times to suit different people's needs.

Additionally, in recognition of the challenges and barriers disabled people face in engaging, the lead commissioner for the disability-focused services included in this proposal has provided a number of additional sessions designed to support disabled people, and people with a sensory impairment and/or long term condition to understand and participate in the response to the proposals. Many of these sessions have had BSL interpreting and/or hearing loops, where required and additional time was provided for vulnerable people to understand and respond to the proposals in a range of different formats. These included having support to fill in a response form or survey or to write a letter or email as a response, video recording responses, having quiet space to discuss the significant impacts on people's lives and record these appropriately in a setting that was familiar to people who use services.

The impacts of the proposals are also acknowledged for people who might need services but have not come forward to ask for support (often because of stigma related to having a disability/being HIV+ or because seeking support requires people to acknowledge deterioration and people often do not wish to do this). Careful consideration has been given to how to engage these cohorts. Local and regional media coverage of the proposed reductions has made a contribution to raising awareness of the proposals. Petitions regarding the proposals are included on the East Sussex County Council's website as this can help to promote awareness to people who may not choose to engage with services directly, but may wish to make their views known through the consultation.

The proposal is to cease the Adult Social Care funding for each of the grants, as highlighted above in 2.1a.

Following the Consultation

If the Council decides to agree these budget proposals on 9th of February 2016, the Adult Social Care investment in these services will be decommissioned. A three month notice period will be served to providers which would take effect in May 2016.

Commissioned providers will be asked to communicate alternative support options to local people and their carers. This may include information and advice about alternative services, where these are available, or referral to ASC for assessment and support planning where it seems that the client or their carer may have eligible needs in terms of the Care Act, and the well-being principle, or where they will require advocacy. For clients of carers who have a current assessment and support plan (which may or may not include a service included in this proposal), a letter will be provided to advise them to contact their Care Manager for review, if they are concerned that their eligible needs may no longer be met and they require advice and guidance, advocacy or further support planning.

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

All of the service commissioned to meet the objectives included in this proposal will engage with local NHS services, including primary, secondary and mental health services, benefits support agencies, housing agencies, voluntary and community sector services and Adult Social Care in their provision of support for disabled people. A more specific, but not exclusive, list of partners involved has been provided below.

Employment Support for disabled people

- Job Centre Plus

Centre for Independent Living

- Occupational Therapy, Joint Community Reablement, Physios, and other Allied Health Professionals, mental health
- Disabled People User-Led Organisations and national disability support agencies
- Telecare services

Support for People with Hearing Impairments

- Audiology clinics and other health services, eg. primary care, mental health
- Sensory Impairment Reablement Team and other Adult Social Care services
- Fire and Rescue Service who also install some sensory equipment

Support for People with Visual Impairments

- Ophthalmology and low vision clinics and other health services, eg. primary care, mental health
- Sensory Impairment Reablement Team and other Adult Social Care services

Support for People with HIV

- GUM clinics and other health services, eg. primary care, mental health
- Wider Adult Social Care services

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

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

- **A general duty to promote wellbeing** (this includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships; suitability of living accommodation; and the individual's contribution to society).
- **Focussing on the person and their needs**, their choices and what they want to achieve.
- Providing, arranging for **the provision of services, facilities or resources**, or taking other steps to prevent, reduce or delay the development of needs for care and support (including carers).
- Providing, or facilitating access to, **information and advice** to enable people, carers and families to take control of, and make well-informed choices about, their care and support (including independent financial advice).
- Arranging **independent advocacy** where someone has substantial difficulty being involved and there is no-one appropriate to support and represent them.
- **Parallel rights for carers and a focus on the whole family.**
- Joining up with **health and housing.**
    - **Market shaping** including supporting sustainability and encouraging a variety of different types of providers to ensure people have a choice of different types of

service. This includes independent private providers, third sector, voluntary and community based organisations, user-led and small businesses.

The guidance on section 2 of the **Care Act 2014** defines the local authorities' responsibilities for prevention and how this applies to adults. This includes three general approaches,

1. Primary prevention/promoting well- being

2. Secondary prevention/early intervention

3. Delay/ tertiary prevention

All services support the Department's plan to implement the 2014 Care Act, particularly the wellbeing and information and advice components of the Act, and the Act's emphasis on prevention and the need to delay use of care. Care and Support (Preventing Needs for Care and Support) Regulations, 2014

Section 77 of the Care Act, 2014 specifically requires local authorities to establish and maintain a register of adults who are ordinarily resident in their area and are sight-impaired or severely sight-impaired. These Regulations specify the persons who are to be treated as being sight-impaired and severely sight-impaired for the purposes of that section (those certified by a consultant ophthalmologist).

Office for Disability Issues recommends having a Disabled People's User Led Organisation and a Centre for Independent Living

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

All services commissioned to the meet the 2011 and 2014 objectives noted above accept self-referrals. Many people who need support are sign-posted or referred directly from primary care, Health and Social Care Connect, Adult Social Care and other voluntary sector organisations.

Additionally:

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities

Job Centre Plus makes direct referrals to support disabled people into employment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

Joint Community Reablement and other health and social care teams make direct referrals to the East Sussex Disability Association

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Audiology clinics and the Sensory Impairment Team make direct referrals to the East Sussex Hearing Resource Centre and Sussex Deaf Association.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

Ophthalmology clinics and the Sensory Impairment Team make direct referrals to East Sussex Vision Care.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

Genito-Urinary Medicine clinics and other specialist HIV clinicians refer directly to Terrence Higgins Trust

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

All services receive referrals by phone, fax, email, etc. using their own independent referral forms and pathways

Each organisation will have its own assessment criteria to identify people that can benefit from support, or will sign-post to the relevant local support service.

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

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities

Services to support disabled people into and to retain employment are provided via one to one, outreach and group support. These countywide services are available daily.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

Countywide services are provided from a base in Hampden Park. Support is provided to disabled people through the Daily Living Centre (DLC) and a specialist information service. The DLC offers independent community equipment information, advice and demonstrations which are tailored to individual's needs; and the information and advice service provides detailed information that supports local disabled people to live more independently. Additionally, the service provides User-Led Organisation (ULO) network meetings to support other local organisations to develop

their user-led capacity; equipment 'taster' sessions; Telecare promotion; AskSara (an online self-assessment tool); Pathfinder and Community Equipment Lite courses; health improvement training and other services including the Centre for Independence Newsletter.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Wide-ranging countywide provision including the provision of personalised information and advice on sensory community equipment, and delivery and maintenance of the equipment, specialist information, advice and guidance; outreach, domiciliary visits, peer support and support groups, drop-ins, one-to-one, group work, and support via social media, telephone, email, newsletter, website and through personal meetings.

Countywide provision of support to Deaf and hearing impaired people via one to one support, drop in sessions in Bexhill, Eastbourne, Hastings and outreach elsewhere at regular times from home/residential care home visits to mutually convenient places to meet outside of the home/drop in.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.
Countywide support is provided via a detailed needs assessment by a qualified Low Vision Worker who will support people who have been certified as visually impaired, making referrals to the most appropriate agency to address needs. This will often include personalised information and advice on sensory community equipment, and delivery and maintenance of the equipment, qualified mobility training, outreach, domiciliary visits, peer support and support groups, drop-ins and regular activities and training, including internet and IT training.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently
Countywide one-to-one outreach and support to enable better medication management, peer based self-management groups and the provision of specialise support via a direct helpline and my HIV website.

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

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

Types of evidence identified as relevant have **X** marked against them			
	Employee Monitoring Data		Staff Surveys
X	Service User Data		Contract/Supplier Monitoring Data
	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
X	Complaints		Risk Assessments
	Service User Surveys		Research Findings
X	Census Data	X	East Sussex Demographics
X	Previous Equality Impact Assessments Commissioning Grants Prospectus 2011	X	National Reports
	Other organisations Equality Impact Assessments		Any other evidence

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

No significant data to report.

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

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

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

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

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

Additionally services that link with marginalised individuals and groups may pick up safeguarding issues with children as well as adults, adults at risk of and/or being radicalised too.

Primary Support Reason of people whose enquiries started between October 2014 and September 2015

Primary Support Reason	Number of enquiries started
Learning Disability Support - Learning Disability Support	80
Mental Health Support - Mental Health Support	140
No Long Term Support Needs - No Long Term Support Needs	14
No Primary Support reason recorded	134
Physical Support - Access and Mobility Only	39
Physical Support - Personal Care Support	300
Sensory Support - Support for Dual Impairment	4
Sensory Support - Support for Hearing Impairment	1
Sensory Support - Support for Visual Impairment	6
Social Support - Substance Misuse Support	27
Social Support - Support for Social Isolation and Other Support	31
Support with Memory and Cognition - Support with Memory and Cognition	34
Grand Total	**810**

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

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

All organisations providing the services noted above were informed at the consultation start point through face to face meetings or telephone discussions in October 2016. These discussions have been followed up by literature to promote the consultation to clients and to support their involvement in the consultation.

Inclusion Advisory Group 3rd November 2015.

The full range of proposals was presented to the Inclusion Advisory Group. Key points of feedback are below.

Public Consultation A full public consultation on the current proposals has taken place between 23rd October- 18th December 2015. This has included a survey, comments and public drop-in

events and has been open to clients and carers, members of the public, providers and other stakeholders.

The commissioner met with clients and carers who will be impacted by the proposals throughout the consultation period through engagement sessions. These engagement sessions have been used to explain the proposals, decision-making and feedback processes, and to collect feedback on the impacts from clients and their carers, e.g. through surveys, one to one conversations, letters, emails and video recordings. Dates and number of attendees were as follows:

Objective	**Organisation**	**Date**	**Participants**
Supported Employment/Supporting for People with a Hearing Impairment	East Sussex Hearing Resource Centre/Action for Blind People	10 November	56
Supported Employment Supporting for People with a Hearing Impairment Supporting for People with a Visual Impairment Supporting for People with a Long Term Condition (HIV)	East Sussex Hearing Resource Centre Action for Blind People East Sussex Vision Care Terrence Higgins Trust	13 November	22
Supporting for People with a Hearing Impairment	Sussex Deaf Association	18 November	52
Supporting for People with a Visual Impairment	East Sussex Vision Care	30 November	67
Supporting for People with a physical disability, sensory impairment and/or long term condition	East Sussex Disability Association	9 December	26

Research Sources:

Supporting Self-Management – National Voices People shaping health and social care 2014 http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/supporting_self-management.pdf

Is work good for your health and wellbeing?" 2006 Gordon Wadell, A Kim Burton: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf via http://www.nhs.uk/Livewell/workplacehealth/Pages/work-is-good-for-health.aspx

BSL Healthy Minds - Improving Access to Psychological Therapies for British Sign Language (BSL) users. http://www.signhealth.org.uk/v3/wp-content/uploads/2013/12/BSL-Healthy-Minds-Professional-Information-Doc.pdf

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

Key Research Messages:

Supporting Self-Management – *National Voices People shaping health and social care 2014*: Self-management support can improve treatment adherence, improve physical symptoms and reduce unsafe sex among people with **HIV**.

Is work good for your health and wellbeing?" *2006 Gordon Wadell, A Kim Burton*

The review found that being out of work for long periods was generally bad for your health, resulting in:

>more consultations, higher use of medication and higher hospital admission rates than for the average population
>a two-to-three times increased risk of poor general health
>a two-to-three times increased risk of mental health problems
>a 20% higher death rate

BSL Healthy Minds - *Improving Access to Psychological Therapies for British Sign Language (BSL) users.* Unemployment within the Deaf community is more than three times higher than unemployment in the general population[3].

Inclusion Advisory Group 3rd November 2015

Key points of the discussion:

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

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

Some people will be impacted multiply e.g. disabled people overall and especially people with mental health issues and those where housing options are being removed or reduced where there is a high continuing demand e.g. mental health services, homelessness services, young people's services. A high likelihood of increasing numbers of people living on the streets.

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

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

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

Risks

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

Recommendations

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

Public consultation survey results relating to PD & ESDA

The service was described as a valuable resource. It was described as offering independent advice and providing a good resource for self-funders. A number of comments noted that removing the service could lead to people needing more Adult Social Care support in the

community or to move into residential care. One comment noted that there is a national requirement for councils to fund one centre for independent living.

"These cuts will ultimately prevent ESDA (as the only pan-impairment user-led organization of Disabled People in East Sussex) from providing vital support to Disabled people to enable them to live independently, and this will in turn impact on ASC because those people who are most affected will be unable to stay in their own homes, and will ultimately end up having to go into residential care - which will almost certainly be MORE expensive than supporting them in their own homes."

"I was under the impression that local authorities were expected to fund at least one Centre for Independent Living in their area."

The comments noted the role ESDA has helping people to be independent and live in the community. There would be an impact on people's lives and independence, possibly leading more people to need residential care. It would also remove a key independent resource for getting advice on the most suitable product.

"My wheelchairs come from ASC. They've visited me often regarding my electric wheelchair. If my wheelchairs were taken I would be bedridden."

"My wife would not be able to get out."

"If the main body of ESDA (i.e. the Head Office is unable to continue through lack of funds then the knock-on effect to all the district groups will mean they can no longer continue to exist - affecting hundreds of Members, who will no longer get their support, accessible transport and outings."

"ESDA is the only resource that gives independent advice on a wealth of information about disability services/products".

People felt this would put pressure on Adult Social Care workers, create budget pressures elsewhere and increase the risks of falls and injury from people buying unsuitable equipment.

"Those looking for impartial advice on adaptive equipment in disability would either go without or buy based on point of sale advice, and this could impact on safety and wellbeing. This in turn may lead to falls risk increase and increased strain on hospital services."

"I refer many clients to the ESDA equipment centre and this supports them in making suitable choices for equipment they then purchase. This removes the need for the equipment to be supplied by the Integrated equipment service. They also get good advice that improves their longer term wellbeing and independence again reducing dependence and cost to ESCC."

"This service is critical for the elderly and disabled people of East Sussex. As an OT I use this resource, and encourage my clients to use this resource regularly. This service helps maintain clients in the community reducing costly residential and nursing placements and packages of care."

A number of people commented on the savings and impact. In terms of helping people to prepare, they said it needs to be clear how people's needs will be met if the service is not funded any more. The voluntary sector also needs notice to prepare for the change.

Organisation and group responses

East Sussex Disability Association

1. The email describes the proposals to cut the already reduced grants to the voluntary sector as unbelievably harsh. For ESDA, this would mean losing the funding for the Centre for Independent Living, affecting around a significant number of people and creating more demand for social care and health services. The email describes the service offered and the benefits it provides in offering impartial advice. The service is also able to see people much quicker than adult social care can complete assessments. A similar centre in Brighton recently closed, so if ESDA's centre closed the impact on services in East Sussex would be even greater. Disabled and vulnerable people would be hardest hit by the cuts. The funding provided to the voluntary sector is excellent value for money compared to alternatives in the statutory and private sector. The email says that the Council should take up the option to add a social care precept to council tax. It also provides information about the support ESDA provides to the community.

2. The response says the size of the cut to the voluntary sector is drastic and would have a devastating effect on thousands of people supported by it. It asks the Council to reject the cuts or postpone them until the full impact is known or other options have been explored. It also says the Council should use the social care precept for council tax to fully fund the voluntary funding that is at risk. The response raises concerns about the validity of the consultation which it describes as flawed, unwieldy and not held over a long enough time period. It also questions the lack of a publically available impact assessment. The cuts programme does not prioritise direct support to clients and could well impact on related health funding. Many services would close and the viability of organisations will be compromised, as they will find it harder to bring in other funding. This means that the cumulative impact and the knock on effect of demand for adult social care and health services are not captured. Vulnerable people would lose their support and have their independence compromised. Without the Centre for Independent Living people will deteriorate rapidly and their carers will face increase pressure. The effectiveness of the East Sussex Better Together integration programme will be affected with a robust voluntary and community sector.

ESDA meeting

The meeting started with a presentation on the background and what is being proposed in the consultation. Questions included whether the social care precept would be used in East Sussex; how adult social care and health budgets support people; the impact of removing early intervention and preventative services; how the impact will be assessed; whether the consultation is Compact compliant; how people are being support to take part; whether people really understand what is being proposed; and why the cuts can't be done once the integration picture with health is clearer.

Public consultation survey results relating to Hearing Impairment Services, including those supporting BSL users

People said the funding shouldn't be cut from critical services such as these, which encourage independence and reduce social isolation. These are value for money services which are already dealing with the impact of reduced funding.

They are doing things the private sector doesn't want to do and in some cases there isn't an alternative service. Services that understand what deaf people need could be forced to close if the savings went ahead leaving people isolated.

"If Sussex Deaf Association fold up, we have no one else to turn to for help. Other services do not understand Deaf culture and British sign language (BSL) that we rely on greatly. If we use other services, who will pay or provide BSL interpreter? SDA can support them. People in care home or at home living alone will be even more lonely with no one to talk to or to ask for help if no one - staff or volunteers can communicate with vulnerable deaf people."

There is also the impact on equality to consider around people's communication needs, particularly relating to BSL, and the wider implications of losing support in managing finances and health needs etc. People need to know what alternatives there would be if the funding was stopped. Long-term negative impact may result from removing services now.

"Sussex Deaf Association and East Sussex Hearing Resource Centre's staff helped me and our deaf members over the years and totally relied on them for interpreting, hearing aids and equipment. If cuts are made, they will cut services and make staff lose their jobs and may never return again."

The impact would be on people's whole life, their health, wellbeing and mental health. People risk becoming isolated and unable to manage daily life, e.g. finances, if their communication support needs and BSL needs aren't met. These services provide preventative support, so removing them would lead to costs elsewhere.

"If the Sussex Deaf Association lose funding it will affect many deaf people. We can't go to CAB because they cannot sign. Need someone who understands deaf and uses BSL. Need help with forms, letters and benefit forms. Need help arranging interpreters for hospitals and understanding letters and medication. Deaf people will get more and more isolated if the clubs are not available. This will impact on their mental health and wellbeing. This will then put pressure on Adult Social Care. The Sussex Deaf Association support the deaf very well."

"I, and other Disabled people, will experience a significant deterioration in our quality of life, which will in turn impact negatively on our physical and mental health. This will of course also impact negatively on ASC, because they will then have to place vulnerable Disabled people in residential care because they will be unable to live independently in their own homes."

One comment focused on the implications of the cuts across the voluntary sector and knock-on effect. To help people to prepare it is suggested that equal access to all services for people with BSL could be supported through technology. Also important to be clear about alternative options and continue to provide training and guidance to organisations.

Organisation and group responses

Sussex Deaf Association

The letter says that its client group is one that is regularly overlooked. They are isolated because of their vulnerability, especially the older generation. Removing the funding would affect the service provided and could mean the charity becomes unsustainable. The result would be that all the hard work and commitment in building up the organisation would be lost. This would put more pressure on statutory services, which this client group already has difficulty engaging with.

The effect on the deaf community would be devastating. The cost differential between using the organisation's services and using British Sign Language interpreters is significant. The service is also used by other organisations to ensure provision for deaf clients is met. The organisation also provides case studies, explaining the value of the service to people and how it is used.

Deaf Choices Group
The group heard the background to the proposals. They were very concerned about how the proposals would affect the deaf community and the support that enables them to avoid getting into crisis or debt, stay in work, negotiate health and benefits service, and to do everyday things like manage paperwork. Removing or reducing the funding for this service would increase the risk of deaf people becoming isolated. Comments include: "If we lose our community worker for the deaf it will have a knock-on effect… 40 years ago families cared for their own by they are more spread out." "Hearing world is very different. English is their first language so completing forms for most people is not a problem… Who will help with this and book interpreters?" "If there is no support because of the cuts that means the deaf will have to go to social services for support. They will then have to book an interpreter to be able to understand the deaf person and this will take time and money. No one will be able to receive help as soon as they need it." "DLA is changing to PIP and we are seeing an increase in people coming to the Association for support with applying for the new benefit... If there is no one to help them to do this many people will not complete the form as they find it too daunting and in some cases cannot understand it."

Group from East Sussex Hearing Resource Centre
The letter explains the work that the East Sussex Hearing Resource Centre does, highlighting the value the service provides to people with a hearing impairment and their families. In particular, it mentions a group that meets regularly to learn and practice sign language and the joy deaf people experience when you communicate in their language. Cutting services like this would increase the isolation deaf people experience and the letter urges Councillors not to cut the funding for this charity.

Public consultation survey results relating to Vision Impairment
People said the funding shouldn't be cut from critical services such as these, which encourage independence and reduce social isolation. These are value for money services which are already dealing with the impact of reduced funding. Services could be forced to close if the savings went ahead leaving people isolated and unable to cope.

"If you proceed with those cuts then already depleted services may well become extinct making the vulnerable even more so."

"I need the support and advice from Eastbourne Blind Society. They also provide companionship… If taken away [this could] foster isolation, loneliness and increased mental health issues."

The impact would be on people's whole life, their health, wellbeing and mental health. One comment focused on the implications of the cuts across the voluntary sector and knock-on effect.

"The Voluntary sector services are a vital lifeline for me to help me to feel part of the community in Eastbourne. Without the he help and companionship of Eastbourne Blind Society, I am

convinced that I would be suffering from serious Mental Health problems. They help me feel valued and through the activities they run."

For some people it will be difficult to prepare for these changes.
I am severely sight impaired, if you went ahead with your proposals, you would be taking my extended family away from me (Eastbourne Blind Society) it would feel like a bereavement to me, how can you help me through Grief?

Organisation and group responses

Eastbourne Blind Society
The letter explains the services the organisation provides that would be affected. It says that the proposals would have a major impact on the ability of the county-wide consortium to deliver statutory and necessary services. A proven additional benefit of the service is the Certificate of Visual Impairment – this service enables people to access support, advice and referrals from a Low Vision Support Worker. This support significantly reduces this emotional impact of sight loss. The organisation hosted a highly emotional client event during the consultation. Clients at the meeting were concerned that the service they received is not lost to those who follow them into visual impairment. The impact the service can have was demonstrated through the personal stories people shared of contemplated and attempted suicide before receiving the help they needed. Delaying support for people also has an impact on the NHS, as people need more medical intervention to cope. The letter also provides information on the low vision contract and training services that it provides. The letter asks the Council to reflect very carefully on the decisions the organisation recognises must be taken.

East Sussex Association of Blind and Partially Sighted People
The letter explains the services it provides that would be affected by the proposals and the reduction in services that would follow if the proposals went ahead. The impact would be enormous and even though services would have to reduce the number of people needing support would not. Visually impaired people make up 4.18% of the population and that number is only going to increase due to the ageing population. The cuts will also affect the other services provided by the organisation, as it will have to focus on essential services. It will also mean early intervention won't be possible, despite that fact that this is shown to lead to better and sustained independence. The effect of the proposed cuts would be devastating to the organisation and its members. For those diagnosed with sight loss their life chances for good and their confidence falls. The organisation is there to help them live a full and independent life, which can only be done through the services offered to people. If it is not able to do this members will become more isolated and eventually look to statutory services for help. This will be hugely more expensive. The letter provides some comments from clients about the positive value of the services provided to them and detailed information on the services provided that would be affected: low vision support worker, mobility and orientation training, aid and equipment service, and training courses on modern technology and skills and strategies for daily living etc.

East Sussex Visioncare
The response provides information on the organisation which is a partnership of three societies that deliver services through the Commissioning Grants Prospectus. It says that proposed cuts would result in considerable unmet need for people with impaired vision. The proposed reductions would have a devastating impact on a very vulnerable group and is likely to result in increased calls on GPs and Accident and Emergency services. A significant proportion of the

funding supports Low Vision Workers. These workers have taken on the statutory duty for making contact with new clients very quickly. The response provides more detail on the work they do and says that under the proposed cuts the level of support that could be funded would be very limited and many clients, particularly in rural settings, would be left without any effective support. The funding also allows the organisation to provide sensory aid and equipment services and orientation and mobility support (including a statutory requirement to provide training). Both services would have to be significantly scaled back if the savings went ahead. The number of training courses provided by the funding would also have to be reduced, leading to unmet need as no other providers offer suitable training. There are also administration and related costs associated with managing the service.

East Sussex Visioncare event
Attendees felt that vulnerable people are being targeted by the savings. If the proposals went head people would become isolated, which could affect their health and wellbeing. Coordinated support will be lost, while the needs of people with multiple impairments must be considered. Sensory teams at the department do have enough specialist knowledge to replace what would be lost if funding was removed. They also felt health should be involved in the discussion as people's health would be affected. The group felt that video contributions were more accessible for them and a number of videos were later submitted.

Hastings and Rother Voluntary Association for the Blind
The letter explains the services that charity provides which would be affected by the proposed savings to voluntary sector services funded by adult social care. It shows the current provision and the significant reduction in services that would take place if the savings went ahead. The challenge with the cuts is that money will disappear but the people will not. Of the population of East Sussex, 4.18% have a visual impairment. The ageing population in the county means this is only going to increase. It urges the Council to reconsider these cuts and to ensure that vulnerable visually impaired constituents are not left without the services they so desperately need. The cuts will also affect the other services provided by the organisation, as it will have to focus on essential services. It will also mean early intervention won't be possible, despite that fact that this is shown to lead to better and sustained independence. The letter provides detailed information on the services provided that would either affected: Low vision support worker, aids and equipment service, and training courses on modern technology and skills and strategies for daily living etc.

Public consultation survey results relating to Terrance Higgins Trust
Comments talk about the value of the service, particularly for the NHS and the role THT plays in supporting people which makes their health interventions more effective. The equality impact of removing funding for the service and the cost to other services was also raised.

A number of people commented on the savings and the impact. In terms of helping people, continuing to provide training and guidance to organisations was the only suggestion.

Removing this value for money service would leave people isolated and unable to cope and potentially limit their life expectancy. There would be a cost impact for the NHS and an equality impact of removing funding for the service.

"You CANNOT remove HIV services as it is a valuable resource for people in the area. It would mean no educative and anti-stigma work locally and the service users would become isolated

and likely to require other more EXPENSIVE services - Short term… thinking is going to mean long term EXPENSIVE reparation."

"ESCC should be talking with government NOW and stating these cuts are inhumane and will ultimately cost people's lives."

THT provides very practical help with negotiating with housing providers and enabling people to achieve a regular and balanced life. This includes support with carrying out medical routines meticulously and taking drugs regularly, despite changing mental health and at times no support from family and friends. Peer support is a vital motivating element of the THT approach which makes all the difference in effectively learning about how to manage life when unwell and how to stay well.

"THT supports people with mental illness, poverty, poor accommodation and other social needs in order to support adherence. This can be in the form of one-to-one support, hardship grants, food bank vouchers (some ART must be taken with a meal)."

"I wouldn't be able to cope full stop. I only have a home and financial support thanks to [THT]"

"The proposal is short-sighted in that the specialist support people with HIV can access from THT enables people together on with their lives and not deteriorate to the extent that they need additional health or social care services."

Other comments point to a lack of alternative services
"They [(people living with HIV)] would have NO service - end of..."

"The Terrence Higgins Trust is the only HIV related support I can receive in the area. Without them I wouldn't have survived my diagnosis and I still rely upon their support. I am too unwell to travel for help from them so what am I expected to do?"

A detailed comment (supported with references) shows how THT supports people with HIV with antiretroviral therapy (ART) adherence and the importance of this due to low adherence being associated with: drug resistance, progression to AIDS and death, disease progression, increase in complexity and costs of treatment and risk of HIV transmission. The importance of THT's self-management programmes and the NHS's dependence on THT for effective management of complex HIV cases was also highlighted, as was how HIV disproportionately affects already marginalised and isolated people, and can further increase this isolation because of stigma. Details were also included about how people living with HIV experience significantly higher rates of psychological difficulties than the general population and present with considerable social need, and how THT gives support relating to these needs.

"NHS HIV services in East Sussex depend heavily on Terrence Higgins Trust (THT) for the effective management of some of its most complex and needy cases."

"In order to effectively manage the health of people living with HIV, NHS HIV services in East Sussex rely upon the positive self-management programmes and support provided by THT. This comes in the form of social support, negotiating bureaucracy, advocacy, sign-posting, one-to-one counselling, etc. The clinics do not have the time, the resources or the expertise for this. "

"THT work with people who are disengaged from care or who use services ineffectively: miss

appointments, are infrequently monitored, are at risk of loss to follow up, interrupt and stop antiretroviral therapy, struggle to maintain adherence to antiretroviral therapy, etc. THT's essential support of vulnerable people living with HIV increases the effectiveness of their clinical management."

"References: -
British HIV Association (2015) British HIV Association guidelines for the treatment of HIV-1-positive adults with antiretroviral therapy

British Psychological Society (BPS), British HIV Association (BHIVA) and Medical Foundation for AIDS & Sexual Health (MedFASH) (2011) Standards for psychological support for adults living with HIV

National AIDS Trust (2012) HIV Social Care in England "

A number of people commented on the savings and the impact and the need to honour the THT contract. In terms of helping people to prepare, the only suggestion was to phase in the savings rather than cut it in one go.

Organisation responses

Sussex HIV Network / Operational Delivery Network
The letter says its members strongly disagree with the proposal to cut funding to the Terrence Higgins Trust. While the enormity of the cuts required is recognised, the letter argues that making savings to this particular service would increase costs in the longer term through increased hospital admissions. There are also particular concerns about the impact on East Sussex patients who receive their clinical care outside of the county, with a high risk of people disengaging from their care. Marginalised groups are likely to be disproportionately affected and would not get the support they need to enable people to understand their diagnosis and tackle the other support needs that affect their health. The organisation also plays a crucial role in tackling stigma around the disease. The service is requirement of the HIV Service Specification and as such as to be provided.

Terence Higgins Trust
The organisation's submission sets out its mission and the role it plays in building independence and wellbeing. This work helps to absorb pressure on public services and finances. The response recognises the strains on the local budget. The organisation is working to respond to these changes, but this is made more difficult by the cuts that have already taken place. It believes further cuts would be hugely detrimental to its core service and could lead to the service no longer having an office base in the county. It says there is no other provider that can give the holistic range of services. The organisation explains the context of the work it does and the impact the service has already had for clients in supporting them and their families, helping them to understand HIV and to challenge the stigma associated with it. Many clients come from minority groups who already dealing with discrimination, so need support to access traditional services. The response is supported with a case study, client letter and a comment from the National AIDS Trust.

Relating to impact on all disabled people:
South-East Network of Disabled People's Organisations
The network notes that adult social care will receive disproportionately higher cuts than other departments at the Council. The response questions whether the Council can still meet its key priorities. Many of the people that would be most affected by the proposals are vulnerable and if the proposals went ahead they would have a significant impact. Many people use multiple services which are subject to this consultation, meaning that they are risk of losing a lot of support at the same time. Many of the services are preventative and the likelihood is that people will just become eligible for social care services. The ability of the Council to meet its statutory duties is questioned, as is the ability of the voluntary sector to step into the breach considering the cuts it is facing. The network says that the consultation document is a very difficult document for members of the public to digest and respond to. Supporting People: On Supporting People funding it says that the withdrawal of funding would have a negative impact on the ability of residents of those service to live independently and access the community. It may also force people to move into residential care. Schemes entirely funded by adult social care would obviously close if the proposals went it ahead. It is not clear from the proposal which ones this applies to. The removal of Supporting People funding for sheltered housing and extra care will mean that many services lose their on-site support, particularly because many schemes are operated by social landlords. For people with learning disabilities or mental health needs the removal of Supporting People funding could force them out of support living and into residential care. This would be a backward step given the long battle for independent living. The proposal to remove 100% of funding from Supporting People schemes for young people would mean they would become more vulnerable and likely to end up in crisis. They would eventually need more costly support in the long run. Removing or reducing funding for mental health services would remove a preventative service and lead to more going into crisis and into hospital. It is also likely to mean they need more support from social care services. CGP: The response says that provision of advocacy is a legal requirement and particularly important when there is pressure on community care budgets. It notes that the fact that mainstream provision does not meet the needs of people with learning disabilities or autism, so losing these services would be devastating. The importance of receiving information and advice to manage your condition after a stroke is raised. It covers the value of the ESDA service to the community and the fact that it is the organisation's largest source of funding, meaning that removing funding could threaten its survival. Removing or reducing funding from preventative mental health services puts people at risk of crisis and needing hospital care. They are also likely to need more support from social care in the long run. It explains the value of the Recovery Partners service and says that due to the value it provides and the focus on developing peer support services it would seem counterproductive to reduce its funding. The significant cuts proposed to home from hospital services would set back recovery times and put more strain on social care and health budgets in the longer term. Some of the sensory impairment services covered were previously outsourced by the Council, so if the services were cut there would be no one providing support in the county. All the sensory impairment service providers offer a range of valuable services, many of which reduce isolation. DAAT: The response notes the fact that people using services may have mental health or physical impairments. Any savings made to the other services are likely to impact on the health and wellbeing and may increase their need for drug and alcohol preventative services. They would be at increased risk of crisis

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

Part 4 – Assessment of impact

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

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

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

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

The nature of some of the services provided mean that contact with beneficiaries is very brief or simple – for example, someone may telephone for advice, drop in to get a battery changed on their hearing aid or call in to see a piece of kitchen equipment which has been recommended by an occupational therapist. In these circumstances, it is not proportionate for the organisations to log detailed monitoring data.

The data returned by the providers on clients using services reflects this; the figures below are for the period October 2014 – March 2015 and represent those who responded to the request for information. Therefore, this data is included useful as a guide to ratios.

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

On average, approximately 80 disabled people per year are supported into employment or to retain employment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living
On average, approximately 2,200 disabled people per year are supported through the Centre for Independent Living.

Physical Disability Ages
Under age 54 = 164 people
Age 55 plus = 106 people
Age 65 plus = 76 people
Age 85 plus = 26 people
Preferred not to say their age = 7

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services
On average, approximately 2,300 people per year are supported by services that support people with a hearing impairment.
Objective 3 Support for people with a visual impairment and those with dual sensory loss.

On average, approximately 2,200 people per year are supported by services that support people with a visual impairment.

Sensory Impairment Ages
Under age 54 = 76 people
Age 55 plus = 707 people
Age 65 plus = 655 people
Age 85 plus = 343 people
Preferred not to say their age = 30

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV
Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

On average, approximately 80 people with HIV per year are supported by services.
HIV Ages
Under age 54 = 64 people
Age 55 plus = 23 people
Age 65 plus = 4 people
Age 85 plus = 0 people
Preferred not to say their age = 0

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

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

More people of working age will be impacted.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

There appears to be an even split between working age adults and older people.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Objective 3 Support for people with a visual impairment and those with dual sensory loss.
People with sensory impairments, however are predominantly over the age of 55 reflecting the onset of impairments as people age, with significant increases for people over the age of 65 requiring support.
2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently
These figures reflect that significantly more vulnerable people of working age, including children and young people who care for or live with adults with HIV, will be affected.

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

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities

Many working age adults will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living
Many working age adults will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services
Many older people will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.
Many older people will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV
Objective 2: Support to enable people with HIV to improve self-management skills and live more independently
Many working age adults will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

For example, one woman with HIV reported that she contracted the virus through no choice of her own. Since her diagnosis, her husband had abandoned her and her children, her family and friends had distanced themselves, leaving her isolated and stigmatised, and in the sole caring role for her children. Her medication regime is challenging, often causing her to be immobilised with sickness, which is a common side-effect of HIV medication. Since her diagnosis and ensuing life changes, her mental health has deteriorated and she has attempted suicide on more than one occasion. The service provides one to one support which has enabled this client to better manage her condition, find peer support and reduce her isolation, attend and engage in services that help her understand her condition, and find the courage to live with it, and raise her children.

Should the service be removed, clients like this woman, will struggle to manage their medication and their caring roles, and are likely to make greater use of other primary care, mental health and universal services in order to manage the complexities of living with HIV in an environment that continues to be hostile to people who have the condition.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see **f** below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

g) How will any mitigation measures be monitored?

Monitor progress on

- informing clients and carers

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

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

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

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

Residents (working age only) with limiting long-term illness in 2011 by districts (numbers)

Type	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
Geography					
England & Wales	56075912	10048441	5278729	4769712	46027471
South East	8634750	1356204	762561	593643	7278546
East Sussex	**526671**	**107145**	**58902**	**48243**	**419526**
Eastbourne	99412	20831	11209	9622	78581
Hastings	90254	19956	10375	9581	70298
Lewes	97502	19054	10583	8471	78448
Rother	90588	21242	11591	9651	69346
Wealden	148915	26062	15144	10918	122853

Residents (working age only with limiting long-term illness in 2011 by districts (%)

Type	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
Geography					
England & Wales	100	17.9	9.4	8.5	82.1
South East	100	15.7	8.8	6.9	84.3
East Sussex	**100**	**20.3**	**11.2**	**9.2**	**79.7**
Eastbourne	100	21	11.3	9.7	79
Hastings	100	22.1	11.5	10.6	77.9
Lewes	100	19.5	10.9	8.7	80.5
Rother	100	23.4	12.8	10.7	76.6
Wealden	100	17.5	10.2	7.3	82.5

Source: Department for Work and Pensions, Longitudinal Study, NOMIS

Projected limiting long-term illness by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	0-17	18-64	65+	All people	0-17	18-64	65+
Geography	Year								
East Sussex	2010	105,047	4,755	43,646	56,647	20.4	4.6	15.0	46.8
	2026	124,992	4,352	42,392	78,248	23.9	4.7	15.9	47.6

Source: ESCC projections, November 2011

Projected disability by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	10-17	18-64	65+	All people	10-17	18-64	65+
Geography	Year								
East Sussex	2010	85,428	1,952	34,041	49,435	16.6	3.9	11.7	40.9
	2026	103,415	1,826	33,202	68,386	19.7	3.9	12.5	41.6

Source: ESCC projections, November 2011Employment and Support Allowance and Incapacity Benefit claimants in February 2012

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

The nature of some of the services provided mean that contact with beneficiaries is very brief or simple – for example, someone may telephone for advice, drop in to get a battery changed on their hearing aid or call in to see a piece of kitchen equipment which has been recommended by an occupational therapist. In these circumstances, it is not proportionate for the organisations to log detailed monitoring data.

The data returned by the providers on clients using services reflects this; the figures below are for the period October 2014 – March 2015 and represent those who responded to the request for information. Therefore, this data is included useful as a guide to ratios.

Data returned by providers from these services for the period October 2014 to March 2015.

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

On average, approximately 80 disabled people per year are supported into employment or to retain employment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

On average, approximately 2,200 disabled people per year are supported through the Centre for Independent Living.

Physical disability support services – breakdown by type of disability

Disability	178
Physical Impairment	108
Sensory Impairment	71
Longstanding Illness	35
Mental Health Condition	8
Learning Disability	23
Other	1

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

On average, approximately 2,300 people per year are supported by services that support people with a hearing impairment.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

On average, approximately 2,200 people per year are supported by services that support people with a visual impairment.

Sensory impairment support services – breakdown by type of disability

Disability	936
Physical Impairment	287
Sensory Impairment	522
Longstanding Illness	245
Mental Health Condition	68
Learning Disability	29
Other	460

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

On average, approximately 80 people with HIV per year are supported by services.

HIV support services – breakdown by type of disability

Disability	105
Physical Impairment	0
Sensory Impairment	0
Longstanding Illness	0
Mental Health Condition	0
Learning Disability	0
Other	0

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

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

All people who require this support are disabled, have a sensory impairment and/or long term conditions.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

All people who require this support are disabled, have a sensory impairment and/or long term conditions.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

All people who require this support are disabled, have a sensory impairment and/or long term conditions.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

All people who require this support are disabled, have a sensory impairment and/or long term conditions.

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

All people who use services affected by this proposal and their carers will be impacted, in areas such as reduced independence and wellbeing and increased isolation.

People who need specialist advice on a range of disability issues and ways to retain their independence will need to seek this elsewhere and may attend primary care or contact Health and Social Care Connect as an alternative.

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities

Disabled people will be more affected by the proposal because they have come to rely on support provided to manage their disability, sensory impairment or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

People who are deaf, blind or have a sensory impairment may struggle to manage daily living tasks and to understand the world around them. For example, some deaf people struggle to read (BSL is often their first language) and so often cannot manage to maintain their independence (take telephone calls, read correspondence, attend appointments, manage their conditions) or employment without support.

For example, one man reported that he wanted to work to continue to support his family but that he was not able to find an employer that would take the time to understand the benefits of Access to Employment, struggled to make basic 'reasonable adjustments' to his working environment to enable him to do his job, and that when he lost his job, he struggled with basic things like gaining access to the Employment Centre, as he could not hear the buzzer on the door release telling him to enter the building.

The service was able to help the client access the Employment Centre and its services for disabled people seeking employment through the Job Club it operated at the Employment Centre. He was able to find employment through the service which negotiated basic changes to the workplace that enabled him to do his job well. He was supported through regular follow up phone calls to make sure he was delivering in his job and that barriers that arose were addressed so that he could maintain his employment.

This basic level of access issue and need for support demonstrates the challenge that disabled people face when trying to gain and retain employment, and would struggle with should funding for the service be removed.

Should the service be removed, clients like this woman, will struggle to manage their ability to live independently and maintain their caring roles, and are likely to make greater use of other primary care, mental health and universal services in order to manage the complexities of living with a visual impairment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

Many disabled people will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

For example, a woman who was seen by Blue Badge service, reported that during the course of her assessment, some areas of daily living that were proving difficult to manage were identified. She attended the Daily Living Service to seek solutions and to identify suitable products that fit with their lifestyle but could also be accommodated and stored in their home. The space within certain areas eg. kitchen was restricted. She had already been seen by physiotherapist to maximise mobility potential.

She attended the DLC and was seen by OTA who advised with regard to suitable products including a folding trolley that was sufficiently robust to provide support and aid safety. Advice provided about moving items around the kitchen, reducing loads to decrease impact on joints etc.

Should the service be removed, clients like this woman, will struggle to manage their ability to live independently and maintain their caring roles, and are likely to make greater use of other primary care, mental health and universal services in order to manage the complexities of living with a disability.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Many disabled people will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.
The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

People who are deaf, blind or have a sensory impairment struggle to manage daily living tasks and to understand the world around them. Deaf people can struggle to read English (BSL is often deaf people's first language) and so often cannot manage to maintain their independence (take telephone calls, read correspondence, attend appointments, manage their conditions) or employment without support.

For example, one woman reported that she had only recently found out about sensory equipment that was available to her and funded through Adult Social Care. She benefited from a flashing beacon that alerted when her doorbell rang or when her smoke detector was activated. Whilst using the service, she had her hearing aid cleaned and repaired so that she was able to hear more sound, and started to use a lip reading class, where she learnt essential skills that improved her communication, but also met people who also struggle with the isolation and poor mental health that unsupported hearing impairments can bring.

Should the service be removed, clients like this woman, will struggle to manage their ability to live independently and maintain their caring roles, and are likely to make greater use of other primary care, mental health and universal services in order to manage the complexities of living with a hearing impairment.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

Many older people will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

People, who are deaf, blind or have a sensory impairment struggle to manage daily living tasks and to understand the world around them. For example, deaf people struggle to read (BSL is often their first language) and so often cannot manage to maintain their independence (take telephone calls, read correspondence, attend appointments, manage their conditions) or employment without support.

For example, an elderly woman reported that she awoke in hospital from a hip operation having lost significant sight in both eyes. She has since undergone a number of eye-related investigations and treatments, including eye injections, which have not recovered her significant sight loss.

The service provided her with essential help to get home from hospital and to re-start her life, living independently as a visually impaired woman who now needs to cope with significant sight loss, barriers and the impact this has had on her own mental wellbeing and her wider family.

Should the service be removed, clients like this woman, will struggle to manage their ability to live independently and maintain their caring roles, and are likely to make greater use of other primary care, mental health and universal services in order to manage the complexities of living with a visual impairment.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV Objective 2: Support to enable people with HIV to improve self-management skills and live more independently
Many working age adults will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

People with HIV will struggle to manage their condition, daily living and families because of the significant side effects of their medication regime and the isolation they experience due to the continued stigma of HIV (eg. family and friends will not provide support out of fear, ignorance or judgment about contracting the condition). See p 18 for an example of how this support is preventing risk of serious decline in health or early mortality and supporting recovery and self-care.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see **f** below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

Support for communication needs of people during all the above stages

g) How will any mitigation measures be monitored?

Monitor progress on

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

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

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

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

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

Language Service suppliers report the following languages to be commonly in use in the county (June 2015):

- British Sign Language, Mandarin, Czech, Polish, Portuguese, Russian, Bengali, Arabic, Albanian, Lithuanian, Turkish

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

The nature of some of the services provided mean that contact with beneficiaries is very brief or simple – for example, someone may telephone for advice, drop in to get a battery changed on their hearing aid or call in to see a piece of kitchen equipment which has been recommended by an occupational therapist. In these circumstances, it is not proportionate for the organisations to log detailed monitoring data.

The data returned by the providers on clients using services reflects this; the figures below are for the period October 2014 – March 2015 and represent those who responded to the request for information. Therefore, this data is included useful as a guide to ratios.

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

On average, approximately 80 disabled people per year are supported into employment or to retain employment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

On average, approximately 2,200 disabled people per year are supported through the Centre for Independent Living.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

On average, approximately 2,300 people per year are supported by services that support people with a hearing impairment.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

On average, approximately 2,200 people per year are supported by services that support people with a visual impairment.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

On average, approximately 80 people with HIV per year are supported by services.

	Physical Disability	Sensory Impairment	HIV
White British	222	777	51
White other	12	18	11
Mixed White and Caribbean	0	0	2
Asian or Asian British Pakistani	8	0	0
Asian or Asian British Bangladeshi	0	0	0
Asian or Asian British Other	1	0	1
Black or Black British Caribbean	0	1	0
Black or Black British African	2	0	35
Black or Black British Other	2	0	0
Arab	3	0	0
Chinese	0	0	0
Prefer Not To Say	19	45	0
Other	1	432	0

The table above illustrates data returned by providers from these services for the period October 2014 to March 2015

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

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

The data indicates a lower number of people from ethnic minority services currently accessing support.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

The data indicates a lower number of people from ethnic minority services currently accessing support.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

The data indicates a lower number of people from ethnic minority services currently accessing support.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

With reference to people accessing HIV support services, a significant number of people have identified as Black or Black British African and this reflects partly the services support for women and their children living with HIV.

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

People with additional communication barriers will suffer additional adverse effects by the proposal.

Additionally, people from BME backgrounds often experience exclusion, discrimination and overt or covert racism when they try to access or use services. If services that provide support to people are not funded, they will not be able to receive the support they currently rely on.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

Many working age adults will be affected by the proposal because they have come to rely on support provided to manage their condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see **f** below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

Support for the communication needs of people during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress on

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

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

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

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

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

Data from the 2011 Census shows the population of East Sussex to be **527,209**, broken down into the following gender and age groupings:

		Total	18+	18-64	65+	18-64 %	65+ %
Female	**EAST SUSSEX**	**273,142**	222,604	154,510	68,094	69.4	30.6
Male	**EAST SUSSEX**	**254,067**	200,320	147,692	52,628	73.7	26.3
All people	**EAST SUSSEX**	**527,209**	422,924	302,202	120,722	71.5	28.5

Source: ONS Mid Year Population Estimates 2011 (based on Census) released 25/9/11 by ONS

Gender Identity:

Transgender men and women are reluctant to 'come out' to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected gender identity data to date.

In an attempt to gather data on numbers of transgender people in East Sussex, and better understand their needs to ensure an appropriate service response for this group, data from 254 "About You" forms were analysed in Quarter 2, as part of the Listening To You satisfaction questionnaires. The questionnaires were sent to a random sample of clients and carers who had had the provision of OT equipment or sensory equipment / service in the 3 last months; people who had a Direct Payment put in place or reviewed in the last 3 months; and carers. The responses received showed:

- 1% of respondents stated they were transgender
- 5% of respondents said they preferred not to say,
- 94% of respondents stated they were not transgender.

Source: ASC Equalities Data Set, January 2012

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

The nature of some of the services provided mean that contact with beneficiaries is very brief or simple – for example, someone may telephone for advice, drop in to get a battery changed on their hearing aid or call in to see a piece of kitchen equipment which has been recommended by an occupational therapist. In these circumstances, it is not proportionate for the organisations to log detailed monitoring data.

The data returned by the providers on clients using services reflects this; the figures below are for the period October 2014 – March 2015 and represent those who responded to the request for information. Therefore, this data is included useful as a guide to ratios.

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

On average, approximately 80 disabled people per year are supported into employment or to retain employment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

On average, approximately 2,200 disabled people per year are supported through the Centre for Independent Living.

Physical disability support services by gender

Female	140
Male	137
Transgender	4
Prefer not to say	0
Total	281

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

On average, approximately 2,300 people per year are supported by services that support people with a hearing impairment.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

On average, approximately 2,200 people per year are supported by services that support people with a visual impairment.

Sensory impairment support services by gender

Female	675
Male	377
Transgender	1
Prefer not to say	0
Total	1053

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

On average, approximately 80 people with HIV per year are supported by services.

HIV support services by gender

Female	48
Male	57
Transgender	0
Prefer not to say	0
Total	105

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

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

More people of working age will be impacted.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

The numbers of males and female using the physical disability services support services are much more evenly balanced.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

Yes. With regard to sensory impairment, women have a higher proportionate use of many affected services when compared with local population demographics. From the data returns received, 64% of sensory impairment support services are female.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

The numbers of males and female using the physical disability services support services are much more evenly balanced.

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

Significant numbers of women are impacted by these proposals either as users of the services or as carers for people affected. Women using the HIV support services are more likely to also be caring for young children.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see **f** below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

g) How will any mitigation measures be monitored?

Monitor progress on

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

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

No impact

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

No impact

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

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

Population estimates by religion in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

Religion and belief 2011 - districts

Religions	All people	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religions	No religion	Not stated
Geography										
England & Wales	56075912	33243175	247743	816633	263346	2706066	423158	240530	14097229	403803
South East	8634750	5160128	43946	92499	17761	201651	54941	39672	2388286	635866
East Sussex	**526671**	**315659**	**2190**	**1501**	**1074**	**4201**	**178**	**3508**	**155723**	**42637**
Eastbourne	99412	59232	482	429	211	1458	53	586	28995	7966
Hastings	90254	46832	475	423	142	1159	38	668	33066	7451
Lewes	97502	55572	489	257	320	558	42	603	31641	8020
Rother	90588	58706	290	171	170	460	12	525	22864	7390
Wealden	148915	95317	454	221	231	566	33	1126	39157	11810

Religion and belief 2011 – districts (%)

Religions	All people	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religions	No religion	Not stated
Geography										
England & Wales	100	59.3	0.4	1.5	0.5	4.8	0.8	0.4	25.1	7.2
South East	100	59.8	0.5	1.1	0.2	2.3	0.6	0.5	27.7	7.4
East Sussex	**100**	**59.9**	**0.4**	**0.3**	**0.2**	**0.8**	**0**	**0.7**	**29.6**	**8.1**
Eastbourne	100	59.6	0.5	0.4	0.2	1.5	0.1	0.6	29.2	8
Hastings	100	51.9	0.5	0.5	0.2	1.3	0	0.7	36.6	8.3
Lewes	100	57	0.5	0.3	0.3	0.6	0	0.6	32.5	8.2
Rother	100	64.8	0.3	0.2	0.2	0.5	0	0.6	25.2	8.2
Wealden	100	64	0.3	0.1	0.2	0.4	0	0.8	26.3	7.9

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Responses to this data request at client/carer level are not adequate enough to draw reasonable conclusions. However, data returned by providers from these services for the period October 2014 to March 2015 are as follows:

The nature of some of the services provided mean that contact with beneficiaries is very brief or simple – for example, someone may telephone for advice, drop in to get a battery changed on their hearing aid or call in to see a piece of kitchen equipment which has been recommended by an occupational therapist. In these circumstances, it is not proportionate for the organisations to log detailed monitoring data.

The data returned by the providers on clients using services reflects this; the figures below are for the period October 2014 – March 2015 and represent those who responded to the request for information. Therefore, this data is included useful as a guide to ratios.

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

On average, approximately 80 disabled people per year are supported into employment or to retain employment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

On average, approximately 2,200 disabled people per year are supported through the Centre for Independent Living.

Physical disability support services

Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Prefer not to say	Other
58	0	0	0	12	0	109	2

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

On average, approximately 2,300 people per year are supported by services that support people with a hearing impairment.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

On average, approximately 2,200 people per year are supported by services that support people with a visual impairment.

Sensory impairment support services

Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Prefer not to say	Other
246	0	0	0	1	0	43	436

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

On average, approximately 80 people with HIV per year are supported by services.

HIV support services

Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Prefer not to say	Other
2	0	0	0	0	0	103	0

It is interesting to note that the majority of people responding to the question about religion/belief indicated that they preferred not to say or selected other.

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

Because the responses to data collect are so limited, ie. People selecting 'prefer not to say', it is difficult to assess where people who identify as having a particular religion or belief will be more impacted than those who do not.

d) What is the proposal, project or service's impact on the people with different religions and beliefs?

Because the responses to data collected are so limited, ie. People selecting 'prefer not to say', the impact on the Protected Characteristic is unknown.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see **f** below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/family members to discuss ways in which the negative impact could be reduced. This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

g) How will any mitigation measures be monitored?

Monitor progress on

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

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

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

Estimates of the UK LGB population generally vary between 5%-7% of the overall population (www.stonewall.org.uk). The Office of National Statistics (ONS) estimate is lower than this, based on responses to surveys. All estimates are subject to the very significant caveat that many LGB and T people are reluctant to 'come out' to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected sexual orientation or gender identity data to date.

Estimates of the UK LGB population generally vary between 5%-7% of the overall population (www.stonewall.org.uk). The Office of National Statistics (ONS) estimate is lower than this, based on responses to surveys. All estimates are subject to the very significant caveat that many LGB people are reluctant to 'come out' to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected sexual orientation or gender identity data to date.

Taking the Stonewall estimate as a guide, this means that in East Sussex, with a population of 527,209 (2011 Census), 26,360 – 36,904 people, including older people, are likely to be LGB. http://www.eastsussexjsna.org.uk/briefings.aspx.

Population over 65 (2011) with *estimated* (5% Estimate) numbers of LGB people over 65 by district in East Sussex.

Age	**All people**	**65+**	**65+ %**	**65+ male**	**65+ male%**	**65+ female**	**65+ female%**
Geography							
England and Wales	56075912	9223073	16.4	4096161	7.3	5126912	9.1
South East	8634750	1482020	17.2	656272	7.6	825748	9.6
East Sussex	**526671**	**119763**	22.7	52124	9.9	67639	12.8
Eastbourne	99412	22303	22.4	9363	9.4	12940	13
Hastings	90254	15401	17.1	6803	7.5	8598	9.5
Lewes	97502	22154	22.7	9623	9.9	12531	12.9
Rother	90588	25763	28.4	11174	12.3	14589	16.1
Wealden	148915	34142	22.9	15161	10.2	18981	12.7

Age	All people	65+	65+ LGB (5%)
Geography			
England and Wales	56075912	9223073	
South East	8634750	1482020	
East Sussex	**526671**	**119763**	5988
Eastbourne	99412	22303	1115
Hastings	90254	15401	770
Lewes	97502	22154	1107
Rother	90588	25763	1288
Wealden	148915	34142	1707

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Responses to this data request at client/carer level is not adequate enough to draw reasonable conclusions.

The nature of some of the services provided mean that contact with beneficiaries is very brief or simple – for example, someone may telephone for advice, drop in to get a battery changed on their hearing aid or call in to see a piece of kitchen equipment which has been recommended by an occupational therapist. In these circumstances, it is not proportionate for the organisations to log detailed monitoring data.

The data returned by the providers on clients using services reflects this; the figures below are for the period October 2014 – March 2015 and represent those who responded to the request for information. Therefore, this data is included useful as a guide to ratios.

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

On average, approximately 80 disabled people per year are supported into employment or to retain employment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

On average, approximately 2,200 disabled people per year are supported through the Centre for Independent Living.

Physical disability support by sexual orientation

Heterosexual	Gay men	Lesbian women	Prefer not to say
149	6	2	55

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

Sensory impairment support by sexual orientation

Heterosexual	Gay men	Lesbian women	Prefer not to say
306	1	2	122

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

There is a higher proportion of gay men who use HIV support services compared to the rest of the population.

HIV support by sexual orientation

Heterosexual	Gay men	Lesbian women	Prefer not to say
65	32	0	8

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

A significant number of people use the HIV service are gay men and therefore would be affected more than those in the general population.

d) What is the proposal, project or service's impact on people with differing sexual orientation?

HIV support service – if this service is decommissioned this would affect gay men who are significantly represented amongst people with HIV .

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see **f** below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

e) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

g) How will any mitigation measures be monitored?

Monitor progress on

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

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

4.9.1 Rural population

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

Population by urban and rural areas in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

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

The urban rural split of clients and their carers using the affected services broadly reflects the local population demographics

Physical disability support

People living with physical disabilities living in rural areas are much more likely to face isolation due to lack of community facilities designed to meet their needs and also as a result of poor transport infrastructure. Peer support networks may also be difficult to establish and maintain,

Sensory impairment Support

People living with sensory impairments in rural areas are much more likely to face isolation due to lack of community facilities designed to meet their needs and also as a result of poor transport infrastructure. Peer support networks may also be difficult to establish and maintain,

HIV support

People living with HIV in rural areas are much more likely to face isolation and stigma due to the lack of community facilities, peer support groups and reduced access to primary care support due to transport challenges.

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

Yes. People who live in rural areas tend to be more isolated due to access issues as they may find accessing transport or specialist support very difficult or prohibitively costly.

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

Some people who use the services affected by the proposal live in rural areas.

Many people living in rural areas have limited access to public transport and will struggle to access services/alternative services.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see **f** below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

g) How will any mitigation measures be monitored?

Monitor progress on

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

Carers

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

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

There are 59,409 unpaid carers in East Sussex (source: ONS Census 2011) and of these unpaid carers, 38,611 (65%) are over 50 of which 16,233 (27%) are over 65.

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

Many carers rely on services affected by the proposal to support the cared for person or to provide information and advice to support the cared for person.

Physical disability support

Data monitoring returns for the period October 2014 – September 2015 indicate that an average of **92** carers per quarter benefit from these services.

Sensory impairment support

Data monitoring returns for the period October 2014 – September 2015 indicate that an average of **478** carers per quarter benefit from these services.

HIV support

Data monitoring returns for the period October 2014 – September 2015 indicate that an average of **5** carers per quarter benefit from these services.

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

Carers often provide a significant amount of care and rely on services affected by the proposal to provide regular respite so that they can attend to a wide range of other roles they fulfil, eg, household or paid work, caring for children.

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

The proposal is likely to impact on carers' health and wellbeing and ability to continue to support the cared for person..

Carers for people with physical disability and /or sensory impairment will be particularly impacted as any reduction in the independence and wellbeing of their cared for person will have a direct, negative on the carer.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see **f** below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

g) How will any mitigation measures be monitored?

Monitor progress on

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

4.9.2 People on low incomes

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

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

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

People on low incomes may rely on services affected by the proposal to support them to maintain their independence and reduce social isolation.

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

Yes. Across East Sussex 28.7% of the general population live on low incomes and this ranges from 22.6% in Wealden to 34.77% in Hastings. In addition disabled people are currently affected by changes to disability related benefits such as Disability Living Allowance (DLA) and the transition to Personal Independence Payments (PIP) with the overall effect of reducing income. This follows the closure of the Independent Living Fund (ILF) has affected some disabled people in addition.

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

People on low incomes may struggle to maintain their independence and suffer increased social isolation.

Those on lower incomes have fewer options in terms of alternative means to access other services (e.g. paying for a taxi to get to day activities or funding own transport home from hospital).

Evidence shows that loneliness and isolation in older people are associated with low income (particularly being 80 years old or more) (Age UK, 2010). So these proposals could further increase social isolation risk factors for people on low incomes.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see **f** below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

The Public Health Warm Homes initiative will focus on those people who are most vulnerable, including disabled and older people on low incomes.

g) How will any mitigation measures be monitored?

Monitor progress on

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

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

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

Part 5 – Conclusions and recommendations for decision makers

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

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

The proposal is expected to have a negative impact.

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

X	Outcome of impact assessment	Please explain your answer fully.
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	The proposals risk **serious adverse impact** for disabled people as individuals in the case of people with HIV as a result of significantly increased early mortality or severe ill-health (HIV) and risk of loss of family life for children of people with HIV. There is an additional risk of increased HIV infection if vulnerable people are not aware of how the condition is transferred. In addition, **serious adverse impact** is a risk for people with visual impairments or dual sensory loss where removal of services may result in increased likelihood of accident and injury. Section 77 of the Care Act 2014 requires that people who are certified as visually impaired get the support they require to prevent further complications related to their impairment. Disabled people with sensory impairments and physical disabilities will be disadvantaged by the removal or reduction in support and advice to live independently and have equality of opportunity in daily life, equal access and mobility. Disabled and older people who lack the communication skills, alternative personal support; or personal capacity will be disadvantaged as a result of their impairments to enable fair access to services. Other disabled clients without these needs who are
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
X	**C Continue the policy/strategy -** This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate **C Applies to all services/objectives**	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it *must* be removed or changed. **D Applies to HIV support services and Visual Impairment support services.**	

		not disadvantaged in this way will be more able to ensure that their eligible care and support needs are met. Information and advice and provision of equipment and training is a responsibility under the Care Act 2014

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

See Action Plan.

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

Regularly.

Date completed:	**14 December 2015**	**Signed by (person completing)**	**Angela Yphantides**
		Role of person completing	**Strategic Commissioner**
Date:		**Signed by (Manager)**	

Part 6 – Equality impact assessment action plan

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

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

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

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

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
All objectives	Alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notification period between February and May 2016.	Angela Yphantides	February 2016	TBC	EIA & Cabinet Report
All objectives	Ongoing negotiation with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.	Angela Yphantides	February 2016	TBC	EIA & Cabinet Report
All objectives	ESCC and service providers will need to work together with clients and carers/family members to discuss ways in which the negative impact could be	Angela Yphantides	February 2016	TBC	EIA & Cabinet Report

	reduced.				
All objectives	Support for communication needs of people with autism and learning disabilities during de-commissioning stages	Angela Yphantides	February 2016	TBC	EIA & Cabinet Report
All objectives	Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning) Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team) Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)	Angela Yphantides	February 2016	TBC	EIA & Cabinet Report

6.1 Risk

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

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
For all objectives, there is a significant risk to the health and wellbeing of vulnerable adults and older people, and their dependents and/or unpaid carers	Moral and financial	Potentially.	EIA & Cabinet Report	Angela Yphantides	February 2016
For all objectives, there is a significant risk to the mental health of vulnerable adults and older people, and their dependents and/or unpaid carers	Moral and financial	Potentially.	EIA & Cabinet Report	Angela Yphantides	February 2016
For all objectives, there is a significant risk to the dependent children of vulnerable adults who will not continue to receive the support of their parent/carer, and may result in them taking on additional caring responsibilities, or may jeopardise their ability to continue living with the vulnerable adult affected by the proposals	Moral and financial	Potentially.	EIA & Cabinet Report	Angela Yphantides	February 2016
For all objectives, there is an impact on wider health and social care services, eg. primary care, A&E, ambulatory care, acute as these services feel the impact of removing preventative services.	Financial	Potentially.	EIA & Cabinet Report	Angela Yphantides	February 2016
2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities	Moral and financial	Potentially	EIA & Cabinet Report	Angela Yphantides	February 2016

ASC-eligible and non-eligible clients, residents who fund their own care and residents who do not wish to engage with ASC are at risk of losing services which support them to live at home more independently for longer through the provision of specialist support and BSL interpreting to gain and retain employment. There is a risk that when disabled residents seek to gain or retain employment, but face significant barriers to this because of their disability or stigma, they will develop increased needs and greater dependency because they lack the specialist advice information, support and particularly communication support to work.					
2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities **Objective 1: A user led centre for independent living** ASC-eligible clients and non-eligible residents who fund their own care and residents who do not wish to engage with ASC are at risk of losing services which support them to live at home more independently for longer. There is a risk that when people need specialist advice or information on disability-related issues, particularly on community equipment and Technology enabled care services from the perspective of an independent disabled person, this will not be available.	Moral and financial	Potentially	EIA & Cabinet Report	Angela Yphantides	February 2016

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services ASC-eligible clients and non-eligible residents who fund their own care and residents who do not wish to engage with ASC are at risk of losing services which support them to live at home more independently for longer. There is a risk that when people need specialist advice or information on hearing impairment-related issues from the perspective of an independent hearing impaired person or person with specialist knowledge on HI, this will not be available. There is a risk that people with a right to community equipment which helps them retain their independence for longer, do not have this provided by a person with specialist knowledge of their HI.	Moral and financial	Potentially	EIA & Cabinet Report	Angela Yphantides	February 2016
Objective 3 Support for people with a visual impairment and those with dual sensory loss. ASC-eligible clients and non-eligible residents who fund their own care and residents who do not wish to engage with ASC are at risk of losing services which support them to live at home more independently for longer. There is a risk that when people need specialist advice or information on visual impairment-related issues from the perspective of an independent visually impaired person or person with specialist knowledge on VI, this will not be	Moral and financial	Potentially	EIA & Cabinet Report	Angela Yphantides	February 2016

available. There is a risk that people with a right to community equipment which helps them retain their independence for longer, do not have this provided by a person with specialist knowledge of their VI. There is a risk that people who are certified as visually impaired do not get the support they require to prevent further complications related to their impairment, as required in Section 77 of the Care Act 2014					
2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV **Objective 2: Support to enable people with HIV to improve self-management skills and live more independently** ASC-eligible clients and non-eligible residents who fund their own care and residents who do not wish to engage with ASC are at risk of losing services which support them to live at home more independently for longer. There is a risk that when people need specialist advice, information or support on HIV-related issues, particularly on how to manage challenging medication regimes and to deal with the continued significant stigma that people with HIV experience from the perspective of people with HIV or people who have specialist knowledge and HIV will not be available. There is an additional risk of increased HIV infection if vulnerable people are not aware of how the condition is transferred.	Moral and financial	Potentially	EIA & Cabinet Report	Angela Yphantides	February 2016

East Sussex County Council

Equality Impact Assessment

Name of the proposal, project or service
Decommissioning of Commissioning Grants Prospectus Advocacy Outcome

File ref:		Issue No:	
Date of Issue:	January 2016	Review date:	January 2017

Contents

How to use this form

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

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

You can delete the comments as you would for normal text, but they will not show up if you print out the form.

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

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

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

1.3 The Public Sector Equality Duty (PSED)

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

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

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

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

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

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

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

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

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

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

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

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

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

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision,this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.

- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

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

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

2.1 What is being assessed?

a) Proposals to reduce funding for Advocacy Support Services:

Proposal is to de-invest in POhWER, a community advocacy charity. POhWER provide a variety of advocacy support and interventions to enable people with a learning disability and those people with PDSI (Physical Disability and Sensory Impairment) to make informed choices, express their views and exercise full rights as citizens. The appropriate advocacy support required will depend on the individual/s and the support required in each case. An individual may access different types of advocacy support for different reasons or at different times. Types of advocacy support will include:

- Short term case work advocacy (around 70% of direct advocacy hours)
- Citizen advocacy (around 20% of direct advocacy hours)
- Drop-in advocacy (around 10% of direct advocacy hours)

b) What is the main purpose of these proposals?

Due to spending reviews, Adult Social Care had to reduce budgets allocated to projects and services. Within this context Adult Social Care has sought to protect, as far as possible, statutory services for vulnerable adults. However, withdrawal of funding from services may have significant impact on the lives of current and potential users. It is understood that funding being reduced or taken away completely may have significant impact on the lives of current and potential users. This may mean that advocacy services may be delivered in a different way or not at all. Adult Social Care has to consider the impact of potential loss of funding.

c) Manager(s) responsible for completing the assessment

Richard Lewis, Strategic Commissioning Manager

2.2 Who is affected by the proposals? Who is it intended to benefit and how?

This proposal affects those who are using POhWER, who are commissioned to provide a number of advocacy services for adults over 18, including those who are receiving Adult Social Care including:

- People with physical disabilities
- People with autism
- People with a sensory impairment
- Older people
- Peoples whose first language is not English
- People who have experienced discrimination or exclusion

From April 1 2015, the Care Act extended the right for eligible people to have independent advocacy to help them be actively involved in their care and support process, including their:

- Care assessments
- Care and support planning
- Care and support reviews
- Safeguarding enquiries

- Safeguarding adult reviews (previously known as serious case reviews).

This provision is for people who have substantial difficulty in being involved with the assessment of their needs or with their care planning or care reviews, if they have nobody appropriate to help them be engaged. ESCC Adult Social Care needs to be able to make referrals to an advocacy service. Advocacy supports individuals to understand the 'system', understand the consequences of their decisions and make informed decisions. Advocacy under the Care Act will apply from the point of first contact with the local authority and at any subsequent stage of the assessment, planning, care review, safeguarding enquiry or safeguarding adult review. If the person does not have an "appropriate adult" to support them, then an independent advocate will be appointed to support and represent them in the following:

- A needs assessment
- A carer's assessment
- The preparation of a care and support or support plan
- A review of a care and support or support plan
- A safeguarding enquiry
- A safeguarding adult review
- An appeal against a local authority decision under Part 1 of the Care Act (subject to further consultation).

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

The proposal of de-investment has gone through a process of consultation and iGrace process. There will also be consultation with providers in partnership with Richard Lewis to agree a plan. If the Council decide to go ahead with these budget proposals this service could be decommissioned. A three month notice period will be served on this provider. The provider will be asked to communicate this to people using the service at that time and work to identify action for them, where appropriate.

Options may include information and advice about alternative services where available, or referral to ASC for assessment and support planning where it seems that the client or their carer may have eligible needs in terms of the Care Act 2014 and the well-being principle or require advocacy. For clients of carers who have a current assessment and support plan (which may or may not include the service): an action will be provided to advise them to contact their social worker for review if they are concerned that their eligible needs may no longer be manageable and they require advice and guidance, advocacy or further support planning.

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

Adult Social Care has been working in partnership with POhWER since 2010. Last year POhWER supported 835 people in the County. POhWER support 247 people with PDSI and 116 people with LD. POhWER provides an independent advocacy service across a number of services:

- People with physical disabilities
- People with autism
- People with mental health issues
- People with a sensory impairment

- Older people
- Peoples whose first language is not English
- People who have experienced discrimination or exclusion

POhWER also sub-contract with VANDU for provision of a service where the client requires additional support with a spoken language other than English.

Although people accessing ASC may use it for multiple reasons, for the purposes of this EqIA the primary reason for our service users using advocacy service will be because they are people with a disability. POhWER will deal with issues about adult social care services provided by the council. POhWER provides a free service and independent service to support adults who have physical or sensory disabilities and/or have difficulties expressing their needs.

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

This proposal is affected by the Care Act 2014, which has a new advocacy provision. The Care Act introduces new statutory advocacy from April 2015. This is for people who have substantial difficulty in being involved with the assessment of their needs or with their care planning or care reviews, if they have nobody appropriate to help them be engaged.

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

People can either self-refer or be referred to by professionals to POhWER. There is a form that can be downloaded on the website, which is then sent onto the contact centre. Once a referral is made to the contact centre it is assessed by staff and allocated if they are deemed eligible to use the services.

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

Once a referral is made the service will access qualification of services if they are in receipt of East Sussex Adult Social Care Learning Disability Services. For those who do not meet the criteria for accessing POhWER services individuals will be signposted to other agencies.

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

Provider will ensure a range of support and service is available to people with a learning disability across East Sussex. The service will provide a network of advocacy support for adults with learning disabilities who are eligible for East Sussex Adult Social Care Learning Disability Services and provide effective signposting to other agencies for those individuals that do not meet eligibility.

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

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

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

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

None.

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

From April 1 2015, the Care Act extended the right for eligible people to have independent advocacy to help them be actively involved in their care and support process, including their:

- Care assessments
- Care and support planning
- Care and support reviews
- Safeguarding enquiries
- Safeguarding adult reviews (previously known as serious case reviews).

This provision is for people who have substantial difficulty in being involved with the assessment of their needs or with their care planning or care reviews, if they have nobody appropriate to help them be engaged. ESCC Adult Social Care needs to be able to make referrals to an advocacy service. Advocacy supports individuals to navigate the 'system', understand the consequences of their decisions and make informed decisions. Advocacy under the Care Act will apply from the point of first contact with the local authority and at any subsequent stage of the assessment, planning, care review, safeguarding enquiry or safeguarding adult review. If the person does not have an "appropriate adult" to support them, then an independent advocate will be appointed to support and represent them in the following:

- A needs assessment
- A carer's assessment
- The preparation of a care and support or support plan
- A review of a care and support or support plan
- A safeguarding enquiry
- A safeguarding adult review
- An appeal against a local authority decision under Part 1 of the Care Act (subject to further consultation).

ASC has adopted a policy to refer individuals to independent advocacy where they lack capacity in a safeguarding context but do not require the in-put of an IMCA. This helps deliver Making Safeguarding Personal by ensuring a focus on the individual's desired outcomes when they need support to have a voice.

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

East Sussex County Council engaged, communicated and informed service users, carers, their families, representatives from the services and other key stakeholders openly transparently and appropriately. There was a comprehensive number of engagement activities, consisting of an 8-week consultation period from the 23 October until the 18 December 2015.

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

We have tried to ensure that messages about potential changes have been repeated regularly so that information is shared in an accessible way and any concerns can be raised. There was an easy read presentation and accompanying literature to the presentation to communicate the potential to de-invest. Our methods included:

1. Learning Disability Partnership Board
2. Involvement Matters team
3. Locality Network Consultations.
4. Drop in awareness raising events.
5. Sent information to providers and clients (Easy Read)
6. Meeting with CLDT's in Health and ASC
7. POhWER have been consulting with their users
8. Inclusion Advisory Group (this took place on 3rd November 2015. Comments on the proposals are below).

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

This consultation is wide ranging. The feedback is that advocacy is an invaluable and already limited resource that should not be cut. There is also a view that, as other services are vulnerable to cuts, advocacy will be ever more important.

There is also recognition of the obligations of East Sussex County Council under the Care Act.

Inclusion Advisory Group 3rd November 2015

Key points of the discussion:

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

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

Some people will be impacted multiply e.g. disabled people overall and especially people with mental health issues and those where housing options are being removed or reduced where there is a high continuing demand e.g. mental health services, homelessness services, young people's services. A high likelihood of increasing numbers of people living on the streets.

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

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

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

Risks

- Risk of removing services that offer early intervention and support choice and control for individuals
- Pushing people into crisis and then needing to meet their needs: this makes a crisis hard to recover from.
- Higher residential, hospital and crisis intervention costs than support in the community.
- Risk about social isolation in sheltered housing and escalating need.
- Risk about carers – not being able to meet the requirements of the Care Act about health and wellbeing
- Compromises people choice and control.
- Loss of voluntary sector capacity and services
- Big impact on mental health clients -loss of community based services now helping people learn independence and recovery skills
- Loss of buildings and staff- hard to replace once gone
- Hard to source other funds- loss of smaller more vulnerable organisations
- Increased homelessness and mental health issues- particular concerns about young people in need and risk of homelessness from SP reductions.
- Increase in hardship and poverty in rural areas, loss of support, increased social isolation. Increasing cost of living in ES.

- Multiple impact on people with mental health issues.
- Risk of loss of peer support networks and skills.
- Potential increase in suicide and complex problems
- Increase in substance misuse
- Risk about more people being on streets, risk around gender, mental health, mothers and children, rural areas, things that will combine e.g. people on low incomes in rural areas.
- Risk of assumptions about families stepping in and the impact this might have, e.g. on LGBT people and older people.
- Risk to volunteering -volunteers may be impacted by cuts and less able to carry out voluntary work
- Increased charges for voluntary organisations services.- risk to people on low incomes.

Recommendations

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

Public consultation results

People raised the fact that advocacy is an essential service helping people to be independent and is needed by the most vulnerable. Some people won't be able to speak up for themselves without this service. Social workers don't provide the same level of 1-2-1 support and BME people's ability to access support and services would be affected.

"Advocacy is an essential service…to help people understand their rights and choices in sometimes very difficult and delicate situations can be paramount to their wellbeing."

"Concerned about large amount of cuts in this area, for older people particularly. Don't feel social workers or other staff provide the same level of 1-1 service. I may not get the support I need in future, no one to talk to about my concerns or help me get the services I need in future'

'I do not know what I would have done without an advocate to help me through the process and support me when I thought everyone else was against me. It's the help in getting what I feel onto paper so that it makes sense and is not a jumble and also to sit beside me at meetings so that it is not just me and two or three others against me. Without your help in the future I may as well give up'

IT – Client – carer for mother – support given to support him through Financial Assessment and Appeals, Safeguarding, change of care home for mother and support to get her back home

Advocacy has a vital role to play in giving people and their families a voice in their own care, particularly at times when people might need independent support to make choices about their health and wellbeing.

"I think that giving people a voice is extremely important and one of their most basic human rights, therefore if you take funding away from an advocacy service and support away from them at home or from a day service, some will not be able to speak up for themselves"

'It was obvious when the man from Adult Social Care arrived that he was only interested in cutting the money I receive. He would not listen to me and kept saying that cuts had to be made. This made me feel so anxious and I couldn't cope. My breathing became so bad I couldn't speak to him. I am so thankful an advocate came to my aid. He was able to explain that it was not about saving money or cuttings costs it was about meeting my needs. Helped take the pressure off me, spoke to me about what I wanted and we put everything down in writing explaining what kind of care I needed and how I spent my money. I am not able to function if I am pressured and I needed the help of an advocate to get my point across' EA – client – supported at care review following the end of the Independent Living Fund

Concerns were raised about the importance of advocacy when looking at financial matters and the negative impact if Advocacy were not available

'I was shocked to hear that they were thinking of making cuts to advocacy! How can they? My care package was cut by two thirds by someone who did not understand my condition and appeared only to care about saving money. I would have been left in a very vulnerable position, losing my PA who helps me prepare healthy meals and do things I cannot do because of my illness. It was only when I instructed an advocate did it seem as if people listened. The advocate helped me write an excellent appeal letter that explained why I needed the help I was getting. He supported me during meetings and helped me when I had forgotten things I wanted to say. This help and support enabled me to get back most of my care package, keep my PA and continue to access the community. I could not have managed this without the support of an advocate.' GV – client – supported at Care review meeting and financial assessment

'I was told that I owed East Sussex over £1,200 and I knew that I always paid my debts and could not owe them anything. I explained and asked them to check but they said I owed the money and had to pay. I complained and still they insisted I had to pay. In the end someone suggested I get an advocate from Pohwer to help me and I am so glad I did. He was able to go through my paperwork with me and he too could not see where I owed money. He said he would speak to East Sussex and almost immediately they found they had made a mistake. I think without an advocate they would not have looked more closely and I could have ended up in Court as I did not have the money to pay.' PT – client – supported to challenge an outstanding debt with ESCC

Professionals have described the value of advocacy both in supporting peoples rights and that their independence can make the process easier and save time:

I have now reviewed and ended my involvement with MB as she appears happier and there are no further actions to consider. Obviously we will be reviewing residents on a regular basis and checking the incident reports received. We have an incident tracker and we will keep a close eye on this until all issues resolved in home. I don't know how clients will manage without the support of advocacy.

Thank you for all your help. (Social Worker)

I have mentioned it to professionals at various units and pointed them towards the online form. They have all expressed that they would not want the service to be changed or affected as they are grateful to have advocates visiting the units and saying we provide a much needed service to the patients. – Reported by Advocacy provider

Today a professional told me that now the patients on her ward all seem keen to hear from or speak to the advocate about any issues they may have when previously they have been ambivalent and it is good to see them making use of the service. It would not be good for them if it were to stop being available. – reported by Advocacy provider

The Advocacy provider also offered an organisational response which includes the following section:

There can also be no further reduction in funding for statutory advocacy services, such as IMHA and Care Act advocacy. As statutory services Local authorities have to make available the necessary resources to meet demand.

Given significant reductions being planned in other areas of support, there is again a significant risk that there will be increased demand on these services. For example, we know that during times of austerity incidences of mental ill health increase. If there is not sufficient community support available, people can fall into crisis, losing their job or even their home. This places a significantly increased pressure on already stretched mental health services and well as local authority resources for re-homing etc.

The Care Act also places the responsibility on local authorities to ensure people are able to fully understand and participate in decisions being made about their care and treatment. With an ageing population, more people will require statutory advocacy support to engage in and navigate the assessment process. Therefore sufficient resources for the advocacy service to support this must be protected.

Please also refer to our community impact report. Hard copies have been sent.

Roan Dyson – Director, POhWER

If the service wasn't available people wouldn't get the support they need to access services and support, particularly mental health services and BME clients.

Comments were also made on how removing advocacy services could lead to reduced quality of life, increased social isolation, deterioration in mental health.

As well as not making the savings, suggestions included: giving plenty of notice, working with partners through any changes and talking honestly with people about what it means.

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

Part 4 – Assessment of impact

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

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

The overall population of East Sussex is 539,766. East Sussex has a higher than average older population with around 24.7% of people aged over 65, compared to the national average of 17.7%. There are 282,320 people aged 45+ (52.4%) (*ONS Mid-Year Population Estimates in June 2014)*. In East Sussex, and 20,022 (3.8%) of these are aged over 85 – East Sussex has one of the highest populations of people aged 85+ in the UK. (2011 mid-year estimates based on 2011 Census data). The tables below shows projected figures in 2014 and how there is a growing older population.

	All people	**0-15**	**16-29**	**30-44**	**45-64**	**65+**
East Sussex	539,766	92,380	77,698	87,338	149,255	133,095
Eastbourne	101,547	17,282	16,542	17,931	25,409	24,383
Hastings	91,093	17,022	15,526	16,851	24,558	17,136
Lewes	100,229	17,380	13,822	16,344	28,231	24,452
Rother	92,130	13,943	11,493	12,045	26,248	28,401
Wealden	154,767	26,753	20,315	24,167	44,809	38,723

Population estimates by age groups as in June 2014 in East Sussex and its districts

(source: ONS Mid-Year Population Estimates)

Age group Geography	All people	0-15	16-29	30-44	45-64	65+
England and Wales	100.0	18.9	18.3	19.8	25.3	17.7
South East	100.0	19.0	17.0	19.4	26.0	18.6
East Sussex	100.0	17.1	14.4	16.2	27.7	24.7
Eastbourne	100.0	17.0	16.3	17.7	25.0	24.0
Hastings	100.0	18.7	17.0	18.5	27.0	18.8
Lewes	100.0	17.3	13.8	16.3	28.2	24.4
Rother	100.0	15.1	12.5	13.1	28.5	30.8
Wealden	100.0	17.3	13.1	15.6	29.0	25.0

Percentage of population estimates by age groups as in June 2014 in East Sussex and its districts (source: ONS Mid-Year Population Estimates)

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

Table 4a - Age of clients with new cases (Physical Disability and Sensory Impairment)

Age Range	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
16 - 24	4	5%	3	6%	4	5%	0	0%	7	3%
25 - 29	3	4%	3	6%	3	4%	0	0%	8	4%
30 - 34	0	0%	3	6%	0	0%	1	2%	7	3%
35 - 39	2	3%	0	0%	2	3%	4	7%	8	4%
40 - 44	4	5%	4	8%	4	5%	6	11%	17	8%
45 - 49	2	3%	6	12%	2	3%	3	6%	13	6%
50 - 54	7	9%	3	6%	7	9%	8	15%	21	10%
55 - 59	7	9%	7	14%	7	9%	4	7%	20	9%
60 - 64	10	13%	6	12%	10	13%	5	9%	25	11%
65 - 69	3	4%	4	8%	3	4%	5	9%	13	6%
70 - 74	5	6%	3	6%	5	6%	3	6%	12	5%
75+	33	41%	9	18%	33	41%	15	28%	68	31%
Prefer not to say	5		11		5		7		28	
Total By Quarter	**39**		**62**		**85**		**61**		**247**	

POhWER Community Advocacy Report (For the period of Q4 - 1 October, 2014 - 30 September, 2015)

Table 4a - Age of clients with new cases (Learning Disability)

Age Range	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
16 - 24	1	6%	4	15%	1	4%	7	22%	13	13%
25 - 29	3	17%	3	12%	2	8%	4	13%	12	12%
30 - 34	2	11%	1	4%	3	13%	1	3%	7	7%
35 - 39	1	6%	2	8%	0	0%	1	3%	4	4%
40 - 44	3	17%	6	23%	4	17%	2	6%	15	15%
45 - 49	4	22%	5	19%	0	0%	1	3%	10	10%
50 - 54	1	6%	1	4%	3	13%	2	6%	7	7%
55 - 59	1	6%	1	4%	5	21%	4	13%	11	11%
60 - 64	0	0%	1	4%	3	13%	3	9%	7	7%
65 – 69	1	6%	1	4%	3	13%	1	3%	6	6%
70 – 74	1	6%	1	4%	0	0%	3	9%	5	5%
75+	0	0%	0	0%	0	0%	2	6%	2	2%
Prefer not to say	2		4		6		5		17	
Total By Quarter	**20**		**30**		**30**		**36**		**116**	

POhWER Community Advocacy Report (For the period of Q4 - 1 October, 2014 - 30 September, 2015)

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

Yes.

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

The two ASC groups that access POhWER – PDSI and LD are showing different usage across the age demographics. Whilst for people accessing advocacy because of PDSI they are more likely to be in the older age groups with 31% of clients being over 75 years old and 30% of new cases within the year were for those using POhWER between the ages of 50-65.

For those people with a PDSI another significantly large age group using their services are those clients between the ages of 50-65 who are 30% of new cases within the year, which suggests a larger cohort of PDSI clients being older.

There is a much lower percentage of older people over the age of 75 accessing advocacy amongst those people with LD, only 2% of those people with LD accessed advocacy services. For those with LD the clients groups are much more spread out, by far the largest group is from the 40-44 group which is 15% of all new cases over the year, the 16-24 and 25-29 have a share of 13% and 12% respectively. 73% of all the people with Learning Disabilities who used advocacy were between the ages of 25-64. Of those people with LD over 65 only 13 percent use it in comparison to 42% of over 65s of those people with PDSI.

The likely age profiles for these groups are different depending on whether the person is accessing advocacy as a PDSI or LD client. A person with a PDSI is more likely to be older than a person with LD. A person with a LD is more likely to be of working age, going through transition into adult services, or if they have parent carers who are themselves becoming older are most likely to be accessing these services. So by de-investing in these services, different groups will be impacted. As these clients will already be accessing support from ASC because of their disability this will, for the most part, be their primary impacted protected characteristic. However, there are issues of double or even triple barriers to accessing services, within the age characteristic the prevalence of disability rises with age: in 2012/13, 7% of children were disabled (0.9 million), compared to 16% of adults of working age (6.1 million), and 43% of adults over state pension age (5.1 million) (source: Department for Work and Pensions, July 2014, Family Resources Survey 2012/2013). Disability increases the risk of need for support within the home (Linden et al. 1997, Avlund et al. 2001), hospitalisation (Wolinsky et al. 1994, Avlund et al. 2001), nursing home admission (Sonn et al. 1996, Laukkanen et al. 2000) and premature death (Jagger et al.1993, Sonn et al. 1996, Avlund et al. 1998). Older people with difficulties in carrying out daily activities are in a danger of losing independence when placement in a nursing home becomes a realistic alternative (Laukkanen et al. 2000). Such individuals need help to be able to remain community-dwelling. According to self-reports by elderly people, disabilities feature among the most important determinants of diminution in quality of life. Thus, not having advocacy can restrict the quality of life of individuals with PDSI and can be amplified further in older age.

Likewise, the importance of working aged people with learning disabilities not having advocates can impact on their life chances of finding employment, being represented in adult services and their being able to access everyday services. Poverty.org stated that: disabled adults were twice as likely to live in low-income households as non-disabled adults, and this has been the case throughout the last decade. For all family types, a disabled adult's risk of being in low income is much greater than that for a non-disabled adult.

For both groups there is a need for East Sussex County Council, as a local authority, to meet its obligation under the Care Act 2014 to provide access to an independent advocate to support the person's involvement in the assessment if required.

Case Study

E is a young man with sensory impairments and severe physical disabilities. He has extremely challenging behaviour and is unable to communicate verbally. He left mainstream school at 16 but was not placed anywhere as social services were unable to find him suitable care in the area – they wanted to send him out of the county into residential care, contrary to his parents' wishes.

So E stayed at home and his parents received little support from social services. As a result, E's behaviour worsened and he became even more challenging for his parents to look after. His parents were at their wits end and contracted POhWER for help and support.

After spending time with Eric and his family, getting to know what E wanted through the use of different communication techniques, the advocate was able to find Ea specialist day centre within the area. They took time to get to know him and as a result his behaviour has improved. His parents describe him as 'a different person' and both he and they are able to take far greater control of his health and well-being. The change in Eis not only benefitting him and his family but it will also mean less demand on social services in the future.

NB Removing advocacy is about not enabling people of working age – ASC need to ensure advocacy is maintained and in place for people of all ages.

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

To ensure we maintain an advocacy service which will meet our statutory duty under the Care Act 2014.

f) Provide details of the mitigation.

Ensure an accessible service is provided to people of all ages, impairments/disabilities and backgrounds through comprehensive equalities monitoring including wider data trends and service-user feedback.

g) How will any mitigation measures be monitored?

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

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

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

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

	All people	People with long term health problem and disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
East Sussex	526,671	107,145	58,902	48,243	419,526
Eastbourne	99,412	20,831	11,209	9,622	78,581
Hastings	90,254	19,956	10,375	9,581	70,298
Lewes	97,502	19,054	10,583	8,471	78,448
Rother	90,588	21,242	11,591	9,651	69,346
Wealden	148,915	26,062	15,144	10,918	122,853

Residents with limiting long-term illness in 2011 - super output areas

(source: ONS Mid-Year Population Estimates)

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

Table 4e - Disability of clients with new cases (Physical Disability and Sensory Impairment)

Client Group	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date
Acquired brain injury	1	2	2	1	**6**
Autism/ Asperger's Syndrome	1	1	2	0	**4**
Learning disabilities/difficulty	2	5	10	7	**24**
Long term illness/condition	6	17	16	8	**47**
Mental health	10	14	26	13	**63**
Mental Health - Dementia	3	1	12	3	**19**
Mental Health - Older Peoples'	0	0	2	1	**3**
Physical Disabilities	6	15	12	11	**44**
Sensory disabilities - blind - severe visual impairment	1	1	1	1	**4**
Sensory disabilities - deaf - severe hearing impairment	3	2	1	2	**8**
Stroke	3	2	0	6	**11**
Substance misuse	2	1	0	0	**3**
Total By Quarter	**38**	**61**	**84**	**53**	**236**

Table 4e - Disability of clients with new cases (Learning Disability)

Client Group	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date
Acquired brain injury	0	0	0	1	1
Autism/ Aspergers Syndrome	1	2	0	3	6
Learning disabilities/difficulty	26	26	20	28	100
Long term illness/condition	5	4	1	6	16
Mental health	4	5	7	6	22
Mental Health - Dementia	0	1	1	0	2
Physical Disabilities	4	4	2	2	12
Sensory Impairment – Hearing	0	0	1	0	1
Sensory Impairment – Vision	0	1	0	0	1
Stroke	2	1	0	0	3
Substance misuse	0	0	1	0	1
Total By Quarter	**42**	**44**	**33**	**46**	**165**

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

Yes.

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

For those people who have a LD or PDSI, if they are unable to access advocacy they will not be able to have access to many services as advocacy aims to enable people to access services. Advocacy supports people with a learning disability to speak up and have their views heard by the right people. Without advocacy people will not be supported to understand their rights, have more choice and control over their life, enable them to make choices about their support and have access to high quality information and advice. This service also has a number of self-advocacy groups in East Sussex that support people to speak up for themselves, to have a voice at meetings with the Council and local healthcare organisations and to look at issues which affect people with a disability in the whole County.

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

To ensure we maintain an advocacy service which will meet our statutory duty under the Care Act 2014.

Additional communication support needs will continue to be met as detailed in the specification.

f) Provide details of the mitigation.

Ensure an accessible service is provided to people of all ages, impairments/disabilities and backgrounds through comprehensive equalities monitoring including wider data trends and service-user feedback .

g) How will any mitigation measures be monitored?

- Examine provider data, trends and service-user feedback in regular contract monitoring meetings (Strategic Commissioning Team)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

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

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

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

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

Language Service suppliers report the following languages to be commonly in use in the county (June 2015):

British Sign Language, Mandarin, Czech, Polish, Portuguese, Russian, Bengali, Arabic, Albanian, Lithuanian, Turkish

Ethnicity Geography	All White	British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
England and Wales	86.0	80.5	0.9	0.1	4.4	2.2	7.5	3.3	1.0
South East	90.7	85.2	0.9	0.2	4.4	1.9	5.2	1.6	0.6
East Sussex	96.0	91.7	0.8	0.2	3.4	1.4	1.7	0.6	0.3
Eastbourne	94.1	87.4	1.0	0.1	5.6	1.8	2.8	0.8	0.5
Hastings	93.8	89.3	0.8	0.2	3.5	2.2	2.4	1.2	0.5
Lewes	96.6	92.5	0.8	0.1	3.2	1.3	1.4	0.4	0.3
Rother	97.1	94.1	0.7	0.1	2.1	1.1	1.2	0.3	0.2
Wealden	97.5	93.8	0.6	0.2	2.8	1.0	1.2	0.2	0.2

Population estimates by **ethnicity** as in June 2014 in East Sussex and its districts

(source: ONS Mid-Year Population Estimates)

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

Table 4f - Ethnicity of clients with new cases (Physical Disability and Sensory Impairment)

		Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
White	British	26	90%	37	82%	49	79%	30	79%	142	82%
	English	1	3%	1	2%	2	3%	2	5%	6	3%
	Irish	0	0%	0	0%	1	2%	1	3%	2	1%
	Other White	0	0%	2	4%	4	6%	0	0%	6	3%
Mixed	White / Asian	0	0%	0	0%	0	0%	1	3%	1	1%
	White / Black Caribbean	0	0%	0	0%	1	2%	1	3%	2	1%
	Other Mixed Background	0	0%	2	4%	0	0%	0	0%	2	1%
Asian / Asian British	Other Asian / Asian British	0	0%	0	0%	1	2%	0	0%	1	1%
Black / Black British	African	1	3%	0	0%	0	0%	1	3%	2	1%
	Other Black / Black British	0	0%	1	2%	3	5%	0	0%	4	2%
Chinese / Other Ethnic Groups	Chinese	1	3%	0	0%	1	2%	1	3%	3	2%
	Other Ethnic Group	0	0%	2	4%	0	0%	1	3%	3	2%
Other	Prefer not to say	10		17		23		23		73	
	Total by Quarter	**39**		**62**		**85**		**61**		**247**	

Table 4f - Ethnicity of clients with new cases (Learning Disability)

		Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
White	British	16	89%	23	92%	22	88%	17	22	78	89%
	English	0	0%	0	0%	1	4%	1	1	2	2%
	Scottish	0	0%	1	4%	0	0%	0	0	1	1%
	Other White	1	6%	0	0%	0	0%	0	0	1	1%
Mixed	White / Black Caribbean	1	6%	0	0%	0	0%	0	0	1	1%
	Other Mixed Background	0	0%	1	4%	1	4%	1	1	3	3%
Asian / Asian British	Indian	0	0%	0	0%	0	0%	1	0	1	1%
Chinese / Other Ethnic Groups	Other Ethnic Group	0	0%	0	0%	1	4%	0	1	1	1%
Other	Prefer not to say	2		5		5		16	5	28	
	Total by Quarter	**20**		**30**		**30**		**36**		**116**	

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

There is not a strong over or under-representation of ethnic groups over and above population in East Sussex. People with this protected characteristic will not be disproportionately affected than the general population.

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

The impact will primarily impact those with a learning disability. Issues of double or even triple barriers to accessing services such as those with language barriers is something that the strategy acknowledges that some groups and communities may require additional help and support to participate.

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

Ensure that if required that there is accessible communication and language support where required and realistic. Also to mitigate negative impact, better

advance equality and to meet our statutory duty under the Care Act 2014 we need to have an advocacy service.

f) Provide details of the mitigation.

Ensure an accessible service is provided to people of all ages, impairments/disabilities and backgrounds through comprehensive equalities monitoring including wider data trends and service-user feedback .

g) How will any mitigation measures be monitored?

- Examine provider data, trends and service-user feedback in regular contract monitoring meetings (Strategic Commissioning Team)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

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

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

Gender Geography	All people	Males	Females
East Sussex	539,766	260,638	279,128
Eastbourne	101,547	48,918	52,629
Hastings	91,093	44,470	46,623
Lewes	100,229	48,701	51,528
Rother	92,130	43,976	48,154
Wealden	154,767	74,573	80,194

Population estimates by **gender** as in June 2014 in East Sussex and its districts

(source: ONS Mid-Year Population Estimates)

Gender	Number of people	Percentage of total	Percentage of East Sussex population of that gender
Female	600	42%	0.3%
Male	828	58%	0.4%

Population estimates by **disability and gender** of people with Learning as in June 2014 in East Sussex and its districts (source: ONS Mid-Year Population Estimates)

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

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

Table 4b - Gender of clients with new cases (Physical Disability and Sensory Impairment)

Gender	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
Female	25	64%	42	68%	45	54%	27	49%	139	58%
Intersex	0	0%	0	0%	0	0%	1	2%	1	0%
Male	14	36%	20	32%	38	46%	27	49%	99	41%
Prefer not to say	0		0		2		6		8	
Total By Quarter	**39**		**62**		**85**		**61**		**247**	

Table 4b - Gender of clients with new cases (Learning Disability)

Gender	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
Female	8	40%	19	63%	17	59%	16	50%	60	54%
Male	12	60%	11	37%	12	41%	16	50%	51	46%
Prefer not to say	0		0		1		4		5	
Total By Quarter	**20**		**30**		**30**		**36**		**116**	

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

Yes.

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

De-investment will primarily impact those with a disability. The tables show that although women make up 52% of the population that they make up 42% of all people with LD who are accessing East Sussex ASC. What is pertinent is that women with LD are more likely to access POhWER then men with LD. Women accessing POhWER were 54% of all new cases for the year compared to 46% of men accessing POhWER services. This is more pronounced in men with PDSI who were only 41% of all new cases compared with 58% of women who were new POhWER

cases. There is an under-representation of men with LD and PDSI using advocacy services. Research suggests that because men are often conditioned by social norms they may refrain from showing vulnerability or dependence (Iriss: 2013) by using services like advocacy, this may be reflected in the relatively lower uptake of advocacy by men. Women with LD and PDSI are more likely to be using advocacy services. If advocacy services were to be de-invested in women who access the service or potentially were accessing the services would be unable to gain support in their needs and supports. However, the overriding impact will be to people with disabilities and this would also mean that ASC were not complying with its statutory duty.

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

To ensure we maintain an advocacy service which will meet our statutory duty under the Care Act 2014.

f) Provide details of the mitigation.

Ensure an accessible service is provided to people of all ages, impairments/disabilities and backgrounds through comprehensive equalities monitoring including wider data trends and service-user feedback.

g) How will any mitigation measures be monitored?

- Examine provider data, trends and service-user feedback in regular contract monitoring meetings (Strategic Commissioning Team)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)

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

N/A This proposal has no impact on this protected characteristic at present

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

N/A This proposal has no impact on this protected characteristic at present

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

N/A This proposal has no impact on this protected characteristic at present

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

N/A This proposal has no impact on this protected characteristic at present

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

4.9.1 Rural population

N/A This proposal has no impact on this protected characteristic at present

4.9.2 Carers

N/A This proposal has no impact on this protected characteristic at present

4.9.3 People on low incomes

N/A This proposal has no impact on this protected characteristic at present

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

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

Part 5 – Conclusions and recommendations for decision makers

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

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

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

X	Outcome of impact assessment	Please explain your answer fully.
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	The proposals risks adverse impact for disabled people as individuals. Disabled and older people who lack the communication skills, alternative personal support; or personal capacity will be disadvantaged as a result of their impairments in obtaining advocacy to enable fair access to services. Other disabled clients without these needs who are not disadvantaged in this way will be more able to ensure that their eligible care and support needs are met. Provision of advocacy support to disabled and older people who need care and support services is a requirement of the Care Act 2014. There is also a duty to refer individual people for independent advocacy who lack capacity within a safeguarding context when they don't require the specific in-put of an Independent Mental Capacity Advocate (IMCA). Making Safeguarding Personal requires a focus on individuals desired outcomes during safeguarding processes. Access to advocacy services must be monitored And kept under review in case of a failure to advance equality of opportunity.
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
X	**C Continue the policy/strategy** - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it *must* be removed or changed.	

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

See Action Plan.

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

Regularly

Date completed:	**January 2016**	**Signed by (person completing)**	**Richard Lewis**
		Role of person completing	**Strategic Commissioning Manager**
Date:		**Signed by (Manager)**	

Part 6 – Equality impact assessment action plan

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

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

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

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

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
The provision of a variety of advocacy support and interventions to enable people with a learning disability and those people with PDSI (Physical Disability and Sensory Impairment) to make informed choices, express their views and exercise full rights as citizens.	Advocacy will need to remain.	Richard Lewis	Ongoing	Lead Officer time	EIA/Cabinet report

Working aged people with learning disabilities not having advocates can impact on their life chances of finding employment, being represented in adult services and their being able to access everyday services.	To ensure we maintain an advocacy service which will meet our statutory duty under the Care Act 2014. Removing advocacy is about not enabling people of working age – ASC need to ensure advocacy is maintained and in place. Ensure comprehensive equalities monitoring is put in place and wider data trends and service-user feedback is examined.	Richard Lewis	Ongoing	Lead Officer time	EIA/Cabinet report
This service also has a number of self-advocacy groups in East Sussex that support people to speak up for themselves, to have a voice at meetings with the Council and local healthcare organisations and to look at issues which affect people with a disability in the whole	To ensure we maintain an advocacy service which will meet our statutory duty under the Care Act 2014. Additional communication support needs should continue to be met as detailed in the specification. Ensure comprehensive equalities monitoring is put in place and wider data trends and service-	Richard Lewis	Ongoing	Lead Officer time	EIA/Cabinet report

County.	user feedback is examined. Care Act Advocacy will continue to be provided and would mitigate against any change in advocacy provision.				
Issues of double or even triple barriers to accessing services such as those with language barriers	Make sure that if required that there is accessible communication and possible interpreting and interpreting support where required and realistic. Also to mitigate negative impact, better advance equality and to meet our statutory duty under the Care Act 2014 we need to have an advocacy service. Ensure comprehensive equalities monitoring is put in place and wider data trends and service-user feedback is examined. Ensure that the provider enables and supports clients to access their service	Richard Lewis	Ongoing	Lead Officer time	EIA/Cabinet report

6.1 Accepted Risk

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

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Provision of a variety of advocacy support and interventions to enable people with a learning disability and those people with PDSI (Physical Disability and Sensory Impairment) to make informed choices, express their views and exercise full rights as citizens.	Legal / Financial	no	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team	Richard Lewis	EIA/Cabinet report
East Sussex County Council, as a local authority, to meet its obligation under the Care Act 2014 to provide access to an independent advocate to support the person's involvement in the assessment	Legal	No	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team	Richard Lewis	EIA/Cabinet report

Advocacy supports people with a learning disability to speak up and have their views heard by the right people. Without advocacy people will not be supported to understand their rights, have more choice and control over their life, enable them to make choices about their support and have access to high quality information and advice.		If this service were withdrawn there would be a period of readjustment – if gaps were not filled by other supports / Care Act Advocacy then this position could be reviewed.	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team	Richard Lewis	EIA/Cabinet report
If advocacy services were to be de-invested in women who access the service or potentially were accessing the services would be unable to gain support in their needs and supports.		Yes	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team	Richard Lewis	EIA/Cabinet report

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East Sussex County Council

Name of the proposal, project or service
Commissioning Grants Prospectus **De-commissioning Learning Disability and Autism outcomes**

File ref:		Issue No:	
Date of Issue:	January 2015	Review date:	January 2016

Contents

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

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

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

1.3 The Public Sector Equality Duty (PSED)

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

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for "protected characteristics"

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

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

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

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

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

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

- Rurality

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

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

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

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

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

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

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

- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

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

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

2.1 What is being assessed?

a) Proposals to reduce funding through the Commissioning Grants Prospectus:

Proposal to de-invest in the person centred support for people with learning disabilities and autism. Proposed de-investment in the following Outcome and projects:

Outcome 2 :People with autism and their carers live fulfilling and rewarding lives

On Line & Group Support (Autism Sussex)

- Support for people with Autism and Families / Carers through on-line methods, group support and 121 mentoring

Outcome 3 & 6 - Person centred support for People with Learning Disabilities and Autism

Nature Corridors for All (Railway Life Trust)

- Experience and education with local community wildlife trust.

Pathways to Employment (Autism Sussex)

- Volunteering, training and skills.

Arts Connect 2 (Culture Shift)

- Creative activities, volunteer training and skills

Provision of Zest Car Valet (Zest)

- Social enterprise car valet service offering work and training

Quality checking day services (Q-Kit) (Southdown Housing)

- Service users trained as volunteer quality checkers of day services

STEPS – Training and Development Programme (Pepenbury)

- Setting up of charity shop with skills/experience opportunities for volunteers with learning disabilities.

Gig Buddies - (Stay Up Late)

- A project pairing people with and without a learning disability to become friends and attend events together.

Studio Provision (Project Artworks)

- Artists working with service users with behaviour that challenges and communication difficulties in art activities.

b) What is the main purpose or aims of the proposals?

Due to spending reviews, Adult Social Care had to reduce budgets allocated to projects and services. Within this context Adult Social Care has sought to protect, as far as possible, statutory services for vulnerable adults. However, withdrawal of funding from services may have significant impact on the lives of current and potential users. We as a service understand that funding being reduced or taken away completely may mean that the projects may have significant impact on the lives of current and potential users. As a service, there is an understanding that this may mean that the projects may be delivered in a different way or not at all. Adult Social Care has to consider the impact of potential loss of funding.

c) Manager(s) and section or service responsible for completing the assessment

Richard Lewis – Strategic Commissioning manager (LD and Autism)

2.2 Who is affected by the proposals and how?

The functions within the scope of this EQIA are primarily targeted at people with learning disabilities and Autism (and potentially other disabilities), their families and/or carers.

There is an increased likelihood that a proportion of them will live in the community without the support they need. It is likely that some service users may require statutory care services as a result of these services being de-invested in.

This group may also fall within other protected characteristics: Age, Gender, Gender reassignment, Sexual orientation, Race, Religion or belief Pregnancy and maternity, Marriage and civil partnership.

There will also be an impact on the projects and the project staff themselves.

On their own each project represents a medium to low risk where a reduction in service provision may absorb the loss through other providers or provision. However, collectively all these services being de-invested in at the same time will mean a serious gap in service provision. An alternate provision would need to be considered to avoid increased levels of isolation, reduced levels of well-being and reliance on other service providers and their carers. Without these preventative activities or alternate provision this will result in increased reliance on other services such as mainstream health services such as Primary Care and Mental Health and also impact Adult Social Care. This will also result in increased levels of social isolation, reduction in aspirations to get paid employment, increased used of Short Breaks, increased levels of carers' physical and mental ill health.

These projects are funded through the CGP as a mechanism to release funding previously known as Learning Disability Development Fund (LDDF) – a funding stream from central government to develop innovative provision following the publication of Valuing People.

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

The proposal of de-investment has gone through a process of consultation. Concurrent to this they have been rated through the iGrace process. (an internal process to align projects funded through Health and ASC) There will also be consultation with providers in partnership with Richard Lewis to agree a plan.

If the Council decide to go ahead with these budget proposals these services will be decommissioned. A three month notice period will be served on providers.

Providers will be asked to communicate this to people using the service at that time and work to identify action for them, where appropriate.

Options may include:

- information and advice about alternative services where available,
- referral to ASC for assessment and support planning where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle
- Referral to advocacy.

- For clients of carers who have a current assessment and support plan (which may or may not include the service): advise them to contact their social worker for review if they are concerned that their eligible needs may no longer be manageable and they require advice and guidance, advocacy or further support planning.
- Where accessing these services has been part of meeting eligible need alternatives will need to be found

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

1. The organisations effected are partners.

2. Some of the projects source alternative funding (ASC in effect part funds some projects) in which case those other funders could be viewed as partners. Joint funding partners are indicated against the projects below

3. Project Artworks, Culture Shift, Gig Buddies and Railway Land Wildlife Trust have worked with many venues across East Sussex to 'open them up' to people with a Learning Disability and/or Autism – these groups could be viewed as partners – frequently they give their time / venues at no cost: 'In kind' funding for these projects. These are listed below the projects.

Nature Corridors for All (Railway Life Trust)

- Experience and education with local community wildlife trust.

Pathways to Employment (Autism Sussex)

- Volunteering, training and skills.

On Line & Group Support (Autism Sussex)

- Support for people with Autism and Families / Carers through on-line methods, group support and 121 mentoring

Arts Connect 2 (Culture Shift)

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Gig Buddies - (Stay Up Late)

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Studio Provision (Project Artworks)

- Artists working with service users with behaviour that challenges and communication difficulties in art activities.

Other partners include:

- Funding Sources including Big Lottery, Arts Council England, Esme Fairbairrn Foundation, Trusts & Grants.
- The De La Warr Pavillion
- The Towner Gallery
- The Birley Centre
- The National Trust – Sheffield Park and Burling Gap
- Hastings Museum
- Crowborough Community Centre

2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?

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

- **A general duty to promote wellbeing** (this includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships; suitability of living accommodation; and the individual's contribution to society).
- **Focussing on the person and their needs**, their choices and what they want to achieve.
- Providing, arranging for **the provision of services, facilities or resources**, or taking other steps to prevent, reduce or delay the development of needs for care and support (including carers).
- Providing, or facilitating access to, **information and advice** to enable people, carers and families to take control of, and make well-informed choices about, their care and support (including independent financial advice).
- Arranging **independent advocacy** where someone has substantial difficulty being involved and there is no-one appropriate to support and represent them.
- **Parallel rights for carers and a focus on the whole family.**
- Joining up with **health and housing.**
- **Market shaping** including supporting sustainability and encouraging a variety of different types of providers to ensure people have a choice of different types of service. This includes independent private providers, third sector, voluntary and community based organisations, user-led and small businesses.

The guidance on section 2 of the **Care Act 2014** defines the local authorities' responsibilities for prevention and how this applies to adults. This includes three general approaches,

1. Primary prevention/promoting well- being

2. Secondary prevention/early intervention

3. Delay/ tertiary prevention

The services in this proposal are primarily aligned to 1 and 2

Other legislation that is relevant to these proposals is The Human Rights Act (see section 4.10)

Think Autism sets out 15 themes to outline provision for people with autism. The withdrawal of these projects would affect delivery of the following themes: 1,3,10,14 & 15 (in blue below)

Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update. April 2014

	An equal part of my local community	8	I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism
1	I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism.	9	I want staff in health and social care services to understand that I have autism and how this affects me.
2	I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others.	10	I want to know that my family can get help and support when they need it.
3	I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support.	11	I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies.
4	I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the	12	I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental

	staff who work in them to be aware and accepting of autism.		health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.
5	I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.	13	If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services.
6	I want to be seen as me and for my gender, sexual orientation and race to be taken into account.		**Developing my skills and independence and working to the best of my ability**
	The right support at the right time during my lifetime	14	14. I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.
7	I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.	15	15. I want support to get a job and support from my employer to help me keep it.

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

These services are accessed in several ways:

- directly by clients
- through referral by external agency such as FE colleges, Care Management, Health CLDT
- through existing involvement with the provider
- promotion by other agencies
- family supported referral

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

For all the projects, except those delivered by Autism Sussex, beneficiaries need to be eligible for support from ASC LD services to access these projects. Therefore the personal assessment and support plan for this will already exist.

The projects that Autism Sussex run are available for people with autism therefore they may or may not be eligible for care and support or have an assessment and support plan.

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

The projects deliver services as follows:

Autism Sussex – Pathways to Employment – delivered in Hastings weekly at both the Café Des Artes and the Roebuck Centre. There is also a monthly market in St Leonard's.

Autism Sussex – On line support. This is weekly and accessible for all residents of east Sussex. Group support is provided in Hastings and Uckfield.

Project Artworks – Tuesday Studio: This runs weekly. The main project is at the Project Artworks Studio in Hastings, and includes working at other venues such as the Hastings Pier hub and the De La Warr pavilion.

Day Services Q – Kit – peer lead quality checking: The Q – kit team meet weekly to develop the checking tool either at their office base near Lewes of at the services where the checking has developed and will occur – Lewes, Eastbourne and Bexhill.

Natures Corridors for All: this project runs from it's base at the Linklater pavilion in Lewes. It also works in other venues such as Birling gap, Sheffield part and the Towner gallery in Eastbourne.

STEPS – the project operates out of the Charity shop in Uckfield, with additional training opportunities provided in their charity shop in Crowborough.

Zest – the car valet (employment / training) operated by Zest has its main base at County hall in Lewes and also operates at St Marys House in Eastbourne.

Arts Connect 2 – this project runs events and courses across the county.

Gig Buddies – this project matches clients with a 'buddy' to access social activities. Therefore it runs wherever the client wants.

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

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

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

3.2 Evidence of complaints against the services or proposals on grounds of discrimination.

Through the consultation process the following comments have been made:

- That **Adult Services** are subject to proposals to cut more than other areas funded by the local authority.
- That as **these projects** are, in the main, solely funded by ASC, whereas other projects in the consultation have joint funding with health, that adults with a Learning Disability and/or Autism are subject to greater proposed cuts.The people with a Learning Disability and/or Autism are more disadvantaged through the nature of their disability and their condition permanent, therefore they suffer greater discrimination.

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

There have been no safeguarding alerts raised through these projects. However they do provide an additional protective factor in supporting people and a potential source of referral if required which will not exist if they are removed.

From the safeguarding lead:

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

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

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

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

Additionally services that link with marginalised individuals and groups may pick up safeguarding issues with children as well as adults, adults at risk of and/or being radicalised too.

3.4 If you carried out any consultation or research on the proposals explain what has been carried out.

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

East Sussex County Council has engaged, communicated and informed service users, carers, their families, representatives from the services and other key stakeholders openly transparently and appropriately. There has been a comprehensive number of engagement activities, over an 8-week consultation period from the 23 October until the 18 December 2015.

We have tried to ensure that messages about potential changes have been repeated regularly so that information is shared in an accessible way and any concerns can be raised. An easy read presentation and accompanying literature has been made available about the potential to de-invest. Our methods have included:

1. Learning Disability Partnership Board
2. Involvement Matters Team
3. Locality Network Consultations.
4. Drop in awareness raising events.
5. Meeting with clients and parent carers with Zest.
6. Attending Knowledge Exchange with Artworks.
7. Sent information to providers and clients (Easy Read)
8. Meeting with CLDT's in Health and ASC

9. Inclusion Advisory Group (IAG) consultation meeting (3rd November 2015) – comments on the proposal are below

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

1. Inclusion Advisory Group (IAG) consultation meeting (3rd November 2015)

Key points of the discussion:

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

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

Some people will be impacted multiply e.g. disabled people overall and especially people with mental health issues and those where housing options and day support are being removed or reduced and there is a high continuing demand e.g. mental health services, homelessness services, young people's services. A high likelihood of increasing numbers of people living on the streets.

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

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

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

Identified Risks

- Risk of removing services that offer early intervention and support choice and control for individuals
- Pushing people into crisis and then needing to meet their needs: this makes a crisis hard to recover from.
- Higher residential, hospital and crisis intervention costs than support in the community.
- Risk about social isolation in sheltered housing and escalating need.
- Risk about carers – not being able to meet the requirements of the Care Act about health and wellbeing
- Compromises people choice and control.
- Loss of voluntary sector capacity and services
- Big impact on mental health clients -loss of community based services now helping people learn independence and recovery skills
- Loss of buildings and staff- hard to replace once gone
- Hard to source other funds- loss of smaller more vulnerable organisations

- Increased homelessness and mental health issues- particular concerns about young people in need and risk of homelessness from SP reductions.
- Increase in hardship and poverty in rural areas, loss of support, increased social isolation. Increasing cost of living in ES.
- Multiple impact on people with mental health issues.
- Risk of loss of peer support networks and skills.
- Potential increase in suicide and complex problems
- Increase in substance misuse
- Risk about more people being on streets, risk around gender, mental health, mothers and children, rural areas, things that will combine e.g. people on low incomes in rural areas.
- Risk of assumptions about families stepping in and the impact this might have, e.g. on LGBT people and older people.
- Risk to volunteering -volunteers may be impacted by cuts and less able to carry out voluntary work
- Increased charges for voluntary organisations services.- risk to people on low incomes.

IAG Recommendations

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

Public consultation results

During the consultation period there were a number of comments that were received from a range of stakeholders including service users, carers, families and providers at the events outlined in 3.4 and through ongoing contact within the sector.

The feedback from the engagement has suggested that clients and families feel aggrieved at the proposed withdrawal of these services. There is recognition of the tough economic climate and acceptance that something has to change, but there appears to be a view that this is worse for people with a LD / Autism.

Emerging issues have been the potential impact on health and wellbeing, comments from professionals, parents and clients that these projects give purpose and meaning to peoples' days and that without them people with a LD and or Autism will become depressed and more dependent on other professional involvement. This is anticipated to have an almost immediate effect with professionals identifying clients they believe will be more reliant on their service and primary care.

There was a sense from some people involved in the consultation that the decision has already been made and there may be no point contributing to the debate.

Zest, Project Artworks, Culture Shift have made arguments around the discriminatory nature against people with disabilities of de-investing in all projects. This information has come from on line petitioning (Change.org) and through consultation meetings. Further they have maintained the importance of maximising of people's independence and achieving the best outcomes for adult social care users and their carers continuing to provide quality services and value for money.

From the public consultation and survey

A number of comments said the funding shouldn't be stopped and that services will have to close if funding is removed. Comments raised the issue of people ending up in crisis and the increased risk of social isolation and exclusion. The impact on people of removing services, in terms of being involved in the community and supporting people to be independent was also raised. One comment said that the ASC funding is helpful in raising money from other sources and one person suggested that people could pay towards the services.

"If services were cut our son who has a learning disability would have to spend more time at home not mixing with his friends and not being able to feel worthwhile by doing voluntary he would become depressed and frustrated and lonely."

"Lack of choice of services people can access, people whom use our services will be at home more which may result in social isolation and crisis within families."

Many of the comments talked about the significant impact on clients: being stuck at home, not seeing friends, not being involved in the community and losing opportunities to socialise. People said this will affect people's generally wellbeing, but also could have serious mental health implications for some. All this will lead to additional costs elsewhere in the system and could push people into residential care. One comment also raised the issue of the wider impact on a charity's funding.

"Potentially people's wellbeing could reduce increased need for hospital beds and support from statutory services - social care and NHS"

"I consider that there would be a significant impact on the people who use services, particularly when their mental health or long term / developmental conditions, are preventing them at that point in time from being able to more independent. I have seen the benefits repeatedly, when Service Users, people needing support beyond the capacity of their families or Carers, or for those who have no one to turn to, to feel listened to, to be signposted to agencies who can help and for problems they felt were beyond solution, to be addressed quickly and effectively."

"If either of the services my son receives [are cut] it would provoke an immediate crisis in his life and would then cost you a lot more."

There was also particular concern about the lack of support for people with Autism in general.

"In regard to Autism Sussex - there is already a huge gap in support for people with autism, if this service is cut, I don't know where people with autism are going to get the support they need."

''The services provided by Autism Sussex which may be affected are a vital lifeline for people with autism & their families. They are literally life-changing for many of the service users. How can it be right to remove services that help autistic people to find work & play a part in their community? How would it be right for them to stay at home & do nothing.''

''We would be ISOLATED, ABANDONED,UNABLE TO SOCIALISE, we would GET ILL and be a further cost to Social Services of the NHS''

A number of people commented on the savings and the impact. In terms of helping people to prepare, clear information and support to help clients understand the changes and find alternatives were all mentioned by a number of people. Some comments also said that more notice and phasing of the cuts is needed, with one comment focusing on the impact of removing ASC funding early on wider funding received.

Comments referred to the value a particular service has for clients, in helping them to be more independent and preparing for employment. Comments relating to Zest say the funding shouldn't be cut or at least it should be phased in so the service has time to become self-funding or find alternative funding.

Removing funding would take away people's jobs, which they value greatly. Taking away their opportunity to work would impact on their lives and wellbeing, leaving them isolated and socially excluded. There would also be an impact on carers and it could lead to an increased cost for other services.

"It would be heart breaking if these cuts were made, it would have a dramatic effect on my brother's future as well as now. By making these cut's my brother and many others would be limited on what they can do and this isn't fair. Those with disabilities are entitled to the same opportunities as everyone else, including the opportunity to work."

"My son is going to be very uncertain and quite possibly become very withdrawn again! It makes for a very worrying future when life is already difficult enough!!!"

A number of people commented on the need to honour a contract. In terms of helping people to prepare, a few people said ESCC need to talk to clients directly and tell them what alternative services there are. Reducing the funding over time to allow for fundraising was also mentioned.

"The only way if it had to go ahead would be to reduce our funding over time so we had at least a small chance of applying for alternative funding. If it gets taken away, we will have no choice but to close."

A number of other types of response were received including petitions (Zest); letters and videos or photos giving clients views; a compilation of photos; or data sheets giving clients views.

Culture Shift explained that cutting funding would mean losing a unique county-wide cultural offering and reduce the opportunity to develop transferrable skills. It would affect the health and wellbeing and have a negative impact on carers. There will also be a wider impact on the organisation in terms of funding and its long term viability.

In the video, photos and data sheet, people who use the service wrote their comments down and had their picture taken with their comment. Comments include: "Devastated." "Sad." "Arts Connect helps me to build confidence and fit into society." "Connections and opportunities are so important. "Arts Connect helps to make friends, have fun and socialise. We learn new skills. It gets us out of our homes and helps us feel part of society." "If taxpayers saw the work going on here, they would never want it cut. Seeing people's faces - the joy and pleasure they get, the feeling of being part of a community, the chance to feel part of things and understood.

The video can be viewed here: https://vimeo.com/149385325 The video also includes a graphic depicting the disproportionate affect of uk cuts on disabled people in highest need as well as disabled people and people in poverty (4:18).

The Q Team collated their feedback in a video expressing the views of people with a learning disability. It can be viewed here: https://www.youtube.com/watch?v=oaVvmiC9Np8

Comments include:

'Worried'

'Disappointed'

'People with a Learning Disability don't want these cuts….People with a Learning Disability should be treated the same as everybody else. Don't cut us out'

Natures Corridors for All / Railway Land Wildlife Trust posted their collective views on their Facebook page and encouraged people to participate in the consultation with feedback being received highlighting the importance of how the project promotes integration. https://www.facebook.com/pages/Nature-Corridors-For-All/342870339186400

Project Artworks featured an article on their website challenging that the proposed cuts would impact on the ability of ESCC to respond adequately to The Care Act, The Transforming Care Agenda and East Sussex Better together and also a view that adults with a Learning Disability and / or Autism are unfairly disadvantaged:

'I believe that their proposals are not joined up, they are not strategic and they are loaded onto the most vulnerable citizens of East Sussex.'

http://projectartworks.org/a-response-to-proposed-cuts-to-escc-adult-social-care-kate-adams/

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

Part 4 – Assessment of impact

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

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

The overall population of East Sussex is 527,209 (2011Census data). Adult population within the East Sussex is 434, 374. East Sussex has a higher than average older population with around 23% of people aged over 65, compared to the national average of 16%. There are 228,881 people aged 50+ (43.4%) in East Sussex, and 20,022 (3.8%) of these are aged over 85 – East Sussex has one of the highest populations of people aged 85+ in the UK. (2011 mid-year estimates, based on 2011 Census data).

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

Age	Population
15-29	83,791
30-44	90,220
45-64	147,613
65+	120,722

Sussex in Figures 2011

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

Age group	Number of people	Percentage of total	Percentage of population of that age group
18 – 64	1,256	88%	0.4%
65 – 74	116	8%	0.2%
75+	56	4%	0.1%

The table above shows three age bands of those with a Learning Disability accessing Adult Social Care , which demonstrates how the majority of those people accessing Adult Social Care are between 18-64. The over 65s make up a relatively small proportion of the Adult Social Care and the over 75s even less so. These projects are predominantly working age adults. The table below shows age bands of seven of the projects proposed for cuts where available. They are not complete but indicate the age range

	0-18	19-24	25-34	35-44	45-54	55-64	65-74	Unknown
Steps		1	4	1	1	2	0	0
Natures Corridors for All		0	4	1	3	2	1	0
Q-Kit		1	2	3	0	0	0	0
Gig Buddies	1	9	17	4	7	2	1	5
Project Artworks		16	11	8	9	8	0	1
Autism Sussex		2	3	3	3	0	0	0
Zest		6	4	0	2	0	0	0

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

If these proposals are implemented this may reduce access to these type of services for some people and therefore increase social isolation which may lead to deterioration in their physical and mental well -being and lead to increased health, care and support needs.

d) What are the proposal's impact on different ages/age groups?

It will predominately affect working age people in the following ways.

- Social isolation – all projects identified in the EqIA
- Employment – Pathways to Employment, STEPS, ZEST
- Education and training - Pathways to Employment, STEPS, ZEST
- Mental Health– all projects identified in the EqIA
- Loss of capacity of voluntary and social enterprise sector – difficulty to replace– all projects identified in the EqIA

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

1. Meetings have been held with the providers of all services delivered to discuss the potential impact of these proposals both on clients and their carers and the provider and their staff. (commissioning team)
2. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate (this is taking place between 23/10/2015 and 18/12/2015). Further support has also offered in Easy read information and to assist with providing any additional information/ support if required. (providers and commissioning team)

Following the consultation, if these proposals are agreed by the Council:

3. Care managers and family members will be involved reviewing the impact on individuals and discussing options with individuals with a view to revising assessments and support plans. (Providers/ ASC ACM Teams)
4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore whether there are alternative services (Providers)
5. Individuals will be referred for advocacy support where applicable. (Providers/ASC ACM Teams)

f) Provide details of the mitigation.

See actions in e) above. If the proposals go ahead:

1. We will need to continue to deal with any issues should they arise. Options for addressing negative impact on individuals will include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.
2. Support and guidance will be provided to support the communication needs of people with autism and learning disabilities during all the above stages
3. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services. (ASC ACM Teams)
4. Alternative models of delivery being discussed, such as the possibility of a membership model that could be self-financing, however this would take time to establish as this is at a preliminary stage. (Commissioning Team)

g) How will any mitigation measures be monitored?

Should the proposals be agreed- monitor progress in the notice period

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning by providers
- Outcomes of assessments or reviews of support plans: alternative services found.
- Advice and information is given
- Complaints and outcomes

(Commissioning Team, during the notice period)

Following the reduction or closure of the services:

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

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

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

Adults (of working age) with limiting long-term illness in 2011 by regions.

Type	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
Geography					
England & Wales	56075912	10048441	5278729	4769712	46027471
South East	8634750	1356204	762561	593643	7278546
East Sussex	**526671**	**107145**	**58902**	**48243**	**419526**
Eastbourne	99412	20831	11209	9622	78581
Hastings	90254	19956	10375	9581	70298
Lewes	97502	19054	10583	8471	78448
Rother	90588	21242	11591	9651	69346
Wealden	148915	26062	15144	10918	122853

East Sussex in Figures 2011

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

All those accessing most of the services have a learning disability. Between 1st October 2014 to 30th September 2015, 1,428 unique clients received long-term support from Adult Social Care and had a primary support reason of Learning Disability support, this equates to 0.3% of the population of East Sussex. A total of 1480 clients were accessing Adult Social Care.

All of the people accessing these services have a disability – while many have multiple disabilities or a dual diagnosis. Therefore the proposal will have a negative impact all clients are affected because of their disability as outlined in 4.1 b.

Clients with a learning disability may have further complexities such as sensory impairments, physical disabilities, autism and other health problems which may impact them further.

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

People with a Learning Disability and/or Autism are often unable to access the same employment or cultural opportunities as people without these disabilities; therefore they will be disproportionately affected.

d) What is the proposals impact on people who have a disability?

The proposed changes, if agreed, will impact people with learning disabilities who are currently using the services. There will be the breakdown of community life that has developed, increasing levels of isolation, loss of sense of belonging, loss of developed or developing skills, loss of promotion of good health, loss of social interactions.

Researchers in the field of learning and educational psychology have discovered a variety of learning outcomes. The following outcomes can be present because of participation in recreation activities: behavior change and skill learning, direct visual memory, information (factual) learning, concept learning, schemata learning, metacognition learning and attitude, and value learning (Roggenbuck, Loomis, & Dagostino, 1991).

Noted psychological benefits of recreation activity (Peniston 1998) are as follows:

- perceived sense of freedom, independence, and autonomy,
- enhanced self-competence through improved sense of self-worth, self-reliance, and self-confidence,
- better ability to socialize with others, including greater tolerance and understanding,
- enriched capabilities for team membership,
- heightened creative ability,
- improved expressions of and reflection on personal spiritual ideals,
- greater adaptability and resiliency,
- better sense of humor,
- enhanced perceived quality of life,
- more balanced competitiveness and a more positive outlook on life (Academy of Leisure Sciences & Driver, 1994).

Disadvantaged group, LD are disproportionately affected by this proposed dis investment because they only have ASC funding as opposed to other projects in scope that have joint funding requirements.

<u>Case Study of impact of DG who has profound disabilities in Using Tuesday Studios</u>

Since joining Tuesday Studios, DG has settled well into the group and the artists have got to know him and vice-versa. His support team had expressed how he important routine is for DG and so we established a clear routine for him in the studio (sitting in the same place, working with the same artist). As the weeks have progressed we have gradually encouraged elements of change and spontaneity and DG has responded well to this.

At first it took DG some time to make marks and engage with drawing and there was often a long time between making a mark. Now more familiar with the studio environment he often begins straight away. It is important to give DG time to process any instruction/suggestion and give him time to respond. When given time DG communicates clearly and will choose colours and say 'painting' or 'not painting' to express choice. On occasions he may need a visual prompt like turning the canvas, making a mark for him to echo to encourage him. However, there have been moments when David has worked independently without any prompt from an artist.

DG also has revealed a playful side and will wink and smile and he has become increasingly interested in the other members of the group. He likes to sit in a position where he can see everyone, observing what they are doing. He will often look at someone for a long time and say 'hello!' to get a communication going. During the end of day evaluations he always answers Marion's question – 'how way your day D? Often with 'Good day' or 'Well done'. He has also

started to join in with clapping for other people in the group.

He appears to have a natural mark/shape that he makes and we hope to encourage him to explore this further (perhaps with scale) whilst also introducing new processes. He responds really well to 'conversational drawing ' (one artist makes a mark that he follows and responds to). This process has created some very interesting and revealing drawings and we will continue to develop this approach over the forthcoming weeks.

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

Meetings have been held with the providers of all services delivered to discuss the potential impact of these proposals both on clients and their carers and the provider and their staff. (commissioning team)

As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate (this is taking place between 23/10/2015 and 18/12/2015). Further support has also offered in Easy read information and to assist with providing any additional information/ support if required . (providers and commissioning team)

Following the consultation, if these proposals are agreed by the Council:

Care managers and family members will be involved reviewing the impact on individuals and discussing options with individuals with a view to revising assessments and support plans. (Providers/ ASC ACM Teams)

Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services. (Providers)

Individuals will be referred for advocacy support where applicable. (Providers/ASC ACM Teams)

f) Provide details of any mitigation.

See actions in e) above. If the proposals go ahead:

1. We will need to continue to deal with any issues should they arise. Options for addressing negative impact on individuals will include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.
2. Support and guidance will be provided to support the communication needs of people with autism and learning disabilities during all the above stages
3. Some of the people who use these projects may be able to access our DPS Day Services(ASC ACM Teams)
4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services
5. Alternative models of delivery being discussed, such as the possibility of a membership model that could be self-financing, however this would take time to establish as this is at a preliminary stage. (Commissioning Team)

g) How will any mitigation measures be monitored?

See actions in e) above. If the proposals go ahead:

- We will need to continue to deal with any issues should they arise. Options for addressing negative impact on individuals will include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.
- Support will be provided to support the individual's communication needs during all the above stages
- Some of the people who use these projects may be able to access our DPS Day Services or other alternative services (ASC ACM Teams)
- Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

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

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

Ethnicity		Number of people	Percentage of total	Percentage of population (18+) of that ethnicity requesting support (2011 census data)
White	British	1,345	94.2%	
	Irish	2	0.1%	
	Gypsy/Romany	1	0.1%	
	Traveller	1	0.1%	
	Any other white background	24	1.7%	
	Total white (incl. white other)	= 1,373	= 96.1%	0.3%
Mixed	White & black Caribbean	4	0.3%	
	White & black African	0	0.0%	
	White & Asian	4	0.3%	
	Any other mixed background	15	1.1%	
	Total mixed	= 23	= 1.6%	0.6%
Asian/Asian British	Bangladeshi	2	0.1%	
	Indian	2	0.1%	
	Pakistani	0	0.0%	
	Chinese	2	0.1%	
	Any other Asian background	1	0.1%	
	Total Asian/Asian British	= 7	= 0.5%	0.1%
Black/black British	African	4	0.3%	
	Caribbean	0	0.0%	
	Any other black background	3	0.2%	
	Total black/black British	= 7	= 0.5%	0.3%
Other	Any other ethnic group	11	0.8%	
	Any other ethnic group – Arab	0	0.0%	
	Total other ethnic group	= 11	= 0.8%	0.8%
Not stated	Ethnicity refused	6	0.4%	
	Information not yet obtained	1	0.1%	
	Total ethnicity not stated (including ethnicity refused)	= 7	= 0.5%	-

Preferred Language	Total
Arabic	1
Bengali	1
Hindi	1
Italian	1
Portuguese	1
Spanish	1
Turkish	1
Other language	3
British Sign Language	5
Unknown	12
No language recorded	90
English	1253
Grand Total	1370

Care First November 2015

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

See table above

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

If these proposals are implemented this may reduce access to these type of services for some people and therefore increase social isolation which may lead to deterioration in their physical and mental well-being and lead to increased health, care and support needs. To mitigate these issues the communication needs to be met and culturally appropriate services will be signposted.

d) What is the proposals impact on those who are from different ethnic backgrounds?

The impact will primarily impact those with a learning disability. Issues of double or even triple barriers to accessing services such as those with language barriers is something that is acknowledged. It is understood that some groups and communities may require additional help and support to participate in further such as day services or employment services.

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

1. Meetings have been held with the providers of all services delivered to discuss the potential impact of these proposals both on clients and their carers and the provider and their staff. (commissioning team)

2. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate (this took place between 23/10/2015 and 18/12/2015). Further support has also offered in Easy read information and to assist with providing any additional information/ support if required. (Providers and commissioning team)

Following the consultation, if these proposals are agreed by the Council:

3. Care managers and family members will be involved reviewing the impact on individuals and discussing options with individuals with a view to revising assessments and support plans. (Providers/ ASC ACM Teams)

4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services. (Providers)

5. Individuals will be referred for advocacy support where applicable. (Providers/ASC ACM Teams)

f) Provide details of any mitigation.

See actions in e) above. If the proposals go ahead:

1. We will need to continue to deal with any issues should they arise. Options for addressing negative impact on individuals will include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.
2. Support and guidance will be provided to support the communication needs of people with autism and learning disabilities during all the above stages
3. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services
4. Alternative models of delivery being discussed, such as the possibility of a membership model that could be self-financing, however this would take time to establish as this is at a preliminary stage. (Commissioning Team)

g) How will any mitigation measures be monitored?

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning by providers
- Outcomes of assessments or reviews of support plans: alternative services found.
- Advice and information is given
- Complaints and outcomes

(Commissioning Team, during the notice period)

Following the reduction or closure of the services:

- Alert Care Management & Assessment to the lack of community based provision.
- Progress with developing alternative models of delivery. (commissioning Team)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis

intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)

- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)

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

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

In regards to Transgender protected characteristic this proposal has no impact on this protected characteristic at present.

Gender	Number of people	Percentage of total	Percentage of East Sussex population of that gender
Female	600	42%	0.3%
Male	828	58%	0.4%

Projects	Arts Connect	Zest	Autism Sussex	Gig Buddies	Nature Railway	Q-Kit	Steps	Total number	%
Male	29	10	9	26	6	4	6	90	65%
Female	24	1	3	11	5	2	3	49	35%
Total	53	11	12	37	11	6	9	139	

No equality figures available for Project Artworks (10 individuals) and Autism Sussex Online Support 297

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

There are a disproportionate number of men who will be impacted by this proposal. Is this in line with the number of learning disability men accessing ASC?

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

If these proposals are implemented this may reduce access to these type of projects that some people can access and therefore increase social isolation which may lead to deterioration in their physical and mental well-being and lead to increased health, care and support needs. For those in employment, work provides has a positive impact on a learning disability person's health, due to increased resiliency, self-esteem, fulfilment and opportunity for social relationships. Increasing risk of unemployment is associated with rising mortality, ill health and employee absence. This is particularly true for mental health, due to stress caused by job insecurity and redundancy.

d) What is the proposals impact on different genders?

The proposal will primarily impact those with a learning disability. This proposal has no impact on this protective characteristic at present.

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

1. Meetings have been held with the providers of all services delivered to discuss the potential impact of these proposals both on clients and their carers and the provider and their staff. (commissioning team)

2. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate (this is taking place between 23/10/2015 and 18/12/2015). Further support has also offered in Easy read information and to assist with providing any additional information/ support if required. (Providers and commissioning team)

Following the consultation, if these proposals are agreed by the Council:

3. Care managers and family members will be involved reviewing the impact on individuals and discussing options with individuals with a view to revising assessments and support plans. (Providers/ ASC ACM Teams)

4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services. (Providers)

5. Individuals will be referred for advocacy support where applicable. (Providers/ASC ACM Teams)

f) Provide details of any mitigation.

See actions in e) above. If the proposals go ahead:

1. We will need to continue to deal with any issues should they arise. Options for addressing negative impact on individuals will include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.
2. Support and guidance will be provided to support the communication needs of people with autism and learning disabilities during all the above stages
3. Some of the people who use these projects may be able to access our DPS Day Services(ASC ACM Teams)
4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services
5. Alternative models of delivery being discussed, such as the possibility of a membership model that could be self-financing, however this would take time to establish as this is at a preliminary stage. (Commissioning Team)

g) How will any mitigation measures be monitored?

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning by providers

- Outcomes of assessments or reviews of support plans: alternative services found.
- Advice and information is given
- Complaints and outcomes

(Commissioning Team, during the notice period)

Following the reduction or closure of the services:

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

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

N/A This proposal has no impact on this protected characteristic at present

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

N/A This proposal has no impact on this protected characteristic at present

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

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

N/A This proposal has no impact on this protected characteristic at present

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Religion

Religion	Number of people	Percentage of total
Christian	683	47.8%
No religion	177	12.4%
Muslim	9	0.6%
Jewish	4	0.3%
Any other religion	3	0.2%
Hindu	2	0.1%
Buddhist	1	0.1%
Religion not stated (including refused, information not yet obtained and blanks)	549	38.4%

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

N/A This proposal has no impact on this protected characteristic at present

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

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

Carers

The client group generally rely on their parents/carers to provide transport to and from respite services. Due to advanced age some parents and carers suffer health problems and have their own specific needs to be considered.

Population by provision of unpaid care in 2011 in East Sussex and its districts (source: ONS Census 2011) show that there are 59,409 unpaid carers in East Sussex (source: ONS Census 2011) and of these unpaid carers 38,611(65 %) are over 50 of which 16,233 (27%) are over 65.

Two projects Gig Buddies and Project Artworks) have identified carers benefiting from these projects and of these two 31 cares have benefitted through obtaining a short break from their caring role. These services are primarily aimed at people with learning disabilities. The other projects have a benefit for Carers but have not identified the numbers – e.g. the on line support for Autism provides support for carers, as do the employment projects indirectly.

Provision of unpaid care in 2011 – districts (%)

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	100	89.7	10.3	6.5	1.4	2.4
South East	100	90.2	9.8	6.7	1.1	2
East Sussex	100	88.7	11.3	7.5	1.3	2.5
Eastbourne	100	89.4	10.6	6.7	1.3	2.6
Hastings	100	89.5	10.5	6.3	1.5	2.7
Lewes	100	88.2	11.8	8.2	1.2	2.4
Rother	100	87.6	12.4	8	1.4	3
Wealden	100	88.8	11.2	8	1.2	2.1

East Sussex in figures

No. of LD clients

Carer support	Number of people	Percentage of total
Carer support	580	41%
No carer support	848	59%

Care First

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

Carers benefit from these projects as they provide respite and improve the well-being of clients, therefore supporting family placements.

These proposals will have a significant impact on people who are unpaid carers as these services are primarily accessed by people with learning disabities who access Adult Social Care. These services currently support carers in their role and prevent deterioration in their health and well-being by enabling carers to do the following (this is not an exhaustive list)**:**

- Carry out any caring responsibilities the carer has for a child
- For older carers to continue to provide care
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community
- Engage in recreational activities
- Providing respite

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

Yes

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

As most carers are unpaid, losing the respite element these projects provide could impact on their health and well-being resulting in an impact on their mental health

- Carrying out any caring responsibilities the carer has for a child
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships

- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community
- Engage in recreational activities

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

1. Meetings have been held with the providers of all services delivered to discuss the potential impact of these proposals both on clients and their carers and the provider and their staff. (commissioning team)
2. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate (this is taking place between 23/10/2015 and 18/12/2015). Further support has also offered in Easy read information and to assist with providing any additional information/ support if required. (providers and commissioning team)
    i. Following the consultation, if these proposals are agreed by the Council:
3. Care managers and family members will be involved reviewing the impact on individuals and discussing options with individuals with a view to revising assessments and support plans. (Providers/ ASC ACM Teams)

   Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services. (Providers)

   Individuals will be referred for advocacy support where applicable. (Providers/ASC ACM Teams)

f) Provide details of the mitigation.

See actions in e) above. If the proposals go ahead:

1. We will need to continue to deal with any issues should they arise. Options for addressing negative impact on individuals will include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.
2. Support and guidance will be provided to support the communication needs of people with autism and learning disabilities during all the above stages.
3. Some of the people who use these projects may be able to access our DPS Day Services(ASC ACM Teams)
4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services
5. Alternative models of delivery being discussed, such as the possibility of a membership model that could be self-financing, however this would take time to establish as this is at a preliminary stage. (Commissioning Team)

g) How will any mitigation measures be monitored?

- with informing clients and carers

- and numbers of referrals or independent advocacy or assessment and support planning by providers
- Outcomes of assessments or reviews of support plans: alternative services found.
- Advice and information is given
- Complaints and outcomes

(Commissioning Team, during the notice period)

Following the reduction or closure of the services:

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

People on Low income

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

The 'Social Determinants' of Health:

People with learning disabilities, especially people with less severe learning disabilities, are more likely to be exposed to common 'social determinants' of (poorer) health such as poverty, poor housing conditions, unemployment, social disconnectedness and overt discrimination.4 96-100 The association between exposure to such adversities and health status is at least as strong among people with learning disabilities as it is among the general population.19 101 It has been estimated that increased exposure to low socio-economic position/poverty may account for: (1) 20–50% of the increased risk for poorer health and mental health among British children and adolescents with learning disabilities.

References

17. Emerson E, Hatton C. The contribution of socio-economic position to the health inequalities faced by children and adolescents with intellectual disabilities in Britain. American Journal on Mental Retardation 2007;112(2):140-50.

18. Emerson E, Hatton C. Poverty, socio-economic position, social capital and the health of children and adolescents with intellectual disabilities in Britain: a replication. Journal of Intellectual Disability Research 2007;51(11):866-74.

19. Emerson E, Hatton C. The mental health of children and adolescents with intellectual disabilities in Britain. British Journal of Psychiatry 2007;191:493-99.

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

Yes

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

People on low incomes, and this is disproportionately people with a Learning Disability and/or Autism, will not have the resource to access services from their own income, or afford additional transport costs to access alternatives

A video from Culture Shift/Arts Connect submitted in response to the public consultation (as mentioned above) also highlights the disproportionate financial effect of uk cuts on disabled people in highest need as well as disabled people and people in poverty through a graphic used in the video (https://vimeo.com/149385325 4:18).

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

1. Meetings have been held with the providers of all services delivered to discuss the potential impact of these proposals both on clients and their carers and the provider and their staff. (commissioning team)

2. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate (this is taking place between 23/10/2015 and 18/12/2015). Further support has also offered in Easy read information and to assist with providing any additional information/ support if required . (providers and commissioning team)

Following the consultation, if these proposals are agreed by the Council:

3. Care managers and family members will be involved reviewing the impact on individuals and discussing options with individuals with a view to revising assessments and support plans. (Providers/ ASC ACM Teams)

4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services. (Providers)

5. Individuals will be referred for advocacy support where applicable. (Providers/ASC ACM Teams)

f) Provide details of the mitigation.

1. We will need to continue to deal with any issues should they arise. Options for addressing negative impact on individuals will include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

2. Support and guidance will be provided to support the communication needs of people with autism and learning disabilities during all the above stages.

3. Some of the people who use these projects may be able to access our DPS Day Services (ASC ACM Teams)

4. Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services

5. Alternative models of delivery being discussed, such as the possibility of a membership model that could be self-financing, however this would take time to establish as this is at a preliminary stage. (Commissioning Team)

g) How will any mitigation measures be monitored?

• Numbers of referrals or independent advocacy or assessment and support planning by providers

• Outcomes of assessments or reviews of support plans: alternative services found.

• Advice and information is given

• Complaints and outcomes client surveys and feedback

(Commissioning Team, during the notice period)

Following the reduction or closure of the services:

• Alert Care Management & Assessment to the lack of community based provision.

• Progress with developing alternative models of delivery. (commissioning Team)

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

Rurality

N/A This proposal has no impact on this protected characteristic at present – the issue effected by rurality is one of transport which is addressed elsewhere

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

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

Part 5 – Conclusions and recommendations for decision makers

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

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

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

X	Outcome of impact assessment	Please explain your answer fully.
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	The projects in question have consistently advanced equality of opportunity for people with a Learning Disability and / or Autism who are subject to inequality and discrimination as a result of their condition. The removal of the funding for these projects would mean that they would cease, and therefore this progress would at best stop, or at worse the progressive work undertaken would be undone. The projects have also fostered good relations between different groups by opening up access to a range of community venues such as the libraries; the Towner Gallery; The De La Warr Pavilion; Hastings Museum and many social venues. This work would cease. There is the potential for this to move into **serious adverse impact** should it disadvantage individual disabled people who are not able to access a suitable alternative such as an existing day service.
X	**B Adjust the policy/strategy** – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
	C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it *must* be removed or changed.	

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

See Action Plan.

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

Regularly during 2016-17

Date completed:	**January 2016**	**Signed by (person completing)**	**Richard Lewis**
		Role of person completing	**Strategic Commissioning Manager**
Date:		**Signed by (Manager)**	

Part 6 – Equality impact assessment action plan

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

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

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

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

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
Supporting clients and carers to take part in the consultation	Providers to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate and to assist with providing any additional information/ support if required e.g. Easy Read	Richard Lewis	October- December 2015	Lead Managers Time	EIA & Cabinet Report

If the decision is to proceed with the proposals, ensuring due regard is paid to the needs of individuals Mitigating negative impacts of change	Care managers and family members will be involved reviewing the impact on individuals and discussing options with individuals with a view to revising assessments and support plans. (Providers/ ASC ACM Teams)	Providers/ASC ACM Teams	If agreed this will take effect after 3 months in line with the contractual clause. Therefore if the decision is taken in February the changes will take effect in May 2016	Lead Managers Time	EIA & Cabinet Report
	Individuals who are eligible for ASC services will be able to access advice and information from their care manager/social worker to explore alternative services. Some individuals may be able to access ASC DPS Day Services	Providers/ASC ACM Teams	If agreed this will take effect after 3 months in line with the contractual clause. Therefore if the decision is taken in February the changes will take effect in May 2016	Lead Managers Time	EIA & Cabinet Report
	Individuals will be referred for advocacy support where applicable.	Providers/ASC ACM Teams	If agreed this will take effect after 3 months in line with the contractual clause. Therefore if the decision is taken in February the changes will take effect in May 2016	Lead Managers Time	EIA & Cabinet Report

Mitigating negative impacts of change	Support and guidance will be provided to support the communication needs of people with autism and learning disabilities during all the above stages.	Providers/ASC ACM Teams	In notice period	Lead Managers Time	EIA & Cabinet Report
	Alternative models of delivery will be discussed with providers such as the possibility of a membership model that could be self-financing.	Commissioning Team	If agreed this will take effect after 3 months in line with the contractual clause. Therefore if the decision is taken in February the changes will take effect in May 2016	Lead Managers Time	EIA & Cabinet Report
Monitoring progress	• Numbers of referrals or independent advocacy or assessment and support planning by providers • Outcomes of assessments or reviews of support plans: alternative services found. • Advice and information is given • Complaints and	Commissioning Team	If agreed this will take effect after 3 months in line with the contractual clause. Therefore if the decision is taken in February the changes will take effect in May 2016	Lead Managers Time	EIA & Cabinet Report

	outcomes client surveys and feedback				
Monitoring progress following the notice period	Monitor and report on: • Availability community based provision. • Progress with developing alternative models of delivery. • Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary.	Commissioning Team	If agreed this will take effect after 3 months in line with the contractual clause. Therefore if the decision is taken in February the changes will take effect in May 2016	Lead Managers Time	EIA & Cabinet Report

6.1 Accepted Risk

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

Area of Risk					
Area of Risk	**Type of Risk? (Legal, Moral, Financial)**	**Can this be addressed at a later date? (e.g. next financial year/through a business case)**	**Where flagged? (e.g. business plan/strategic plan/steering group/DMT)**	**Lead Manager**	**Date resolved (if applicable)**
The risk is heightened when all projects are viewed as a whole. If single projects were to be cut work could be undertaken to mitigate against the risk. However if all projects for LD and Autism have their funding cut – and they rely on almost entirely on this funding as there is no Health Funding in these projects, then there would be no community based services of this type.					
Community Based support connecting clients with their communities – without this provision there is a risk of increased socialisation. Deterioration in physical and mental health could result with an increased demand on primary health care	Moral	Alternative funding could be sought from the CCG's	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team	Richard Lewis	EIA & Cabinet Report

Employment based services – the withdrawal of these could impact on the employability of people with a LD and Autism. LD supported employment is an Adult Social Care outcomes Indicator. Employment support for people with autism local authorities must 'looks at the ways that any such needs may be met in a way which could support adults with autism to become 'work ready' Research from the NDTI states that	Financial and legal	Alternative funding could be sought from the CCG's	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team	Richard Lewis	EIA & Cabinet Report

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East Sussex County Council

Equality Impact Assessment

Name of the proposal, project or service
Tough budget decisions – adult social care savings **Voluntary and community based mental health support (Commissioning Grants Prospectus)**

File ref:		Issue No:	
Date of Issue:	January 2016	Review date:	January 2017

Contents

How to use this form

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

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

You can delete the comments as you would for normal text, but they will not show up if you print out the form.

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

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

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

1.3 The Public Sector Equality Duty (PSED)

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

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

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

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

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

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

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

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

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

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

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

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

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

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision,this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.

- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

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

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

2.1 What is being assessed?

a) Proposals to reduce funding for: Commissioning Grants Prospectus 2012 Mental Health Community Support

Services commissioned for mental health through the 2012 Commissioning Grants Prospectus. (October 1st 2012 – Sept 30th 2016)

The specific services are:	No Beneficiaries
Health and Wellbeing Centres – recovery orientated flexible/personalised mental health support in Hastings, Bexhill, Rother, Newhaven and Lewes. And respite for carers	1,712
Health and Wellbeing Centres – recovery orientated flexible/personalised mental health support in Eastbourne. And respite for carers	235
Health and Wellbeing Centres – recovery orientated flexible/personalised mental health support in North Wealden. And respite for carers	137
Health and Wellbeing Centres – recovery orientated flexible/personalised mental health support in South Wealden. And Respite for carers.	128
***Supported Employment** - using Individual Placement and Support (IPS) model enabling independence and recovery.	563
Community Links – mental health support for people within their own community.	458
***Peer Specialist Support** – Enabling people to build plans towards their personal recovery goals, resilience and self-management.	327
***Drop-in centre** - for hard to engage people in St Leonards including homeless, street drinkers and people who may not have a formal mental health diagnosis due to their hectic lifestyles.	566
***Hard to engage** – welfare benefits advice and representation for vulnerable people.	60
***Day support for people with early on-set dementia** and respite for their carers	48
Total beneficiaries	4,234

A reduction in these services will significantly reduce activity levels for social care support and place some provision at significant risk of service closure/decommission (marked with *)

b) What is the main purpose of these services?

Note: The strategic purpose of these services was developed from joint Health and Social Care Quality Outcome Frameworks[1] these policy documents stress the importance of

[1] No Health Without Mental Health-DOH 2010

social inclusion, employment, peer support and the recovery model. They also emphasise the understanding that 'clinical' support is only part of the intervention that help people recover or maintain good levels of mental health and wellbeing.

These services enable an extremely vulnerable group of people to function safely, and as independently as possible within their community particularly ensuring that safeguarding, personal safety and harmful situations are avoided.

These services and community support are also proven to improve physical health and helps to combat significant health inequalities for people with poor mental health, and have a life expectancy of 20years less than the national average.

It is important to emphasise the role of dedicated community support helping people engage with, and access the community around them. Supporting functions such as employment, volunteering, social or leisure help to improve the chances of 'recovery', resilience and other positive outcomes for people with mental health issues and take control of their lives as much as possible.

For many people, the concept of recovery is about staying in control of their life despite experiencing a mental health problem. Professionals in the mental health sector often refer to the 'recovery model' to describe this way of thinking[2].

This community provision also strengthens people's ability to live more independently and move away from residential care, as well as reduce the impact on the Community Care Grant by developing services such as Peer Specialist Support.

Community support services for mental health are designed to support people at an early stage if they become unwell. The range of services also support meaningful day activity that enables people to build skills and stay resilient, particularly for people who are in supported accommodation or have moved from residential support into lower supported accommodation.

c) Manager(s) responsible for completing the assessment

Kenny Mackay – Strategic Commissioning Manager

2.2 Who is affected by the proposals and how?

People with a broad range of mental health problems, the total of beneficiaries using these services are around 4,000 people. A recent audit of services showed that there were over 2000 people that were known to SPFT and ESCC linked to current caseloads.

People using these support services are struggling with a range of mental health symptoms, such as anxiety and depression, they will also be presenting with issues such as self harm, psychosis and suicidal thoughts

The savings proposals are impacting the sole budget available for ASC support. This includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships, there are no other ASC budgets to support people with mental health support needs for these social care needs.

[2] Mental Health Foundation - http://www.mentalhealth.org.uk/help-information/mental-health-a-z/r/recovery/

This also impacts on carers and family members who depend on the support to give them a break from their caring responsibilities.

Some people are in need of mental health services as a result of a combination of factors. Mental health affects a broad range of society, class and is prevalent/co-morbid in many other conditions however it is consistently more prevalent in low socio economic locations across the county (such as Hastings and St Leonards, Wealden and other rural hotspots) In recent monitoring people using this provision who will be affected are:

- People who have a long-term mental health diagnosis and are classed as people with a disability who require support to develop meaningful activities to maintain their mental health.
- People who have eligible social care needs (Care Act) for social support to enable them to live independently in either residential or supported accommodation and who require support to develop meaningful activities to maintain their mental health
- People who are now living in the community (who may not have current eligible needs) but have fluctuating mental health support needs and use these services for support their recovery and remain well.
- People with Learning Disabilities and mental health support needs
- People who also have drug and alcohol support needs and mental health support needs
- Carers – both people who are carers and need support with their mental health, and carers who get a break from their caring responsibilities while people attend services
- People with Autism or Asperger's who also have mental health support needs
- People with long-term conditions or physical/mobility support needs and mental health issues
- 11% of people from BME groups across all the above spectrum of care

Key ways in which people will be affected by the proposals are:

Wellbeing Centres

- Less access to early intervention and support with recovery from mental health acute crisis
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people requiring ASC assessment and support plan or support for accommodation and care
- Fewer effective opportunities to build plans towards their personal recovery goals, resilience and self-management.
- Less respite and practical support for carers, including support with their own mental health needs

Employment Support

- People with mental health support needs are already the most disadvantaged care group regarding employment
- Fewer people will be supported into work
- Fewer people will move towards recovery
- Fewer people will be supported to keep their employment if they become unwell
- Higher likelihood of people requiring ASC assessment and support plan for personal support

Community Links

- Fewer people supported for social inclusion support for people so they can develop support networks in their local communities.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring ASC assessment and support plan for personal support

Peer Specialist Service

- Fewer people supported to develop self-management "Recovery" plans that enable people to be self-resilient and reduce impact on front-line services.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people requiring ASC assessment and support plan for personal support

Hard to engage vulnerable people

- Less or no support for homeless, street drinkers and people who may not have a formal mental health diagnosis due to their hectic lifestyles with impact on those individuals and their families and the local community
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring ASC assessment and support plan for personal support

Representation and advice

- Less or no welfare benefits advice and representation for vulnerable people leading to escalating practical problems that will impact further on mental health and resilience to live in the community, more mental health crisis and hardship.

Support for Early Onset Dementia

- Less Day support for people with early on-set dementia and respite for their carers leading to increased stress and isolation for individuals and their families.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring ASC assessment and support plan for personal support

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

Delivering the proposed ASC savings targets by East Sussex Mental Health Joint Commissioning Unit (JCU).

As a result of the consultation and the decision of council members, the JCU will look at resources available and reconsider Health and Social Care priorities linked to an assessment of local needs determine the access/availability of the provision in future.

This may result in the de-commissioning of some provision and the reduction of funding available to others.

For services that may be decommissioned: a 3 month notice period will be served on providers.

Providers will be asked to communicate this to people using the service at that time and work to identify options for them, where appropriate.

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

A large percentage who may be eligible for ASC support but haven't required an assessment due to their needs being met by the current services, will be advised to contact social care and request and assessment along with their carers

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

ESCC jointly commission services with CCG's via the East Sussex Mental Health Joint Commissioning Unit.

Other partners include the VCS and social enterprise providers

The Sussex Partnership NHS Trust is the main provider for support services and will experience significant impacts across their client groups. In a recent audit approximately 2000 service users accessing services are also being care managed by clinical mental health teams. There is a strong possibility that a high percentage of these individuals would also be eligible for ASC support. Sussex Partnership and ASC Mental Health operational teams have been informed of the savings proposals consultation and linked to the survey information.

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

This will affect the Local Authorities ability to deliver statutory support required for **section 117** in the **Mental Health Act**

The Mental Health Code of Practice provides a list of examples of services that should be part of an aftercare package. Section 117 aftercare should include outpatient treatment, support from a community psychiatric nurse or other support worker, counselling or therapy, social work, support with employment, accommodation or family relationships, assistance with benefits or managing money, the provision of domiciliary services and the use of day centre and residential facilities.[3]

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

- **A general duty to promote wellbeing** (this includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships; suitability of living accommodation; and the individual's contribution to society).
- **Focussing on the person and their needs**, their choices and what they want to achieve.
- Providing, arranging for **the provision of services, facilities or resources**, or taking other steps to prevent, reduce or delay the development of needs for care and support (including carers).
- Providing, or facilitating access to, **information and advice** to enable people, carers and families to take control of, and make well-informed choices about, their care and support (including independent financial advice).
- Arranging **independent advocacy** where someone has substantial difficulty being involved and there is no-one appropriate to support and represent them.
- **Parallel rights for carers and a focus on the whole family.**
- Joining up with **health and housing.**
- **Market shaping** including supporting sustainability and encouraging a variety of different types of providers to ensure people have a choice of different types of service. This includes independent private providers, third sector, voluntary and community based organisations, user-led and small businesses.

The guidance on section 2 of the **Care Act 2014** defines the local authorities' responsibilities for prevention and how this applies to adults. This includes three general approaches,

1. Primary prevention/promoting well- being
2. Secondary prevention/early intervention

[3] Guidance on this can be found in Chapter 27 of the Mental Health Act Code of Practice

3. Delay/ tertiary prevention

The services in this proposal are primarily aligned to **1, 2** and **3** of these general approaches

Other legislation that is relevant to these proposals is The Human Rights Act (see section 4.10)

The proposed saving linked to these services will affect the delivery of the following within the current mental health pathway:

- Care Act 2014. (parity of esteem and carers support)
- Crisis Care Concordat
- East Sussex Better Together
- The Autism Act 2009
- Health & Social Care Joint Strategic Mental Health outcomes Framework Employment support[4]
- Joint Strategic Mental Health outcomes Framework Re: Employment support[5]
- Health & Social Care Joint Strategic Mental Health outcomes Framework Re: Social Inclusion[4]
- Health & Social Care indicator: Number of people with mental health in secure accommodation[4]

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

Services have been designed for universal access. Large amounts of work have been carried out to reduce stigma, so that people are aware of where to get help and access them early. These services have been illustrated within an East Sussex Mental Health Directory as well as 1 Space, marketed to GP's and mental health professionals. It has been designed to inform local people, mental health professionals and their carers what services are available to support people with easy uncomplicated referral processes according to (NICE)[6] good practice guidelines for supporting mental health.

This includes:

- Self-referral, developing self-referral access helps service users feel empowered and in control of their support options, mainly driven by the ASC personalisation agenda.
- GP Referrals, providing support at Primary Care levels so it can be accessed via their GP
- ASC or Health Professional, enabling CPNs or social workers to refer, supports the step down from secondary services and helps people regain control of their life

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

[4] No health without mental health

[5] JSNA - A Review of Employment Support for People with Mental Illness

[6] https://www.nice.org.uk/article/pg1/chapter/1%20introduction%20and%20background

Paper or electronic versions of the referral process are available

People being referred to services by statutory health or social care service would have already received an assessment for their needs. Aspects of those support needs would be shared with the 3rd sector provider pending the support or intervention required.

Whilst using 3rd sector provision the person will undertake monitoring of their wellbeing using different methods. These include Recovery Star[7] and Warwick-Edinburgh Mental Wellbeing Scale (WEMWS)[8] allowing the provision to demonstrate wellbeing outcomes across their provision.

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

Mental Health Wellbeing Centres – There are seven mental health wellbeing hubs designed to support local areas across East Sussex. They are commissioned to deliver support 6 days a week (9.00am-6.00pm) in targeted urbanised areas to maximise access.

- Eastbourne
- Hastings
- Bexhill
- South Wealden (Hailsham)
- North Wealden (Uckfield/Crowborough)
- Lewes
- Newhaven

The Mental Health Strategy redesign created a cultural change from traditional "Mental Health" day centres in 2009. Now known as wellbeing hubs these are accessed without fear of stigma due to the broader offer available, enabling people to ask for help earlier with their mental health issues. This was to enable the breaking down the stigma traditionally associated with mental health conditions.

Centres also facilitate other service provision and clubs in evenings and weekends linking with Health in Mind, alcoholics anonymous, Hearing Voices groups LGBT groups for example. This extends and strengthens the community role and mental health support offer around the wellbeing centre areas.

Employment Service – Have dedicated employment specialists using a specific evidence based model (IPS)[9] linked to ASC and MH teams. They deliver employment as well as employment retention for people who become unwell and at risk of losing their job. They have a dedicated specialist per locality who have identified referral targets and specified key performance outcomes. These are generally delivered 5 days a week, but do support out of hours as required.

Community Links – A dedicated Community Links officer linked to ASC and MH team locations. They deliver social inclusion support for people so they can develop support networks in their local communities. They have a dedicated patch and have referral target and specified key performance outcomes. These are generally delivered 5 days a week, but will support 7 days or

[7] Mental Health Recovery Star - http://www.outcomesstar.org.uk/mental-health/

[8] WEMWS - http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/

[9] IPS - http://www.centreformentalhealth.org.uk/individual-placement-and-support

out of hours as required. This provision also dedicated **Autism Specialist** who will deliver the above support focusing on people with Autism/Asperger's

Peer Specialist Service – Deliver group and 1-1 support across East Sussex, are generally located around the established wellbeing services. Peer specialists will work with ASC and Heath direct referrals. This is particularly successful when working with people who may be moving from residential care into more independent accommodation. Generally 5 days a week but they also support people outside of this when required.

Drop-in centre for hard to engage people – Based in Hastings, St Leonards it provides a 6 day a week drop-in café style provision. This also engages people to partake in monitoring their health, drug and alcohol interventions and deals with issues such as homelessness homeless, street drinkers. Generally people may not have a formal mental health diagnosis due to their hectic lifestyles. This service raises a substantial amount of safeguarding alerts and works with ASC to ensure vulnerable people are kept as safe as possible. Although it's a fixed hub it delivers support for over 500 people per year, in particularly deprived part of the county.

Advice and Representation – Support for people to be represented due to issues with welfare, employment sanctions or other benefits. This is an appointment service and people are generally referred via ASC or health professionals as well as the community MH services above.

Day support for Early Onset Dementia – Two separate drop-in days available in Bexhill and Eastbourne. This is support for carers as well as 24 service users who are working age and diagnosed/assed with having dementia.

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

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

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

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

The number of safeguarding events being raised at 1022 is 25% of the overall total of safeguarding events for ASC.

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

The following information is based on safeguarding activity undertaken between October 14 and September 15.

Concerns received

The total number of concerns received during this period was 4,023. Mental health accounts for around 25% of those safeguarding concerns

Service area	Team name	Concerns received
ACM	T3 H&R Neighbourhood Support Team	995
	T3 Eb & Sw Neighbourhood Support Team	940
	T3 Ls & Nw Neighbourhood Support Team	371
	T3 Ls & Nw Nst - Duty	167
	T3 Continuing Health Care	124
	T3 District General Hospital	73
	T3 Conquest Hospital	71
	T3 Sussex Downs And Weald Hospital Team	37
	T2a Contact & Assessment Team	15
	Safeguarding Adults At Risk Team	7
	Social Care Direct	4
	Sensory Impairment Reablement Service	2
	T2 Emergency Duty Service	1
	Tier 3 Hastings & Rother	1
ACM Total		**2808**
LD	T3 Ld East	107
	T3 Ld West	75
	T3 Transition	10
LD Total		**192**
MH	Mh Duty And Assessment Team West	455
	Mh Duty And Assessment Team East	289
	T3 Mh Lasars	131
	T3 Mh Recovery East	90
	T3 Mh Ops West - Ebrne	13
	Mh Recovery West	12
	T3 Mh Ops East - H&R	10
	T3 Mh Ops West	9
	T3 Mh Ops East	8
	T3 Mh Ops West - O Valley	6
MH Total		**1023**
Grand Total		**4023**

A recent audit highlights that there are around 2500 people who use these services as part of their care plan or support plans that are care managed by health and social care. The funding impact will result on some of this support being significantly reduced or removed. This risk has not been fully assessed to understand the implications of that on individuals care and support.

People who have a diagnosed mental health condition are at a significant risk of social isolation and loneliness. Access to some day support for some clients is the sole contact that they may have with the outside world. The providers of these services are part of a network of support that delivers watchful support to vulnerable mental health service users and work closely with ATS and Social Care when a safeguarding issue is raised.

The ability to have daily structure or discuss issues/worries enable people to have resilience and manage their personal concerns and importantly monitor and take control of their own mental health. Additionally regular contact with services, help others to monitor people's wellbeing, appearance and behaviour. This helps to support that they are ok, or pick the signs that people are beginning to struggle or are being neglected.

There will be inevitable risks and impacts for some clients who are no longer able to use or regularly access the community support to function, control and maintain their mental health, particularly people with long-term diagnosed conditions or complex needs.

The **Drop in Centre for hard to engage people (Seaview)** raises a substantial amount of safeguarding concerns and plays an important role in keeping that population of people safe. (see 2.8 above)

The impact of these proposals will reduce the level of support for people with social care needs who are not currently eligible for support due fluctuating mental health. This will affect access when their mental health becomes an issue and they are not able to get the support they require when they need it.

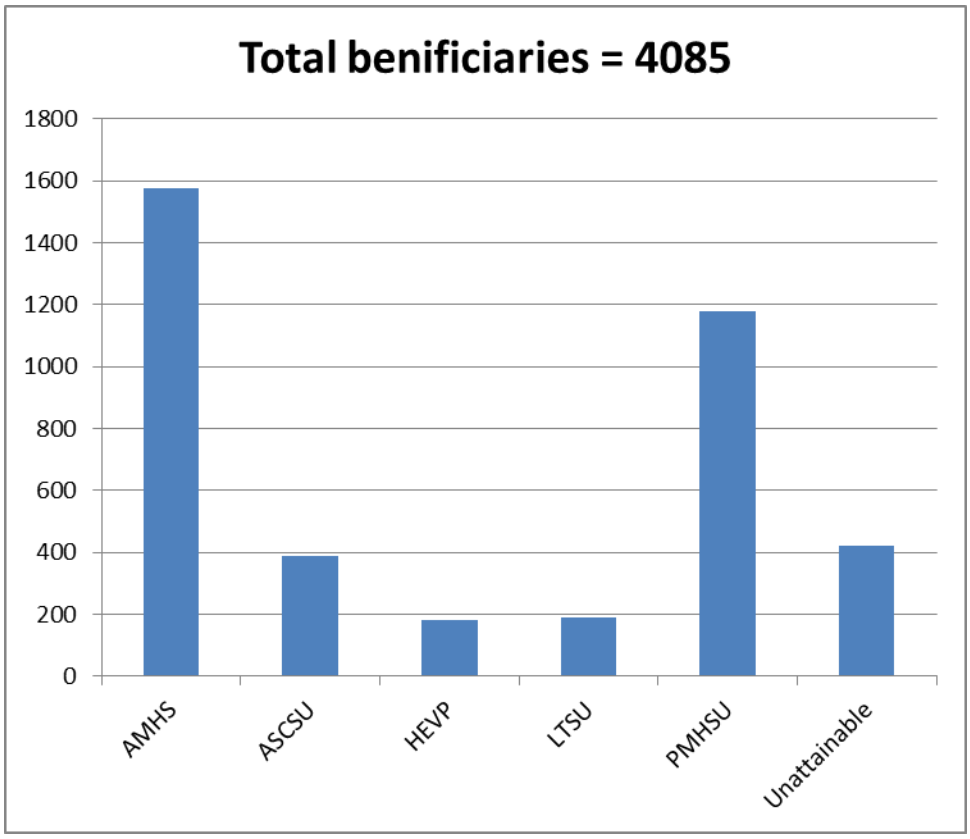
3.4 If you carried out any consultation or research explain what consultation has been carried out.

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

An audit of clients was carried out in October 2015. This looked at who was the main support provision that was linked to the service users in the contract year 2014-15.

Service users were linked to key service areas dependant on who case managed them or if they had a long term diagnosis.

This highlighted that of the 4085 clients that had accessed services since October 2014 to September 2015, over 2000 had significant care needs that required case management by health or ASC



AMHS - Adult Mental Health Service User – People will have been referred to, or receive their care from SPFT Secondary Mental health Services. They may or may not have an official diagnosis but are currently (or retrospectively, if you are looking at your backlog) care managed either by a CPN other MH professional or SPFT mental health team.

ASCSU - Adult Social Care Service User – People case managed and known only to ASC (Social Workers or Local Authority support) or have been in the past 2 years. It is likely that this person would generally be receiving accommodation support. If they have both ASC and SPFT history, then they should be allocated to the other categories.

HEVP - Hard to Engage Vulnerable People – A person who doesn't have a GP or sits in any other category. This person is likely to be homeless, or significantly difficult to engage with due to chaotic life-style. This person may be involved with drug or alcohol teams but should only be recorded here if they have no involvement with the other categories.

LTSU - Long Term Service User - People who 'were' with SPFT, but have been discharged to primary care (GP) after a period of being supported by secondary services. They may or may not have a diagnosis but are considered to have had significant MH needs due to their involvement with SPFT. (Note: This person should also be classed in this cohort if they have been discharged for up to 2 years).

PMHSU - Primary Mental Health Service User - A person who sits in Primary Care (GP) may have mild to moderate anxiety, depression or other common mental health issues, but not a MH diagnosis. They may be significantly impacting on their GP by accessing frequent appointments but not known or eligible to the previous 3 categories. These service users may have also sat with, or been referred to your services by Health in Mind.

Note: Unattainable Some specific allocation couldn't be carried out as we asked for this to be a retrospective audit of 2014-15. These codes are being collected as part of quarterly review going forward from October 2015. It would be a reasonable assumption to allocate the unattainable as per % of the other information, and that % would contain people who fit into the above criteria. However unattainable numbers have been left as recorded.

Providers have been invited to a meeting that highlighted the impact of the ASC savings proposal on 20th October and follow up meeting on 30th November

Providers will be carrying out their own formal client engagement processes supported by commissioner from ASC. The results are included in the main ASC Consultation report.

All clients will be notified of the ASC savings proposal and consultation around it via the local 3rd sector provider.

Specific service focused consultation events have been carried out at all wellbeing hubs and drop-in centres (x8).

Generic ESCC consultation events are being carried throughout November and December (X8).

The **ASC Inclusion Advisory Group** has given feedback on the proposals (3rd November 2015)

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

Summary of Feedback from Providers

Providers have been asked to model how they would manage the savings proposals

Providers are already under pressure to support the current levels of service users accessing the provision. These proposals will result in the reduction of time that services will be accessible and reduce overall capacity by over 50% and this reduction would have to target people solely linked to social care needs giving clinical need priority.

Providers who recognise someone with social care eligible needs will signpost them for assessment so they can access personal budgets so they can purchase their own care and support. This will enable them to focus provision aimed at people on clinical caseloads

This will affect around 2000 service users and could amount to 700 - 1000 people with possible ASC eligible needs. This doesn't take into account the support required by carers who would be affected due to a reduction or removal of provision in the region of 300 -500 carers.

Inclusion Advisory Group 3rd November 2015

Key points of the discussion:

Concern was expressed about the hardship that will be caused for individuals and their families by these proposals overall especially where services are likely to be removed: sense of being abandoned. There will be a high impact on informal carers and volunteers and some voluntary organisations may not survive. The loss of informal support networks and the workforce, skills and premises and other resources in the voluntary and social enterprise sectors will be hard to replace.

Some people will be impacted multiply e.g. disabled people overall and especially people with mental health issues and those where housing options are being removed or reduced where there is a high continuing demand e.g. mental health services, homelessness services, young people's services. A high likelihood of increasing numbers of people living on the streets.

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

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

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

Risks

- Risk of removing services that offer early intervention and support choice and control for individuals
- Pushing people into crisis and then needing to meet their needs: this makes a crisis hard to recover from.
- Risk of suicide and self harm
- Higher residential, hospital and crisis intervention costs than support in the community.
- Risk about social isolation and escalating need.
- Risk about carers – ability to meet requirements of the Care Act about health and wellbeing
- Compromises people choice and control.

- Loss of voluntary sector capacity and services
- Big impact on mental health clients -loss of community based services now helping people learn independence and recovery skills
- Loss of buildings and staff- hard to replace once gone
- Hard to source other funds- loss of smaller more vulnerable organisations
- Increased homelessness and mental health issues- particular concerns about young people in need and risk of homelessness from SP reductions.
- Increase in hardship and poverty in rural areas, loss of support, increased social isolation. Increasing cost of living in ES.
- Multiple impact on people with mental health issues.
- Risk of loss of peer support networks and skills.
- Potential increase in suicide and complex problems
- Increase in substance misuse
- Risk about more people being on streets, risk around gender, mental health, mothers and children, rural areas, things that will combine e.g. people on low incomes in rural areas.
- Risk of assumptions about families stepping in and the impact this might have, e.g. on LGBT people and older people.
- Risk to volunteering -volunteers may be impacted by cuts and less able to carry out voluntary work
- Increased charges for voluntary organisations services.- risk to people on low incomes.

Recommendations

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

Public Consultation

The majority of the comments talked about the value of the services in question: the individual, their family and carers, and to the wider community. Many people also said they disagreed with the proposals, with some saying that that people with mental health needs would be disproportionally negatively affected.

‘Mental health seems to have been hit disproportionally hard. What happened to "no health without mental health"?’

'The cuts appear to disproportionately affect service users with mental health issues e.g HARC / Seaview / Homeworks - these are frontline service provision which cater for some of the most excluded people'

There will be people who become seriously at risk of worsening mental health, with life-threatening result for themselves and a severe impact on other statutory services.

'People will live in fear more than they already do. Depression and feelings of helplessness will rise. More people will become susceptible to homelessness and exploitation. People will not be able to leave abusive relationships. Deaths will occur as a direct result.'

'ASC will not be compliant to the Care Act 2014 as there will be no ASC funded provision for mental health community support for people with eligible needs. Let alone preventative provision. There is also stat responsibility for aftercare of 117 that requires ranges of community support. If that need is understood to be delivered by the Com Care Grant then it will out strip the savings within 12 months.
These savings will create further cost pressures for ASC in the near future.'

A multiple impact could be felt, with life a greater likelihood of other services needing to step in e.g. housing, NHS. Isolation will increase and through loss of community support services, leading to further risk.

'if admitted to hospital because support is not available in community I could lose my home, lose my possessions if I lose my home, lose my independence again, take longer to get well because of this or may not even be able to get into hospital as I do tend to isolate myself when unwell, so who would know I was struggling...'

'Cutting these services will be more expensive as hospitalisation, sectioning people is far more expensive, and there are not sufficient beds to take in the number of people who need them now, how will they cope when the need is far greater because of removable of the cheaper help that keeps people out of hospital!!!

'Cutting this service would seriously affect my wellbeing. I use the service 3-4 times a week, and consider it vital. I would become virtually housebound, only going out with my carer.

'1) I'd be more isolated - which leads to depression 2) My house becomes my prison. 3) Which has a knock on effect on my mental health 4) Which leads me to take an overdose (This 1-4 process from being more isolated to taking an overdose can take place in as little as 20 minutes. If the day centre is cut to 2 days a week and crisis happens on another day, there's no support)'

Community support services are seen as critical for a whole range of people- those with severe mental health needs and complex lives as well as others. They are non-stigmatising and therefore more effective; value for money services; supporting people's wellbeing; encouraging independent living enabling recovery and supporting people into employment.

'People with mental illness need somewhere where they feel safe and are with people who understand them. Outside the acute services it is organisations such as Oakleaf who provide this and do a great job. Withdrawing these services will cause a massive set back for care in the community and throw people back onto the acute services.'

'Wouldn't have an outlet for all the support I need with hearing voices and the depression and the depression and panic attacks I suffer. '

'As someone who was in imminent danger of losing my employment due to difficulties in managing my mental health condition within my work place, I can say without any doubt that the support and guidance given to both me and my employer has meant that I not only remain in employment but I am more productive and reliable member of the work force.'

For Black and minority ethnic people, who are often over-represented in statutory mental health services, community based services are important in preventing escalation and supporting people to get out of hospital settings.

This will impact negatively on black and minority ethnic (BME) people and communities…BME people are over represented already in acute and forensic services and the savings in voluntary sector services that ASC funds will only make this happen even more. At the moment, many people from BME communities depend on the third sector mental health services because of self-referral and all this will be take away from them. Plus added pressure put on health services e.g GPs and A & E. '

"At the moment, many people from BME communities depend on the third sector mental health services because of self-referral and all this will be taken away from them."

Some people have multiple problems including homelessness and for these the loss of a day support service would have even more serious negative impact.

'Recently published Indices of Multiple Deprivation demonstrate the ongoing concentration of multiple complex needs and poverty in and around Central St Leonards. Many individuals with such needs would describe Seaview as a lifeline. This is especially true of those with mental health problems who benefit from the social element and specialist support given at Seaview.

Seaview's recent stats show that the majority of individuals they are now seeing are without accommodation. Again, Seaview's homeless outreach and day-centre services are essential services for some of the most vulnerable members of our community.

Finally, Seaview's premises provide a base for the homeless health service I work with – a place where homeless people can easily access healthcare that they might not otherwise receive.

Cuts to Seaview threaten the mental health of many, and access to re-housing and healthcare for those most vulnerable'

This will also impact on other services such as police and ambulance services as well as local communities.

These (cuts) will have a devastating impact on the individuals affected and will result in substantial extra costs for police, A&E, substance misuse and Mental Health and all other services which will be needed to deal with the problems caused by having chaotic individuals without support. Expect to see increased arrests, more ambulance calls and A&E admissions and demand for more Mental Health Sections, Suicide rates can also be expected to rise, with all the associated costs.

Reducing Seaview opening hours in itself will push problems back onto the streets and anti-social behaviour problems will increase in Hastings and St Leonards, possible closure will leave hundreds of individuals without their only service access point. Local police already know the impact on crime and the local community when Seaview closes for a day, without Seaview there will be no service of last resort.

In the case of the Alzheimer service a number of comments said this is a unique service with nothing else available for those under 65 experiencing early-onset of dementia. The impact on carers will be critical as well.

'It is essential that ESCC understands the vital role carers undertake when caring for Dementia sufferers. Without carers dementia sufferers would have to be cared for by local authorities. The actual cost currently expended by ESCC in supporting dementia sufferers and their carers is

extremely small when compared to the potential costs that would be incurred if carers received no help and could no longer cope with looking after dementia sufferers. Looking after someone who has dementia is extremely tiring, emotionally draining, very stressful and can be isolating and lonely. ESCC needs unpaid carers, you should look after them, they are a valuable asset.'

'In my circumstances it would make me extremely vulnerable. My wife is a school teacher - she would have to give this job up. This would end up costing more money. The Club gives me a feeling of being wanted. Relieves pressure on family. my mental health was bad before I came to the Club but it has improved greatly since I started to attend. This would be cutting a lifeline for me.'

'My daughter loves going to SeaHaven. It's not good for her to spend even more time with her elderly mother, she needs the stimulation she receives at the club - also different faces, and she makes friends there. She would be devastated if this services was no longer available to her. Also, this club caters for the under 65's, the only one I know of.'

In summary, reducing or removing funding would:

- affect the most vulnerable, having a domino effect leaving people with no services and no support for their illness
- Put lives at risk – many comments on the real risk to people's lives and safety
- Increasing social isolation and exclusion as well as quality of life and wellbeing for individuals and families.
- Increase the pressure on family and carers, in some cases meaning they or their careers can't work anymore, leaving more people reliant on benefits
- Remove community resources and buildings
- Increase hospital admissions and pushing people into acute services
- put pressure on other budgets and services

Suggestions include streamlining services instead of cutting them, asking people to pay a contribution, cut management costs and require providers to demonstrate the value of services.

A number of people commented on the importance of giving people as much notice as possible, providing information on alternatives (if they exist) and if possible phasing in any cuts. Transparency is important, as is providing easy access to information for those affected (information sessions suggested). It's also important to work with the NHS to manage any changes, ensure GPs are better at signposting and make sure people still have access to support when they are in crisis. Organisations should also be supported to access other funding sources.

Organisation responses

Recovery partners

The email draws attention to the severe implications of the proposed cut in funding for the service. It provides details on the organisation, which is led and run by people with lived experience of mental health challenges. The proposals would decimate the organisation's preventative services, which are already run on a shoestring. The service saves money for the social care and the NHS by preventing people from becoming more isolated and ill, stopping them needing to use statutory services. It is a low cost service with highly successful outcomes. Everyone who uses the service says they would recommend it to others, with many positive benefits. Most importantly, 26% say the service has saved their lives. The email provides a link

to a petition and also raises the fact that the proposals would see funding for mental health voluntary sector organisations cut by a massive 36%.

Sussex Partnership NHS Foundation Trust

The letter recognises the difficult financial situation and that finding the appropriate balance between priorities is complex. It asks that the impact on local NHS services to deliver safe and effective services is carefully considered before any decision to reduce services is taken. Clinicians and Governors of the organisation have expressed grave concerns about the impact on vulnerable people and their families. As an example, it is estimated that around 50 of 200 people currently supported by the Trust to live in the community could end up in hospital as a result of the cuts across service areas. The letter also raises the issue of delays in transferring people to community care. This is not currently an issue in East Sussex because of access to supported accommodation, but the savings proposals could change that. Those with mental health conditions are one and half times more likely to live in rented housing and mental ill health is frequently a reason cited for tenancy breakdown and housing problems. Availability of local supported housing is therefore crucial for recovery for people with the mental health conditions.

Sussex Oakleaf

The letter raises the detrimental impact the cuts would have on the organisations clients, in addition to the impact of previous savings. It urges the Council to continue funding mental health services at the same level and says the organisation will continue to argue for further investment. Many clients say that A&E would be the only service left to them if funding were withdrawn for the service. Any reduction in mental health funding would have serious and far reaching implications for clients and their carers. It will increase the pressure on NHS services, which is clearly a false economy. Clients have openly discussed self-harming since hearing that the services are at risk.

Hastings and Rother MIND

The response states the organisation's deep concern over the proposed cuts to mental health community services. It argues that the consultation process is flawed as people are not able to provide their views easily. It also pits organisations against each other. There has been risk assessment on the impact of the proposals on clients and their families. Organisations that provide services would also see a knock-on effect as other projects would suffer too. Removing adult social care funding could undermine the continued receipt of funding from other sources. When acute mental health beds were reduced it was on the basis that community support would provide appropriate, timely and preventative provision. Reducing funding would go back on this agreement and put financial pressure on NHS services. People on Section 117 are entitled to appropriate support in the community and this would be at risk under the proposals. The cut to mental health community services is disproportionate and shows the lack of parity in the way the Council is treating services. The ability of individuals to recover would be hindered and safeguarding would be impeded, probably leading to an increase in negative incidents. Reducing Supporting People funding would have a devastating impact on vulnerable people and their families and carers. It would also push them into more expensive care. Difficult decisions need to be made, but the consultation is not adequate engagement and decisions should be made following appropriate consultation with people who understand the sector.

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

Part 4 – Assessment of impact

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

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

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

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

There are 314,000 working age people in East Sussex, The impact of community voluntary sector cuts, linked to Supporting People mental health clients and MH community Care Grant and Drug and Alcohol Services, will be disproportionate against working age adults with mental health support needs

For mental health community provision, support is available to working age people aged 18-65. This accounts for over 4000 people

Lack of other social care support, funding or provision will be available in the community to meet the population needs of mental health in working age people including safeguarding, personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships.

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

People of working age with mental health support needs are being affected proportionately higher than other age groups.

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

Case study

R is a man in his early 40s who lives with his girlfriend who was due to have their first baby. He has one other child from a previous relationship. He used to work as a bus driver and in a bank and lived in Newhaven.

R was case managed by ATS MH Team and ASC social workers, had longstanding issues with depression and suicide attempts which would result in him being sectioned, conflicts with the police and visits to A&E. He would have been visited once a week by his social worker and regularly had to be assessed under the Care Act. Due to his volatile presentation he was placed in residential care.

By attending a wellbeing centre R was supported to join in social drop-ins and accessed a self help group. He developed a plan to help his recovery journey, this helped him plan what to do and who to contact if he showed signs of becoming unwell he was also helped to find voluntary then paid employment and now lives back at home with his partner and baby.

R said that without the support of wellbeing hubs he seriously doesn't think he would be here today and would have taken his own life. "Helping me see hope in the future and giving me the ability to take control of my condition and how to manage it has literally saved my life"

Community mental health services for people of working age engage with over 4,000 beneficiaries per year. This enables people to be part of mainstream communities, get a job,

have meaningful activity during the day whilst developing recovery plans to help self manage their conditions.

Wellbeing Centres

- Less access to early intervention and support with recovery from mental health acute crisis
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan or support for accommodation and care
- Fewer effective opportunities to build plans towards their personal recovery goals, resilience and self-management.
- Less respite and practical support for carers, including support with their own mental health needs

Employment Support

- People with mental health support needs are already the most disadvantaged care group regarding employment
- Fewer people will be supported into work
- Fewer people will move towards recovery
- Fewer people will be supported to keep their employment if they become unwell
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Community Links

- Fewer people supported for social inclusion support for people so they can develop support networks in their local communities.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Peer Specialist Service

- Fewer people supported to develop self-management “Recovery” plans that enable people to be self-resilient and reduce impact on front-line services.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Hard to engage vulnerable people

- Less or no support for homeless, street drinkers and people who may not have a formal mental health diagnosis due to their hectic lifestyles with impact on those individuals and their families and the local community
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Representation and advice

- Less or no welfare benefits advice and representation for vulnerable people leading to escalating practical problems that will impact further on mental health and resilience to live in the community, more mental health crisis and hardship.

Support for Early Onset Dementia

- Less Day support for people with early on-set dementia and respite for their carers leading to increased stress and isolation for individuals and their families.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Reduction of ASC funding will significantly reduce engagement and access for this age group by approximately 50%.

This will be a significant risk to crisis and acute mental health provision which is already overburdened as well as the risk of people requiring Adult Social Care support due to increases in the mental ill-health due to a rise in eligibility.

e) What actions will be taken to avoid any negative impact or to better advance equality? Meetings have been held with the providers of all services to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. Providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

1. Further support has also offered to assist with providing any additional information/ support if required
2. It is also proposed that ESCC work with current providers and partners so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).
3. Support will be provided to meet the individual's communication needs during all the above stages.

f) Provide details of the mitigation.

1. Significantly reduced services will continue to be funded by health funding, but may need to make changes to their access and referral criteria to ensure people in the most need of support can access services.

2. ESCC and providers work together to identify clients and their carers who have eligible needs and give advice about contacting their social services team for advice and information about alternative services or ways of meeting their eligible needs. For mental health services this will mean around 4000 people.

3. ESCC and providers work together to identify people who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment.

4. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced, including referral for independent advocacy where that is desired. There is a high risk that this will not be possible for high number of people.

g) How will any mitigation measures be monitored?

Mitigation will be measured as part of the ESCC quality monitoring process on a quarterly basis recording the following details.

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

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

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

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

Mental health is experienced by 1 in 4 of the general population 1 in ten will be significantly impacted by their condition and will require additional support. This equates to around 25,000 people across East Sussex.

Approximately 1% Approximately 5,000 of the working age population will require additional specialist support for their mental health.

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

Mental health can affect any level of society and social standing. This can affect a person's ability to carry out their normal day to day activities, employment, being a parent or a carer. There are around 4000 people across East Sussex that access care and support from the mental health community and voluntary provision. A recent audit shows that over 2000 of them have significant mental health support needs. These people often have other long-term conditions and physical/sensory impairments or learning difficulties or are carers since vulnerability to poor mental increases with mental health the pressures and demands of everyday life of disabled people and the caring role ads well as other life and medical circumstances . Therefore mental service users are likely to be people who are multiply affected by these proposals.

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

The savings proposed are affecting **mental health** clients and carers across all the affected services listed in question 2.8. The availability of social and community support for people with mental health needs is being disproportionately affected by these proposals as no other ASC funding remains to deliver this. In addition, through Supporting People budget reductions, mental health services and services to people for whom mental needs are often a factor (e.g. homeless people; vulnerable young people) are also being removed or reduced. Compared with other client groups people with mental health needs of all sorts will have significantly less service provision as a result of these proposals. Current funding will be reduced by circa 80% leaving very small levels of funding support for mental health in the community.

In summary, if the proposals are implemented people with mental health support needs will be proportionately more severely impacted than other ASC clients and carers.. This suggests that there is a disproportionate affect against people with mental health support needs.

The Care Act 2014 introduced the responsibility to deliver parity of esteem for people with mental health issues as compared with physical impairments and carers support. The importance of social inclusion and people being able to access their communities that are linked to mental health support that enables them to do that should not be seen any lesser than the importance of support to other disabled people.

This principle requires services that support mental health such as social and community support and employment support, to be given equal weighting with other services that ensure access to the community for people with physical impairments e.g. mobility aids.

In addition, people with other impairments also experience mental health needs as a result of managing their main condition. These include people with **learning disabilities** and **autism** as well as people with **long-term conditions** and **sensory or physical impairments**.

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

A was a female 32 and diagnosed with borderline personality disorder. She would frequently self-harm and accessed A&E at least once a week.

A had a hectic lifestyle and abused drugs and alcohol in an attempt to escape her feelings. She was regularly abused by males and was subject of several safeguarding alerts.

MH services didn't have specialist support for A and she found herself being repetedly admitted into mental health crisis and acute services.

She was referred by her social worker to peer support initially she attended drop-in sessions and was part of an environmental project in Lewes. She was given 1-1 support that helped her understand her condition better and she started to learn techniques to support herself and her condition better.

She has now not self-harmed for 6-momths and has not had a crisis in over a year. She said "it was really effective having support from someone who has also experienced mental ill health. I didn't trust social workers or CPN's but as soon as my peer worker met me I knew I could trust her as she knew how I felt and could guide me towards my recovery goals"

Meaningful activities help to develop recovery, social inclusion and self manage and stall well. Activities can include employment, volunteering, education and learning, personal interests, hobbies, and everyday activities. Participating in meaningful activities can help people maintain a sense of purpose and can help people feel engaged and stimulated.

Social isolation and loneliness can alter behaviour, increasing chances of risky habits such as drug-taking, and plays a role in mental disorders such as anxiety and paranoia and is also a known factor in suicide.

Community mental health services for people of working age engage with over 4,000 beneficiaries per year. This enables people to be part of mainstream communities, get a job, have meaningful activity during the day whilst developing recovery plans to help self manage their conditions.

Wellbeing Centres

- Less access to early intervention and support with recovery from mental health acute crisis
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan or support for accommodation and care
- Fewer effective opportunities to build plans towards their personal recovery goals, resilience and self-management.
- Less respite and practical support for carers, including support with their own mental health needs

Employment Support

- People with mental health support needs are already the most disadvantaged care group regarding employment
- Fewer people will be supported into work
- Fewer people will move towards recovery
- Fewer people will be supported to keep their employment if they become unwell
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Community Links

- Fewer people supported for social inclusion support for people so they can develop support networks in their local communities.
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Peer Specialist Service

- Fewer people supported to develop self-management "Recovery" plans that enable people to be self-resilient and reduce impact on front-line services.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
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Hard to engage vulnerable people

- Less or no support for homeless, street drinkers and people who may not have a formal mental health diagnosis due to their hectic lifestyles with impact on those individuals and their families and the local community
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Representation and advice

- Less or no welfare benefits advice and representation for vulnerable people leading to escalating practical problems that will impact further on mental health and resilience to live in the community, more mental health crisis and hardship.

Support for Early Onset Dementia

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- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

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

1. Meetings have been held with the providers of all services to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. Providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate (this took place between 23/10/2015 and 18/12/2015).

2. Further support has also offered to assist with providing any additional information/ support if required

3. It is also proposed that ESCC work with current providers and partners so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

4. Support will be provided to meet the individual's communication needs during all the above stages.

f) Provide details of the mitigation.

1. Some services will remain at reduced capacity although this will be targeted towards referred from ATS or GP services.

2. Services that continue to be funded may need to make changes to their access and referral criteria to ensure people in the most need of support can access services.

3.ESCC and providers work together to identify clients and their carers who have eligible needs and give advice about contacting their social services team for a social care assessment and personal budget or advice and information about alternative services or ways of meeting their eligible needs.

5. ESCC and providers work together to identify people who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment.

6. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced, including referral for independent advocacy where that is desired.

g) How will any mitigation measures be monitored? How will the effectiveness of mitigation be monitored?

Monitor progress

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers

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

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

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

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

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

Language Service suppliers report the following languages to be commonly in use in the county (June 2015):

- British Sign Language, Mandarin, Kurdish Sorani, Farsi, Pashto, Czech, Polish, Portuguese, Russian, Bengali, Arabic, Albanian, Lithuanian, Turkish

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

Approximately 10% of service users using mental health services will be from people from ethnic backgrounds. This amounts to approximately 350 people. As follows:-

Black or Black British – African	1.4%
Black or Black British – Caribbean	0.6%
White Other	4.6%
White Irish	0.7%
Arab	0.2%
Gypsy Roma & Irish Traveller	0,2%
Other Ethnicity	0.4%
Asian or Asian British – Bangladeshi	0.2%
Asian or Asian British – Indian	0.1%
Asian or Asian British – Other	0.3%
Mixed Heritage	1.3%

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

Yes. There will be a reduction of people from black and minority ethnic (BME) backgrounds accessing the services. There is already an over representation of BME people within Acute and inpatient facilities in East Sussex (see paragraph below for number and percentage). This number could increase, due to lack of community support provision, when BME inpatients are transferred to the community (or discharged) from inpatient units. This indicates a greater impact on the basis of minority ethnic identity.

In September 2015, 13.6% (53) people of black and minority ethnic (BME) background were within Acute and inpatient facilities in East Sussex, compared to 8% BME East Sussex population. The White British population was under represented at 85% compared with 92% East Sussex population.

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

Case Study

GG is a young man of 30 years old who is Kurdish and first language is Turkish. On arrival in the UK in 2011, he applied for asylum as a persecuted political refugee. GG experienced long term mental ill health in Turkey, due to abuse and long stretches of living on the streets at a very young age. He has severe depression, self harms and regularly feels suicidal. Initially, GG faced continual barriers to accessing GP and health/mental health services, due to language barriers and not being aware of how the system operates in the UK. He experienced housing and homeless issues for a few weeks (which impacted negatively on his mental health as reminded him of his time on the streets in Turkey). However, because of the support he received he eventually found appropriate accommodation and he has repeatedly said how these services were crucial and saved his life.

When GG feels very down and depressed, he self harms and has suicidal thoughts, so has been eager to participate in activities (which improve his mood) provided by Community Links, St Leonards Your Way and Sussex Oakleaf, all of which were self referrals. Without this support from the well being centres and the BME Mental Health Spirituality and Faith Forum, GG would be self harming on a regular basis and has said he would need significantly increased psychological counselling and extra support from the Assessment & Treatment Service at Cavendish House.

There will be an impact on people of refugee and asylum status who have newly arrived into East Sussex. This is because 65% of people who have experienced persecution and war have high levels of anxiety, depression and some people are diagnosed with Post Traumatic Stress Disorder. However, because of the massive stigma in mental health within some cultures, people prefer to self refer to the well being hubs and community support services, rather than being referred by the GP to the Assessment & Treatment Centre.

Less funds will be available for culturally appropriate services e.g. interpreting, translation of documents, proactive BME engagement which is required to reach out to BME community groups.

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

Race Equality Mental Health service will advise on how to continue supporting and engage with BME groups. REMHs will also audit cultural competencies and collect BME uptake and other data from providers. REMHS will deliver Cultural Competence training to new staff members.

f) Provide details of any mitigation.

Well being services now deliver crisis support for people in the community which are often more appropriate than statutory services. . BME people are more likely to need crisis mental health care, therefore, it is important to commission third sector providers to provide amore culturally appropriate holistic environment to meet diverse needs, which is all important for recovery.

g) How will any mitigation measures be monitored?

REMHs monitoring and ESCC quarterly monitoring.

Monitor progress

- with informing clients and carers

- and numbers of referrals or independent advocacy or assessment and support planning providers

  (Providers/Commissioning Team, during the notice period)

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

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

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

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

Gender Identity: There is no evidence for gender re-assignment

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

The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document National LGB&T Partnership Public Health England Department of Health

- There is a lack of data on quality of life among older trans people, however, evidence shows trans people experience high levels of isolation and poor mental health. It is likely that older LGB&T people will experience poorer quality of life than the wider population. Discussion of issues and impact in Sexual Orientation below

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

Men and women use the services in equal proportions: 49% men, 47% women

c) See LGBT summary in Sexual Orientation below.

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

See LGBT summary in Sexual Orientation below.

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

See LGBT summary in Sexual Orientation below.

f) Provide details of any mitigation.

See LGBT summary in Sexual Orientation below.

g) How will any mitigation measures be monitored?

See LGBT summary in Sexual Orientation below.

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

No impact on the basis of this protected characteristic

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

No impact on the basis of this protected characteristic

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

No impact on the basis of this protected characteristic

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

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

Estimates of the UK LGB population generally vary between 5%-7% of the overall population (www.stonewall.org.uk). The Office of National Statistics (ONS) estimate is lower than this, based on responses to surveys. All estimates are subject to the very significant caveat that many LGB and T people are reluctant to 'come out' to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected sexual orientation or gender identity data to date.

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

There are around 470 people who are LGB who access support for their mental health that will be affected by the proposals.

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

Reduction of the service will impact on people with mental health issues with an increase likelihood of negative impact as a result of LGB sexual orientation and/or transgender identity. This is as a result of greater difficulty for older or younger LGB people in feeling confident that they can 'come out' to medical services and service providers as well as for some less connectedness with family support. This is especially acute in adolescence and later life as general need for emotional support and connectedness arises. This means individuals may not get appropriate support with the whole identity and the circumstances of their lives and become more vulnerable. In addition, the degree of mental health discrimination and homophobic or transphobic discrimination, either direct or indirect (as in simply not being understood and recognised) has a combined impact on lives and well-being. In combination this adds up to an additional level of stress and distress; increased likelihood of mental health problems and suicide which are now well documented. This amounts to additional barriers to receiving effective mental treatment and support.

Overall it is important to ensure a n 'gay and trans friendly ' culture supported by staff in all mental health services that recognises and respects the particular circumstances for individuals. There is a direct parallel with providing ethnically sensitive and culturally appropriate services

Healthy Lives, Healthy People - Mental health issues within lesbian, gay and bisexual (LGB) communities, DoH, 2007 (Briefing 9)

- Lesbian, gay, bisexual and transgender (LGBT) people experience a number of health inequalities which are often unrecognised in health and social care settings. National research suggests that discrimination has a negative impact on the health of LGBT people in terms of lifestyles, mental health and other risks. Many people are reluctant to disclose their sexual orientation to their healthcare worker because they fear discrimination or poor treatment.

The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document National LGB&T Partnership Public Health England Department of Health

- There is substantial evidence of increased prevalence of suicide and self-harm and worse mental health outcomes among LGB&T people deaths linked to serious mental illness are often due to suicide.

d) What is the proposals impact on people with differing sexual orientation?

Case Study

J was a forty year old man who was gay but had struggled emotionally and psychologically all his life due to the fact he hadn't been able to tell his family. This resulted in him having a mental health crisis and being sectioned. As he started to recover he was quickly given 1-1 peer support. He was also given details of a local LGB mental health social group so he could access some social support.

His experience of being around other people that had experiences like his own was able to reassure him that he wasn't weird or unworthy. J then decided to come out to his family, and although it was difficult for him and them also, he felt like a weight had been lifted off his shoulders.

J said, "Without the social group and the advice I got from some of the people there I would have continued to pent up my anxieties and I don't know how much longer I could have gone on"

J still attends the social group fro about 11 months but hasn't needed further support from Clinical or social care services and feels better about himself.

It will reduce overall access for support and reduce the amount of people with differing sexual orientation who will engage with services. This maybe particularly significant as the culture of the well-being hubs enables people to make contact whether or not they are formally diagnosed and referred. In one of the services a self- organised support group for transgender people seeks to give some dedicated support.

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

1. Meetings have been held with the providers of all services to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. Providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

2. Further support has also offered to assist with providing any additional information/ support if required

3. It is also proposed that ESCC work with current providers and partners so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of the mitigation

Some services will remain at reduced capacity.

2. Services that continue to be funded may need to make changes to their access and referral criteria to ensure people in the most need of support can access services.
3. ESCC and providers work together to identify clients and their carers who have eligible needs and give advice about contacting their social services

team for advice and information about alternative services or ways of meeting their eligible needs.

4. ESCC and providers work together to identify people who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment.
5. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced, including referral for independent advocacy where that is desired.
6. Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

ESCC quarterly monitoring process

Monitor progress

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers

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

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

4.9.1 Rural population

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

Population by urban and rural areas in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

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

Mental health support is delivered across the rural populations of Wealden and Rother. It consists of two fixed wellbeing services in Uckfield and Crowborough and also delivers "pop-up" sessions in Mayfield and 1 session per week in Rye. Employment, Community Links and Peer support have workers who are peripatetic and service those areas of the county and have key performance criteria to ensure they deliver across the areas. The total of beneficiaries supported in "rural" locations is around 500 people.

Removal or reduction of levels of mental health support would be hard to mitigate due to fewer alternative support options and difficulty of travel. Social isolation and loneliness can alter behaviour, increasing chances of indulging in risky habits such as drug-taking, and plays a role in mental disorders such as anxiety and paranoia and is also a known factor in suicide.

Meaningful activities help to develop recovery, social inclusion and self-manage and stay well. Activities can include employment, volunteering, education and learning, personal interests, hobbies, and everyday activities. Participating in meaningful activities can help people maintain a sense of purpose and can help people feel engaged and stimulated.

Social isolation and loneliness can alter behaviour, increasing chances of indulging in risky habits such as drug-taking, and plays a role in mental disorders such as anxiety and paranoia and is also a known factor in suicide.

Wellbeing Centres

- Less access to early intervention and support with recovery from mental health acute crisis
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan or support for accommodation and care
- Fewer effective opportunities to build plans towards their personal recovery goals, resilience and self-management.
- Less respite and practical support for carers, including support with their own mental health needs

Employment Support

- People with mental health support needs are already the most disadvantaged care group regarding employment

- Fewer people will be supported into work
- Fewer people will move towards recovery
- Fewer people will be supported to keep their employment if they become unwell
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Community Links

- Fewer people supported for social inclusion support for people so they can develop support networks in their local communities.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Peer Specialist Service

- Fewer people supported to develop self-management "Recovery" plans that enable people to be self-resilient and reduce impact on front-line services.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Hard to engage vulnerable people

- Less or no support for homeless, street drinkers and people who may not have a formal mental health diagnosis due to their hectic lifestyles with impact on those individuals and their families and the local community
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Representation and advice

- Less or no welfare benefits advice and representation for vulnerable people leading to escalating practical problems that will impact further on mental health and resilience to live in the community, more mental health crisis and hardship.

Support for Early Onset Dementia

- Less Day support for people with early on-set dementia and respite for their carers leading to increased stress and isolation for individuals and their families.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term

- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

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

Yes. Access to alternative social, employment or group activity is much harder to access because most activity is delivered in the urbane and central areas.

As such, these proposals greatly effect the mental health, wellbeing and recovery options for the rural communities.

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

S lives in north Wealden is 50 years old and lives alone as her mother has just died. She became very isolated and stopped going out and caring for herself. She visited her local GP as she wasn't able to sleep at night. The GP suggested she attend a local mental health drop-in support and see if it would help.

Since attending she has now made friendships that extend outside the drop-ins. She attends her local church with friends and is part of an acting group.

She said "without the drop-ins that enabled me to make contact with other human beings I would have continued on a path of loneliness and ill-health. By enabling me to build up my confidence and establish friendships with the people around me has been a saviour"

Reduction of funding will reduce beneficiary numbers by around 50% or approximately 250 people. This impact is larger due to the population numbers associated with rural areas which are much smaller than East Sussex coastal towns.

This will be a reduction of people who are supported to maintain or improve their mental health or avoid crisis

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

Unclear due to fewer options available within the rural areas.

f) Provide details of the mitigation.

1. Services that continue to be funded may need to make changes to their access and referral criteria to ensure people in the most need of support can access services.

2ESCC and providers work together to identify clients and their carers who have eligible needs and give advice about contacting their social services team for advice and information about alternative services if available, or ways of meeting their eligible needs although that could be difficult in rural locations.

3ESCC and providers work together to identify people who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral or social care assessment.

4In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced, including referral for independent advocacy where that is desired.

5Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

ESCC quarterly monitoring

Monitor progress

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers

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

4.9.2 Carers

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

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

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

Around 60,000 people provide unpaid care across East Sussex. Statistics show[10] that around 20% of carers experienced common mental disorders, and this poor mental health was directly related to caring rather than other stressors.

Studies highlight that caring for someone with mental illness is challenging. Mental illness is a fluctuating condition, often misunderstood and stigmatised, and causing considerable emotional distress to carers who in turn are at risk to their own mental health and wellbeing.

Community mental health provision supports around 4000 individuals across East Sussex. Providers have identified someone as a carer if they are responsible for providing or arranging care for someone else who cannot care for themselves, is not paid for their role, and is different from a paid professional like a care worker or home help.

[10] NICE Physical and mental health of carers

Service users often don't see themselves as carers even in some obvious cases where they are supporting a family member such as their partner, child, parent, sibling or other relative.

The services also support a range of carers who get a break from their role simply due to them being supported in sessions or groups and allows them some time for themselves.

Providers of mental health wellbeing services report that there are around 2500 carers who may be affected by these savings proposals.

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

Yes, the impact will predominantly be higher amongst carers who have mental health or are supporting someone with their mental health due to the double correlation of that issue.

This is estimated to be around half of all people who access support with the mental health services

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

BB cared for his daughter who had Bipolar Effective Disorder. This made her very vulnerable and she was regularly abused by males, particularly when she lived alone. BB asked her to move back to the family home so they could support her better and keep her safe. This has help massively for her, however this has been hard work for BB and his wife.

One break that they get is when she attends a local wellbeing service for half a day 3 or 4 times a week. This gives the carers peace of mind as their daughter likes the support and is safe. They are able to get a valuable break from their caring and enables them to sustain their help and support for their daughter. These are very valuable to us. We wouldn't be able to do this without the short break and she would ultimately come to harm if she was living alone again.

The impact will be:

- Reduced support to people who are carers and need support with their mental health
- Reduced support for carers who get a break from their caring responsibilities while people attend services
- Reduced interventions for carers to access support which enables their development of family or other personal relationships
- Reduced support for carers to engage in work, training, education or volunteering
- Reduced support for carers to maintain their home and living environment
- Reduced support to carry out responsibilities the carer has for a child
- Reduced opportunity to engage in recreational activities

The inability to achieve the basic outcomes listed above could lead to eligible support needs which we have a statutory duty to meet due to the Care Act 2014

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

Meetings have been held with the providers of all services to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers.

Providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also offered to assist with providing any additional information/ support if required

It is also proposed that ESCC work with current providers and partners so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of the mitigation.

1. Services that continue to be funded may need to make changes to their access and referral criteria to ensure people in the most need of support can access services.

2ESCC and providers work together to identify clients and their carers who have eligible needs and give advice about contacting their social services team for advice and information about alternative services if available, or ways of meeting their eligible needs.

3ESCC and providers work together to identify people who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment.

4In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced, including referral for independent advocacy where that is desired.

g) How will any mitigation measures be monitored?

ESCC will monitor progress quarterly

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers

(Providers/Commissioning Team, during the notice period)

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

4.9.3 People on low incomes/homelessness

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

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

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

Poor mental health is prominent within low income and poverty there are nearly 69,000 households in East Sussex recorded as having household income less than 60% of the national average.

East Sussex (particularly Hastings) has a higher than average homelessness population, for people who are homeless the prevalence of mental health issues could be as high as 75%.

Mental health provision supports people to manage their debt and seek support around housing issues. They also support other co-morbid issues such as long term health problems and drug or alcohol dependency that also co-exist in these cohorts.

The proposed savings will reduce the service availability across the county including within the most deprived wards for people with the biggest health inequalities.

One service (Seaview St Leonards on Sea, Hastings) specifically engages with hard to engage vulnerable people. These can be homeless, unemployed, newly released from prison. More often than not they are known to local police around street drinking and drug and alcohol issues.

The service ensures that people access basic health care and check ups, and also supports people accessing emergency accommodation or enables them to get support from other agencies.

There are wellbeing services that service all the major low, socio economic areas in East Sussex and peripatetic support has KPI that ensures people from those areas are engaged and supported.

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

Hastings has a significant number of people who attend services that are specific to homelessness and low income people (approx. 600) and mental health services that support this group will be affected by the proposed savings.

Due to the correlation of poor mental health and low income/homelessness, reduction of the offer of support will impact people more than the general population.

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

Peter is an ex offender with Schizophrenia and has a background of homelessness, drugs and alcohol. Peter attends the drop ins every day and gets a hot meal. He said " Before I came here I never engaged with mental health services and was always quite unwell due to that. I used to steal to get money for drink and drugs. The help from Seaview has got me to start a drug programme, look after my mental health and I have stopped offending. If I didn't get this support from Seview I would certainly be back in prison. And I would have been able to self manage my mental health condition"

Peter now volunteers at the drop-in as he wants to give something back to the service that saved his life.

High risk that the savings levels on Seaview (which support 566 people per annum) will be decommissioned. Other services that may offer support in mitigation of that will also be reducing their capacity and offer.

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

Meetings have been held with the providers of all services to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. Providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also offered to assist with providing any additional information/ support if required

It is also proposed that ESCC work with current providers and partners so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of the mitigation. People who have eligible needs will be signposted towards a Social care assessment

g) How will any mitigation measures be monitored?

ESCC will monitor progress quarterly

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers

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

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

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

Part 5 – Conclusions and recommendations for decision makers

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

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups
- In parallel with considering the PSED the Care Act 2014 introduced the responsibility to deliver parity of esteem for people with mental health issues as compared with physical impairments and carers support. The RPPR proposals are to reduce community support for people with mental health needs by 80%. This will leave a proportionately very small investment for the support of mental health in the community.

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

X	Outcome of impact assessment	Please explain your answer fully.
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	There is potential for **serious adverse impact** on individuals with mental health needs who will become unable to access suitable services and support as a result of the proportion of the budget savings being made through the CGP funded services. A very small proportion of services are currently proposed to retain funding (total ASC funding for currently 4000 users will be £150, 000). A number of this cohort of people have in the last 3 years moved from residential care services into supported accommodation or independent living.. This has been successful due to the support received from these services. There is a high risk that individuals will develop needs that are a risk to themselves and others for example high levels of mental health distress, aggression, and potential for suicide (HRA Right to Life). The quality of life and safety is severely impacted by removing or significantly reducing mental health support services in the community. (C) In addition there is potential failure to advance equality of opportunity between people with different degrees of need for mental health support because at this time individuals who receive support within their care plan under Section 117 of the Mental Health Act 1983 have not had an assessment of the impact these savings may have on their current support plan/services. (c) Also potential failure to advance equality of opportunity between people with mental health needs and individuals with other impairments whose day support services are not funded within the voluntary and social enterprise sector. The Care Act 2014 introduced the responsibility to deliver parity of esteem for people with mental health issues as compared with physical impairments and carers support. (c)
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
X	**C Continue the policy/strategy** - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it *must* be removed or changed.	

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

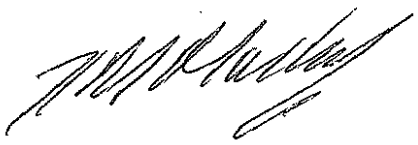
ESCC will monitor progress quarterly

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers

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

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

January 2017

Date completed:	**09/12/2015**	**Signed by (person completing)**	
		Role of person completing	**Strategic Commissioning Manager**
Date:		**Signed by (Manager)**	

Part 6 – Equality impact assessment action plan

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

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

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

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

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
Section 117 of the Mental Health Act 1983	Ensure that all service users on s117 are still safely supported as part of their s117 care plan	Martin Robinson & SPFT operational Lead	Jan 2016 – Feb 2016	Operational resource's Unknown Personal budget or other cost risk	Consultation
Assessment of eligible needs and risks for current cohort of clients and carers	Providers identify clients who are eligible and require an ASC assessment.	Kenny Mackay	Jan 2016 – Feb 2016	Operational resources Unknown, personal budgets or other cost risk	RPP&R
Ensuring communication needs are met	Providers to audit communication needs of cohorts	Kenny Mackay	Jan 2016 – Feb 2016	Commissioner report None	RPP&R

Provision of advocacy support	Referral made where required	Nigel Blake Hussey	Jan 2016 – Feb 2016	none	RPP&R
working with providers to model the service based on potential funding	Providers developing different funding models showing reduced capacity of services	Kenny Mackay	November 2015	None Task completed	RPP&R
Monitoring provision of information, referral and signposting during the notice period	Develop KPI to be collected by providers	Kenny Mackay	January 2016	None	EIA
Develop a monitoring process to capture activity with SPFT and providers	Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning) Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this	ASC Performance Team; ESBT Programme	February 2016	None	EIA & RPP&R

Page 373	includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team) Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)				

6.1 Accepted Risk

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

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Significant risk to crisis and acute mental health provision which is already overburdened	Financial (For other partners)	Potentially	EIA & Cabinet Report	Kenny Mackay	February 2016
More People requiring Adult Social Care assessments and support due to reduction of mental health support	Financial	Potentially	EIA & Cabinet Report	Kenny Mackay	February 2016
Higher likelihood of people requiring additional eligible support for accommodation and care					
Less respite and practical support for carers, including support with their own mental health needs	Financial	Potentially	EIA & Cabinet Report	Kenny Mackay	February 2016

	Financial	Potentially	EIA & Cabinet Report	Kenny Mackay	February 2016
Less funds will be available for culturally appropriate services e.g. interpreting, translation of documents, proactive BME engagement which is required to reach out to BME community groups.	Moral/Financial	Potentially	EIA & Cabinet Report	Kenny Mackay	February 2016
Low opportunities for mitigation as the prospectus services represent 100% of MH community provision. And will impact on Community Grant	Moral/financial	Potentially	EIA & Cabinet Report	Kenny Mackay	February 2016

Equality Impact Assessment

Name of the proposal, project or service
Decommissioning of Commissioning Grants Prospectus Older People Outcome

File ref:		Issue No:	
Date of Issue:	January 2016	Review date:	January 2017

Contents

How to use this form

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

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

You can delete the comments as you would for normal text, but they will not show up if you print out the form.

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

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

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

1.3 The Public Sector Equality Duty (PSED)

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

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

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

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

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

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

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

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

- Literacy/Numeracy Skills
- Part time workers
- Rurality

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

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

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

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

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

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision,this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.

- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

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

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

2.1 What is being assessed?

a) Proposals to reduce funding for:

Services commissioned for Older People through the 2014 Commissioning Grants Prospectus

Outcomes will ensure that local people:

- Are supported to maintain their independence, physical health and mental wellbeing, self care and rebuilding of confidence are promoted;
- Feel they have more choice and control;
- Feel integrated and more connected with the wider community (building social capital);
- Feel less socially isolated; and
- Will be aware of where to access advocacy, advice and information services

The specific services are:

Objective 1 - Support timely return home from hospital and to prevent admission/readmission

Home from Hospital – short term discharge support by volunteers EH & S CCG.

Home from Hospital – short term discharge support by volunteers H&R, HWLH CCGs.

Take Home and Settle – discharge support including transport home from Eastbourne District General and Conquest Hospitals.

Objective 2 - Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

Eastbourne Shed – educational, occupational, leisure activity opportunity in Eastbourne.

123 Service – on-going access to day opportunities with different levels of support /transport/ activities.

Befriending service for people with early stage dementia to maintain independence.

Weekly day centre/lunch club promoting independent living for those isolated in the rural Marsham area.

Get Well, Stay Well Newhaven – good neighbours service combatting isolation in the community.

Community participation and activities coordinator in Wealden district.

b) What is the main purpose of these proposals?

Objective 1 - Support timely return home from hospital and to prevent admission/readmission – elements to include:

- Maintenance of independence and rebuilding of confidence;
- Integration and signposting to services in the wider community; and
- Assistance with transport home.

Objective 2 - Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness – elements may include:

- Support to access a range of local social, leisure, educational, community health and recreational activities;
- Promotion of good physical and mental health and self care;
- Empower and support clients to build wider social networks and opportunities through participation in community/group activities to support healthy lifestyles in their everyday life;
- Local volunteer and community involvement;
- Respite for carers; and
- Assistance with transport

c) Manager(s) responsible for completing the assessment

Geraldine O'Shea

2.2 Who is affected by the proposals and how?

Objective 1 (Support timely return home from hospital and to prevent admission/readmission)

A mixed community of people aged 55 years or older and/or their carer who are normally resident in East Sussex.

People who may have care and support needs and/or are in the early stages of dementia and/or who have physical disabilities and long term conditions.

Objective 2 (Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness)

A mixed community of people aged 55 years or older and/or their carer who are normally resident in East Sussex.

People with more complex needs, particularly those with Adult Social Care eligible needs, or at risk of developing eligible needs and/or are in the early stages of dementia and/or who have physical disabilities and long term conditions.

How:

Objective 1- services commissioned under this objective provide practical support (transport from hospital to home and then follow up support once home). If these services are removed this may lead to delays in people returning home, increased risk of admission / readmission to hospital due to failed discharge and may lead to deterioration in their physical and mental health and wellbeing.

Objective 2- services commissioned under this objective provide a range of services to support people to become more involved their community and reduce social isolation. If they are removed this may reduce access to these type of services for some people and may lead to deterioration in their physical and mental health and wellbeing.

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

If the Council decide to go ahead with these budget proposals these services will be decommissioned. A 3 month notice period will be served on providers.

Providers will be asked to communicate this to people using the service at that time and work to identify options for them, where appropriate.

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

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

The key partners are East Sussex County Council Department - Adult Social Care and Health and the local NHS who are involved as joint investors; and third sector organisations who are currently providing these services. Providers have been advised of this proposal and will be working with ASC and health partners to assist in informing their staff and clients and their carers of this proposal and the consultation process.

It is acknowledged that these services are part of a range of voluntary and community sector services that could support efforts to transform health and social care in East Sussex under East Sussex Better Together. The East Sussex Better Together Programme was set up by the County Council and Clinical Commissioning Groups to provide the best possible health and social care outcomes for the resources we have available. As the County Council faces immediate cuts to its budget we are working with our Clinical Commissioning Group partners to consider the impact this has overall and how we manage the short-term risks to support the long term objectives for transformation.

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

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

- **A general duty to promote wellbeing** (this includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships; suitability of living accommodation; and the individual's contribution to society).
- **Focussing on the person and their needs**, their choices and what they want to achieve.

- Providing, arranging for **the provision of services, facilities or resources**, or taking other steps to prevent, reduce or delay the development of needs for care and support (including carers).
- Providing, or facilitating access to, **information and advice** to enable people, carers and families to take control of, and make well-informed choices about, their care and support (including independent financial advice).
- Arranging **independent advocacy** where someone has substantial difficulty being involved and there is no-one appropriate to support and represent them.
- **Parallel rights for carers and a focus on the whole family.**
- Joining up with **health and housing.**
- **Market shaping** including supporting sustainability and encouraging a variety of different types of providers to ensure people have a choice of different types of service. This includes independent private providers, third sector, voluntary and community based organisations, user-led and small businesses.

The guidance on section 2 of the **Care Act 2014** defines the local authorities' responsibilities for prevention and how this applies to adults. This includes three general approaches,

1. Primary prevention/promoting well- being
2. Secondary prevention/early intervention
3. Delay/ tertiary prevention

The services in this proposal are primarily aligned to the primary prevention approach.

Other legislation that is relevant to these proposals is The Human Rights Act (see section 4.10)

2.6- 2.8 How do people access or how are people referred to the services, if there is a referral method how are people assessed? How, when and where are the services provided? Please explain fully.

<u>General access to services</u>

All services are expected to market and promote the services to ensure that people can be supported to access services and have the required information to inform choice. This includes fully utilising social media and presenting to key staff groups/ organisations/ forums. Providers have key milestones to achieve in this area and report progress on these in quarterly performance reports provided to ESCC.

<u>General referral method</u>

All services are expected to provide clear and accessible information on the service, eligibility criteria (as appropriate) and who it will benefit to potential referrers so that appropriate referrals are made. Protocols have been established between some of the providers to prevent duplication and support effective referral processes.

Summarised below is additional information on each service:

Objective 1

Home from Hospital services - referrals to the service are countywide from adult social care staff, acute and primary care staff, self- referrals and family members and other voluntary and community organisations. On receipt of referral information, assessments are carried out either over the phone or in person by a trained member of staff either prior to the person leaving hospital or when they have just returned home. Practical/ emotional support is provided by volunteers to person and /or their carer over the telephone or through home visits for up to 6 weeks. Support includes shopping, collecting prescriptions, accompanying frailer patients to appointments, wellbeing calls and referrals to ongoing support.

Take Home and Settle service- referrals are primarily from the Hospital Intervention teams, discharge lounge and ward staff on site at the Conquest and Eastbourne District hospitals. On receipt of referral information, assessments are carried out in person by a trained member of staff prior to the person leaving hospital. Transport home and short term practical/ emotional support is provided by member of staff. Support includes shopping, collecting prescriptions and referrals to ongoing support from HFH service or other services if required.

Objective 2

123 Service -referrals to the service are countywide from adult social care staff, NHS staff, self- referrals and family members and other voluntary and community organisations. On receipt of referral information, assessments are carried out in person by a trained member of staff in the persons' home. This is a locally-focused volunteer-based service which is provided county wide and aims to establish on-going access to day opportunities. There are 3 support-levels (up to 1 year):

1. Companionship (befriending; shared activities; practical help) to explore options;
2. Transport/escorts to support access to opportunities;
3. Support/encouragement to continue accessing opportunities and maintaining own friendships/networks without the project's involvement.

The service also enables carers to benefit from a short break.

Get Well, Stay Well Service- referrals to the service are from the Newhaven, Peacehaven, Telscombe Cliffs ,East Saltdean and surrounding areas from adult social care staff, NHS staff, self- referrals and family members and other voluntary and community organisations. On receipt of referral information, assessments are carried out either over the phone or in person by a trained member of staff. This is a locally-focused volunteer-based service which supports through a 'good neighbour' model of support including befriending, support with domestic and practical tasks (help with shopping), a fortnightly social club, carers respite and referrals on to other services.

Eastbourne Shed - referrals to the service are from the Eastbourne area from adult social care staff, self- referrals, family members and other voluntary and community organisations. On receipt of referral information, assessments are in person by a trained member of staff. The 'shed' is in a warehouse in Eastbourne and provides an opportunity for people who may have previously been reluctant/ or not been able to engage in community activities (people living with dementia and those without transport) to pursue practical interests such as DIY, woodwork, model making, to talk to each other, offer peer

support, share skills and meet new people. Support is provided by a paid member of staff and volunteers. The service also enables carers to benefit from a short break.

Befriending service- referrals to the service are countywide from adult social care staff, NHS staff, self- referrals and family members and other voluntary and community organisations. On receipt of referral information, assessments are in person by a trained member of staff. The service is countywide and provides companionship and social support for people in the early to moderate stages of dementia. Trained volunteer befrienders work with the person with dementia to identify interests, supporting them to plan activities and take part in interesting and entertaining activities which help them stay as independent as possible. The service also enables carers to benefit from a short break.

Weekly day centre/lunch club in Fairlight- referrals to the service are primarily from the Fairlight, Guestling, Icklesham, Winchelsea Beach, Pett Level and Pett areas from adult social care staff, NHS staff, self- referrals and family members and other voluntary and community organisations. This service offers a weekly day centre and lunch club in Fairlight community Hall for elderly, isolated and lonely people. People enjoy a healthy, home-cooked lunch, social interaction, entertainment and physical exercise. Health information, on site toe nail cutting services and a hearing aid maintenance service are also provided. The service also enables carers to benefit from a short break.

Community participation and activities coordinator in Wealden district- referrals to the service are primarily from the TN21/TN22 area from adult social care staff, self- referrals and family members and other voluntary and community organisations. On receipt of referral information, assessments are in person by a trained member of staff. The project initially undertook a survey across Wealden, researching what activities and groups are currently available and what is missing and then organised new learning/socialisation opportunities which included movement to music and Android tablet training sessions in the Wealden area.

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

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

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

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

None

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

The total number of concerns received during this period was 4,023. 810 led to a safeguarding enquiry.

Age group	Concerns received
18-64	1374
65-74	485
75-84	864
85-94	1095
95+	183
Unknown	22
Grand Total	**4023**

Age group	Number of enquiries started
18-64	281
65-74	92
75-84	174
85-94	228
95+	33
Unknown	2
Grand Total	**810**

Older people in the oldest age groups are more at risk. The most frequent area of recorded risk is neglect, followed by financial and physical abuse.

Type of abuse	Number of enquiries started
Discriminatory	1
Emotional / Psychological	46
Financial	128
Institutional	1
Neglect	307
Physical	120
Sexual	27
Not yet recorded	180
Grand Total	**630**

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

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

Research and guidance

The guidance on section 2 of the **Care Act 2014** states:

'*it is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach crisis point'.*

'*The local authority's responsibilities for prevention apply to all adults…'*

The guidance also describes three general approaches to prevention,

1. Primary prevention/promoting well- being

2. Secondary prevention/early intervention

3. Delay/ tertiary prevention

The **Social Care Institute for Excellence (SCIE**) has a prevention library of information on emerging practice and research which provides a range of evidence on the potential benefits of practice / services to promote well-being and prevent physical and mental health deterioration in older people and their carers. See link below:

http://www.scie.org.uk/prevention-library/getsearchresults?f_subject_terms=older+people&st=atoz

NICE has just bought out some guidelines (NG22) for Older people with social care needs and multiple long-term conditions
http://www.nice.org.uk/guidance/ng22/chapter/recommendations

Section 1.6.5 advises '*Consider contracting with voluntary and community sector enterprises and services to help older people with social care needs and multiple long-term conditions to remain active in their home and engaged in their community, including when people are in care homes'.*

Stonewall's research Lesbian, Gay and Bisexual People in Later Life (2011) highlights how key risk factors for social isolation affect older lesbian, gay and bisexual people in unique and disproportionate ways.

The research shows that older (over 55) lesbian, gay and bisexual people in Britain are more likely than their heterosexual counterparts to: live alone (41% compared to 28%), be single (41% compared to 28%) and have less contact with family (less than a quarter of lesbian, gay and bisexual people see their biological family members at least once a week compared to more than half of heterosexual people). Gay and bisexual men and women are also less likely to have children (just over a quarter of gay and bisexual men and half of lesbian and bisexual women have children compared to almost nine in ten heterosexual men and women).

Older lesbian, gay and bisexual people are also therefore nearly twice as likely as heterosexual people to expect to rely on a range of external services as they get older, including GPs, health and social care services and paid help.

Concerns around social isolation are also shown to be high for older transgender people in the **Trans Mental Health Study** 2012 by Jay McNeil, Louis Bailey, Sonja Ellis, James Morton & Maeve Regan:

'There were fears around isolation and ageing, with many people losing family and friends or employment opportunities.

Provider Engagement

Meetings and /or telephone calls have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers.

As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also been offered by ASC to assist with providing any additional information/ support if required.

Public Consultation A full public consultation on the RPPR proposals has taken place between 23rd October- 18th December 2015. This has included a survey, comments and public drop-in events and has been open to clients and carers, member's of the public, providers and other stakeholders.

Inclusion Advisory Group took place on 3rd November 2015. Comments on the proposals are below.

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

Inclusion Advisory Group 3rd November 2015.

The full range of RPPR proposals have been presented to the Inclusion Advisory Group. Key points of feedback below.

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

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

Some people will be impacted multiply e.g. disabled people overall and especially people with mental health issues and those where housing options are being removed or reduced where there is a high continuing demand e.g. mental health services, homelessness services, young people's services. A high likelihood of increasing numbers of people living on the streets.

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

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

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

Risks

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

- Risk of assumptions about families stepping in and the impact this might have, e.g. on LGBT people and older people.
- Risk to volunteering -volunteers may be impacted by cuts and less able to carry out voluntary work
- Increased charges for voluntary organisations services.- risk to people on low incomes.

Recommendations

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

Public Consultation results

Comments included general views and comments on particular services, in this case MOPPs, Home from Hospital and Take Home and Settle services. Home from hospital services were recognised as excellent services that should be protected, with a number of people raising the issue of pressure on the NHS and bed blocking if funding stopped. The Parish Council responded regarding MOPPs explaining the value of the service and the fact that the needs of people would still need to be met. Isolation was also mentioned as an issue of removing funding for this service. Increased costs through people needing other services and the risk of voluntary sector closures were also raised. Suggestions included raising Council tax, cutting out duplicate services and cutting admin and management costs.

People will be housebound and isolated, with others being stuck in hospital without help to get home. All of this will put more demands on social care in the long term. Some comments on the range of voluntary sector services which may close which will have a negative cumulative impact on older and disabled people.

'I believe the voluntary sector are already providing much needed services in the community that statutory services have not been able to provide over a number of years. If these cuts go ahead they will be leaving a big gap again for the most vulnerable / disabled in the community. **Home from hospital,** ESDA daily living centre, Hearing Resource. As we are all living longer these services are even more important.'

Age Concern Eastbourne **a**sks Councillors to watch a video of people who use the Eastbourne Shed service as well as commenting on Home from Hospital which has exceeded its targets and is a vital transition service. Stopping the service would affect the work of East Sussex Better Together and increase NHS costs. Eastbourne Shed is an innovative service that has been a model for other local groups. Stopping funding would increase social isolation with direct impacts on peoples' mental and physical health.

A number of people commented on the savings and the impact. In terms of helping people, keeping them informed and offering alternatives were raised as was reducing or phasing the cuts to organisations who can then look for alternative funding.

'Who will do this service if **Home from Hospital** closes? What will happen to those discharged from hospital? This service provides a helping hand to get clients back on their feet so they can help themselves. They need this helping hand at this important time. Not everybody has a family or kind neighbours to help them. This is short term help by caring volunteers. What will happen if this help is withdrawn. Think about the consequences.'

'It may not be possible for some elderly people to return home after a hospital procedure so soon, without help from outside agencies. Many are not in a position to pay for the help they need. So more bed blocking!'

'If Marsham Older People's Project (MOPP) were to close due to not receiving their funding then members would not get to go out once a week and have access to the services they provide, such as hearing aid maintenance and toe nail cutting. As well as social interaction with their peers -the members would be housebound and isolated. Possibly resulting in depression and loneliness which may have an impact in other areas such as the health service.'

Age UK submitted client feedback from the Take Home and Settle service which illustrates the perceived impact of removing this type of service:

"13 of 36 who responded said they would have stayed in for another night and 18 said they may have stayed in longer. 21 of the 36 that if the service didn't exist they would have had no one to support them, while 11 said family and friends would have supported them and 1 said they would have received professional support. 35 people said it would be a significant loss if the service had to stop and 1 said it would be a loss. Comments included: "I would have made my own way home by public transport against the advice of the hospital staff". "I would have had to stay in hospital longer or wait a long time for transport". "I would have had to wait for equipment which might result in another fall."

The impact on carers (both in their caring role and with support needs in their own right) has also been highlighted by several respondents, including the multiple impact of savings made across several voluntary sector services at once:

'…. we wish to note that funding for carers' services has not been included in the savings proposals, and we welcome ASC's recognition of carers. That said, carers' primary concern is that those they look after are safe and well cared for, and the loss of many of the services, and indeed organisations, that may be affected would have a significant impact on carers and those they care for.

We expect the savings to increase the intensity of caring roles, and to reduce carers' access to respite and practical support beyond that offered by dedicated carers' services. For carers, this is likely to translate into increased stress and physical health problems, greater difficulties in juggling caring and employment, and reduced finances. The impact of this will be felt by statutory social care services, but also health.

Whilst we find it hard to prioritise some services over others, those services of particular importance to carers include: Advocacy, Welfare and benefits advice, **Home from Hospital, Take Home and Settle**, and the Disability Living Centre. '

'Many carers also have their own care needs, and risk feeling the effect of cuts to services multiple times, both as a carer and service user. '

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

Part 4 – Assessment of impact

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

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

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

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

These services are primarily aimed at and accessed by people over 55. Data provided by providers on clients using these services for the period October 2014- September 2015 who responded to a request for information on their age is as follows[1]:

Objective 1 **Support timely return home from hospital and to prevent admission/readmission**

Under age 54 = **15** people

Age 55 plus = **1701** people

Age 65 plus = **1585** people

Age 85 plus = **792** people

Preferred not to say their age = **45.**

Objective 2 **Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness**

Under age 54 = **23** people

Age 55 plus = **676** people

Age 65 plus = **618** people

Age 85 plus = **158** people

Preferred not to say their age = **8**

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

People over 55 and in particular people over 85 access these services (Objective 1 and 2) and therefore will be affected more than those in the general population. Within this age group a number of people will have carers or be carers and therefore will also be more affected than the general population.

Objective 1 Support timely return home from hospital and to prevent admission/readmission

If these proposals are implemented this may lead to delays in people returning home from hospital, increased risk of admission / readmission to hospital due to failed discharge, which may

[1] It should be noted that the quality of this data has been verified by ESCC and some minor discrepancies were identified. However in general the data primarily provides an accurate overview of the protected characteristics in this report where this data has been used.

lead to deterioration in their physical and mental health and wellbeing and lead to increased health, care and support needs.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

If these proposals are implemented this may reduce access to these type of services for some people and therefore increase social isolation which may lead to deterioration in their physical and mental health and well -being and lead to increased health, care and support needs.

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

These proposals will have most impact on people over 55 and in particular people over 85 who primarily access these services. Within this age group a number of people will have carers or be carers and therefore will also be more affected.

Objective 1 Support timely return home from hospital and to prevent admission/readmission

As people get older they require more support when leaving hospital as family members may have moved to another area, spouses/ partners/ carers may also be frail and unable to assist or are deceased.

Support with transport may be required due to other demands on hospital transport, reduced or non-existent available public transport to rural areas or expensive private transport. Following on from this, support once home may be also be limited due to family members living in other areas, spouses/ partners/ carers also being frail and unable to assist or deceased.

Summarised below is a case study which is provided by providers of these services each quarter as part of performance monitoring information. The case study illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented

Case study- Take Home and Settle Service

A client in their mid-sixties was admitted with a broken pelvis. She had moved to the area about a year ago with her husband after he had retired. This meant she had no local relations or long term friends living close by. Her husband has since died unexpectedly (three months ago) so the client was alone.

Services provided.

Mrs P was taken home in transport provided by the service. A toilet frame and rollator frame was put in place. The provider fed the dog and went to collect painkiller medication from the pharmacist as the hospital had only prescribed enough for three days. Upon getting to the pharmacist the provider was told that the prescription from the hospital was not specific enough since it needed details of the actual number of tablets before they could proceed. The provider then went to Mrs P's surgery to get a new prescription from the G.P. as a way of avoiding returning the 17 miles to the Conquest as the client was in great pain and needed relief. The surgery was very helpful and the G.P. not only wrote out a new prescription but also prescribed enough for two weeks!

<u>Outcome</u>

Mrs P had the appropriate equipment at home and the pain killers to see her through a longer period before she would be able to get out to the pharmacist. Mrs P said she would have been completely stuck were it not for the service and probably would have had to been readmitted to hospital because of the pain.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

As people get older they may become socially isolated as family members/ friends may have moved to another area or they themselves have moved to another area when they have retired and find it difficult to get to know people. Due to increasing age related health issues they may also find it hard to get out and about in their community socialise. Spouses/ partners/ carers/ friends may also be frail or are deceased. There is evidence (see 3.4) that social isolation has a negative impact on people's mental and physical health and well being.

Summarised below is a case study which is provided by providers of these services each quarter as part of performance monitoring information. The case study illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented

Case study- befriending service for people in early or moderate stage of dementia

Mrs M. is 78 years old and has lived in Sussex all her life. She has been married to her husband for 57 years and they both live in sheltered accommodation. In their early married life they ran a number of successful pubs in Eastbourne and the local area but after having her 3 children, 2 of which were profoundly disabled**,** Mrs M worked in a local tea shop in Eastbourne.

Mrs M was diagnosed with dementia in June 2014 and was referred to the Befriending Service late December 2014 by a Dementia Advisor. Mrs M felt that she was becoming more isolated and losing her confidence as she felt she wasn't able to communicate as well with people as she had difficulty in finding words and sometimes finishing sentences. She also has additional health needs which meant that she wasn't as mobile as she had been previously. Mrs M was assessed and risk assessed. During the assessment Mrs M expressed that she missed the company of younger people and would welcome a young Befriender to visit her. She particularly wanted to chat about everyday things; e.g. the news, what was current on TV and soaps. She also wanted to leave the flat and go down to the communal hall for some coffee.

We were able to match her with one of our young volunteers who are currently studying physiotherapy at the University of Brighton. As part of a first year module the students have to find a non-clinical volunteer placement for a minimum of 30 hours involvement. It was explained that the expectations from the Society was that involvement should be a minimum of 9 months which was agreed. As a trial, the summer holiday period would be covered by phone calls or postcards/ letters from the student until their return in September. This would also be explained to the person they were going to befriend.

S had some prior experience of working with people with dementia and also has an elderly grandmother of whom she is very fond. S and Mrs M were successfully matched on 7/05/2105. S had a copy of Mrs M's support plan so she knew which topics and activities Mrs M would like to do during her visits. Unfortunately in mid-June, Mrs M had a fall which necessitated a stay in hospital. S kept in contact via phone and card during this time which was appreciated by Mrs M and her husband.

Feedback from Mrs M -Mrs M felt that she was able to chat more freely with S and that she didn't feel anxious or "silly" when she forgot words. "I really look forward to her coming .She's like a breath of fresh air."

Feedback from Spouse "It has been delightful when S visits as she and my wife never stop talking and laughing!"

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

Meetings have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015). Further support has also offered to assist with providing any additional information/ support if required

It is also proposed that ESCC work with current providers so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of the mitigation.

Where a high adverse impact has been identified for individuals and key services to have ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress on

- Outcome of discussions with Clinical Commissioning Groups to agree future commissioning and funding arrangements
- informing clients and carers
- numbers of people referred to independent advocacy and/or to assessment and support planning teams
- people accessing alternative services

  (Providers/Commissioning Team, during the notice period)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates

voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)

- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)

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

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

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

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

Data provided by providers from these services for the period October 2014- April 2015 is as follows:

Objective 1 Support timely return home from hospital and to prevent admission/readmission

Disability	1164
Physical Impairment	743
Sensory Impairment	151
Longstanding Illness	457
Mental Health Condition	218
Learning Disability	7
Other	9

The above data is based on people who answered these questions and illustrates that **66 %**[2] people have a disability and that some people may have more than one form of disability.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

Disability	289
Physical Impairment	73
Sensory Impairment	66
Longstanding Illness	130
Mental Health Condition	81
Learning Disability	8
Other	2

The above data is based on people who answered these questions and illustrates that 41%[3] people have a disability and that some people may have more than one form of disability.

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

[2] This % is based on the 1761 people who responded to the question on age.

[3] This % is based on the 707 people who responded to the question on age.

Objective 1 Support timely return home from hospital and to prevent admission/readmission

Yes. 66% of the people receiving these services have some form of disability including physical and sensory impairment and mental health and long standing illness (see above). Some people may have all of these conditions. These services provide support for people when they are at their most vulnerable and often require additional support due to their disability.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

Yes. 41% of the people receiving these services have some form of disability including physical and sensory impairment and mental health and long standing illness (see above). Some people may have all of these conditions. These services provide support for people who may become socially isolated due to their disability and may also help prevent further deterioration and some people from developing a disability.

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

These proposals will have a significant impact on people who have a disability as these services are primarily accessed by people over 55 and people in this age group (and in particular aged over 85) are living with at least one form of disability or long term illness. This is illustrated in the information in item 4.2 b.

Objective 1 Support timely return home from hospital and to prevent admission/readmission

As people get older they require more support when leaving hospital as it is likely that they will be living with at least one form of disability or/ and long term illness. This combined with other factors such as limited or no support from family members (they may have moved away) or friends/ spouses or partners as they may also be living with a disability leads to a need for support from other external agencies.

Summarised below is a case study which is provided by providers of these services each quarter as part of performance monitoring information. The case study illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented for someone living with a disability.

Case study- Home from Hospital Service

Mr M was referred to the HFH service by Lewes Neighbourhood Support Team (LNST). He is 59 and lives alone in his own house close to the centre of Eastbourne. His only family are a sister and mother, who live in London, and his father is in a care home with Alzheimer's. It was understood that he had no support at home and Mr M is on long term sick as a result of a hit and run accident in 1982 and is now a full time wheelchair user. He has an intense dislike and mistrust of all things official.

Mr M was being discharged from the Meadow Lodge facility in Lewes having had a shoulder operation and rehabilitation. He needed to be met by someone at his home on the day of discharge. The LNST were unable to refer to the Age UK Take Home and Settle Team as they are only contracted to take people from the Eastbourne District General and Pembury hospitals, so they phoned AGE Concern Eastbourne for support.

It was agreed that the Co-ordinator would meet him on the morning of 2nd December and that the Meadow Lodge staff would contact her when he left. The transport was cancelled and Mr M was discharged the following day.

On arrival at the house, the front door was open, having been left open by the ambulance staff: the temperature was close to zero and Mr M was in bed in the living room – directly accessed from the front door.

His boiler, Lifeline machine and smoke alarm were not working. He did not want to fix his boiler because he had to pay towards his carers cost and could not afford both that and the cost of his utility bills.

Following a conversation with the co-ordinator he was happy to discuss his situation and the support he currently had in place. The following actions were taken:

- The front door was closed properly
- He was advised to register with his utility company as a Priority User and to check he was on the lowest tariff.
- The LNST was contacted to request a referral to the STEPS service who would provide support to assist with the boiler repair; to contact East Sussex Fire and Rescue Service to sort out the fire alarm; and to contact the Lifeline company to repair the machine.

The co- ordinator contacted his friend/carer to ensure that he did not require any shopping – she covered this with another friend – and to point out that there were no keys in the key safe (she had them). Mr M did not require any further support at this stage from the HFH service.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

As people get older it is likely that they will be living with at least one form of disability or/ and long term illness issue and this may make it hard to get out and about in their community to socialise. This combined with other factors such as limited or no contact with family members/ friends as they may have moved to another area or they themselves have moved to another area when they retired and find it difficult to get to know people. There is evidence (see 3.4) that social isolation has a negative impact on people's mental and physical health and well- being.

Summarised below is a case study which is provided by providers of these services each quarter as part of performance monitoring information. The case study illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented for someone living with a disability.

Case study- Eastbourne Shed

Mr S is 64 and was an engineer. He is at The Ambersone Rehab Unit. He suffers from depression and anxiety and finds it very difficult to communicate with other people.

He attends the shed weekly and comes to our wood turning sessions. From being isolated and introverted he now communicates with the other shedders and says this is the best time of his week. He would like to come more and we are discussing the possibilities of this with Amberstone. Whenever they come to pick him up he does not want to leave. Being able to make

something and being at the shed has made a great difference to him and given him something to do which he genuinely enjoys and gives him a positive focus.

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

Meetings have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015). Further support has also been offered to assist with providing any additional information/ support if required

It is also proposed that ESCC work with current providers so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of any mitigation.

Where a high adverse impact has been identified for individuals and key services to have ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arranging independent advocacy if required.

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress on

- Outcome of discussions with Clinical Commissioning Groups to agree future commissioning and funding arrangements
- informing clients and carers
- numbers of people referred to independent advocacy and/or to assessment and support planning teams
- people accessing alternative services

(Providers/Commissioning Team, during the notice period)

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

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

Ethnicity is not impacted by this proposal

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

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

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

The ONS Mid-Year Population Estimates population data for East Sussex by **gender** as in June 2014 shows 55.6% of the population over 65 years are female and 44.5% are male.

Gender Identity:

Gender Identity:

Transgender men and women are reluctant to 'come out' to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected gender identity data to date.

In an attempt to gather data on numbers of transgender people in East Sussex, and better understand their needs to ensure an appropriate service response for this group, data from 254 "About You" forms were analysed in Quarter 2, as part of the Listening To You satisfaction questionnaires. The questionnaires were sent to a random sample of clients and carers who had had the provision of OT equipment or sensory equipment / service in the 3 last months; people who had a Direct Payment put in place or reviewed in the last 3 months; and carers. The responses received showed:

- 1% of respondents stated they were transgender
- 5% of respondents said they preferred not to say,
- 94% of respondents stated they were not transgender.

Source: ASC Equalities Data Set, January 2012

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

Data provided by providers from these services for the period October 2014- April 2015 on clients who responded to a request for information on their gender is as follows:

Objective 1 Support timely return home from hospital and to prevent admission/readmission

Female	1150
Male	592
Transgender	2
Prefer not to say	35
Total	1779

The above data is based on the 1777people who answered these questions and illustrates that 64 % are female and 33% are male.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

Female	353
Male	358
Transgender	3
Prefer not to say	2
Total	716

The above data is based on the 716 people who answered these questions and illustrates that 50 % are male and 49% are female. However, this may be because one of the services has been successful in attracting males to its services. This is not reflective of the general % of males and females attending day opportunities services in East Sussex which tends to be more females.

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

Objective 1 Support timely return home from hospital and to prevent admission/readmission

The above data in shows that 64% of the current clients are female and 33% are male, therefore nearly twice as many women as men will be affected by these proposals.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

Slightly more males (51%) than females (47%) will be affected by this proposal.

Although figures for transgender people using the service are low percentage-wise, the impact of losing this service could be heightened for transgender people due to the risk factors for social isolation already being high for many older transgender people (e.g. through loss/lack of family support as noted in the, Trans Mental Health Study: *"*There were fears around isolation and ageing, with many people losing family and friends or employment opportunities.").

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

Objective 1 Support timely return home from hospital and to prevent admission/readmission

These proposals will have a significant impact on both females and males who are over 55 who primarily access these services. More females than males will be affected as shown in the information above in item 4.4 b illustrates this. The case study—(see 'Take Home and Settle Service' in item 4.1 d) illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

These proposals will have a significant impact on both females and males who are over 55 who primarily access these services. Slightly more males than females will be affected as shown in the information above in item 4.4 b illustrate this. The case study (see 'Eastbourne Shed' in item

4.2.d) illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented.

These proposals could increase potentially already high social isolation risk factors for the transgender people.

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

Meetings have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also been offered to assist with providing any additional information/ support if required.

It is also proposed that ESCC work with current providers so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of any mitigation.

Where a high adverse impact has been identified for individuals and key services to have ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arranging independent advocacy if required

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress on

- Outcome of discussions with Clinical Commissioning Groups to agree future commissioning and funding arrangements
- informing clients and carers
- numbers of people referred to independent advocacy and/or to assessment and support planning teams
- people accessing alternative services

(Providers/Commissioning Team, during the notice period))

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

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

4.6 Pregnancy and maternity:

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

4.5 – 4.7 protected characteristics are not impacted by this proposal.

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

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

Estimates of the UK LGB population generally vary between 5%-7% of the overall population (www.stonewall.org.uk). The Office of National Statistics (ONS) estimate is lower than this, based on responses to surveys. All estimates are subject to the very significant caveat that many LGB and T people are reluctant to 'come out' to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected sexual orientation or gender identity data to date.

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

Data provided by providers from these services for the period October 2014- April 2015 on clients who responded to a request for information on their sexual orientation is as follows:

Objective 1 Support timely return home from hospital and to prevent admission/readmission

Heterosexual	Gay men	Lesbian women	Prefer not to say
1661	2	2	133

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

Heterosexual	Gay men	Lesbian women	Prefer not to say
594	4	3	39

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

Yes the impact on older lesbian, gay and bisexual (LGB) people could be greater in terms of social isolation being compounded as Stonewall research (see below) indicates that older LGB are disproportionately affected by social isolation due to LGB people often having thinner support structures in place than heterosexual peers and older LGB people being more being likely to: be single, live alone and not have children than older heterosexual people.

Stonewall's research shows that older (over 55) lesbian, gay and bisexual people in Britain are more likely than their heterosexual counterparts to: live alone (41% compared to 28%), be single (41% compared to 28%) and have less contact with family (less than a quarter of lesbian, gay and bisexual people see their biological family members at least once a week compared to more than half of heterosexual people). Gay and bisexual men and women are also less likely to have children (just over a quarter of gay and bisexual men and half of lesbian and bisexual women have children compared to almost nine in ten heterosexual men and women).

Older lesbian, gay and bisexual people are also therefore nearly twice as likely as heterosexual people to expect to rely on a range of external services as they get older, including GPs, health and social care services and paid help.

d) What is the proposal, project or service's impact on people with differing sexual orientation?

If the decommissioning of the outcome goes ahead this could have the effect of compounding social isolation risk factors for LGB people who already experience a disproportionately higher social isolation risk factors.

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

Meetings have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also been offered to assist with providing any additional information/ support if required.

It is also proposed that ESCC work with current providers so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of the mitigation.

Where a high adverse impact has been identified for individuals and key services to have ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced. Where clients may be particularly vulnerable to social isolation this will be addressed in those discussions.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arranging independent advocacy if required

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress on

- Outcome of discussions with Clinical Commissioning Groups to agree future commissioning and funding arrangements
- informing clients and carers
- numbers of people referred to independent advocacy and/or to assessment and support planning teams
- people accessing alternative services

  (Providers/Commissioning Team, during the notice period))

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

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

4.9.1 Rural population

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

Population by urban and rural areas in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

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

Objective 1 Support timely return home from hospital and to prevent admission/readmission

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

These services are primarily aimed at and accessed by people over 55. Data provided by providers on clients using these services for the period October 2014- September 2015 is illustrated in item 4.1 and the majority of these are over 65. 27% of people over 65 live in rural areas in East Sussex (source: ONS Census 2011) and a significant % live in the rural districts as illustrated in the table below:

Area	% of people over 65
East Sussex	27%
Rother	46%
Wealden	50%
Lewes	23%

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

Yes. People over 55, the majority of which are over 65 access these services (Objective 1 and 2) and therefore will be affected more than those in the general population. Within this age group a significant number of people live in the rural areas of Wealden, Rother and Lewes. A number of these people will have carers or be carers and therefore will also be more affected than the general population.

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

These proposals will have a significant impact on people who live in rural areas as these services are primarily accessed by people over 65 and 27% of people in this age group in East Sussex live in rural areas. This is illustrated by the information above in item 4.9. b.

Objective 1 Support timely return home from hospital and to prevent admission/readmission

As people get older they require more support when leaving hospital as it is likely that they will be living with at least one form of disability or/ and long term illness. This combined with other factors such as limited or no support from family members (they may have moved away) or friends/ spouses or partners as they may also be living with a disability leads to a need for support from other external agencies.

In addition, if they live in a rural area support with transport may be required due to other demands on hospital transport, reduced or non-existent available public transport to rural areas or expensive private transport. It may also be difficult to access local facilities (shops, GP's) as they may be some distance away without some initial support on returning home.

Summarised below is a case study which is provided by providers of these services each quarter as part of performance monitoring information. The case study illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented for someone.

Case Study- **Take Home and Settle Service**

A Lady in her eighties, living in a flat in a block of four flats in a secluded part of Little Common, two of which are unoccupied, so she had become somewhat depressed due to not seeing anyone as her son lived in London and her daughter was on holiday abroad. She had been quite independent following husband's death and had moved to the flats to be closer to the surgery, but then had become less mobile and then isolated, becoming depressed and lacking confidence following a fall.

The drive home itself acts as therapy as it gave her the opportunity to see places she had been to in the past, with the dignity of sitting beside the driver.

We then checked her food in the fridge and freezer and discarded out of date food and took out rubbish to bins, which were too far away for client to get to. We then informed the neighbour that the client was at home. We also move the furniture in the bedroom and the lounge to ensure the client's rollator could be used easily in these areas. We mended a loose bolt/chain on a door at person's request, to enable carers to gain access and let in Wiltshire foods lady. We collected a prescription from the local pharmacy and did some shopping for the client. We then stayed with client whilst life line was being fitted, having helped lifeline lady to find the apartment.

All the time was listening actively to the client to help build confidence and talked through Home from Hospital /123 service to help client feel able to" get out more" again. We then contacted the son in London to inform him that had got prescription and shopping, that furniture had been moved, rubbish taken out , door chain/lock mended, life line fitted and also explained the possibilities offered through the Home from Hospital /123 service.

<u>Outcomes</u>

1. The client was settled at home and feeling that the world was a kinder place.
2. The equipment, medication and food was in place
3. Life line was fitted.
4. The door was mended and rubbish was taken out
5. Signposting re services completed so that client can discuss with son next time he comes down.

6. Above all, a person who had become isolated and depressed once again felt safely settled, cared for and valued and part of her community with new possibilities for the future

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

As people get older they may become socially isolated as family members/ friends may have moved to another area or they themselves have moved to another area when they retired and find it difficult to get to know people. Due to increasing age related health issues they may also find it hard to get out and about in their community to socialise. Spouses/ partners/ carers/ friends may also be frail or are deceased.

In addition, if a person lives in a rural area there may be limited day activities/ opportunities to socialise within their local area and they may need to travel. Support with transport to access day opportunities/community facilities may be required due to reduced or non-existent available public transport to rural areas or expensive private transport. There is evidence (see 3.4) that social isolation has a negative impact on people's mental and physical health and wellbeing.

Summarised below is a case study which is provided by providers of these services each quarter as part of performance monitoring information. The case study illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented for someone.

Case study- 1, 2, 3 service

Mrs. Y a 77 year old referred herself to the 123 service having heard about the service and knowing that it would benefit her. Due to ill health Mrs. Y had lost all confidence in going out alone to the point where she felt she was becoming agoraphobic. She was isolated and as a result was very low in mood.

The service provided a lovely volunteer for Mrs Y. Volunteer made contact with Mrs Y and soon developed a good rapport which slowly resulted in a two way friendship.

After a few weeks they began to go out together, having a coffee and chat on a regular basis. During this time the 123 Volunteer provided Mrs Y with information and advice about local opportunities available within her locality and encouraged her to try a few, particularly those that matched her interest, with support from the Volunteer.

Mrs Y. expressed her desire to attend a lunch club where she could meet like-minded people her own age, and establish new friends. She lacked confidence to carry this idea through to begin with but with the help of a Volunteer who encourage and reassured her joined her to her visit few visits to a local lunch club. Slowly she started developing her own circle of friends within the lunch club which became a part of her weekly outing routine. Volunteer maintained contact with Mrs Y. who reported to attend the lunch club on a regular basis and had now a few friends of her own.

After a total of 3 months involvement Mrs Y. contacted the Co-ordinator to say that she felt she did not need the service anymore as now she was confident and socially connected. She reported that the service helped her to overcome her fears, and as a result felt happier, more confidence, and a fresh social network of friends to go out with.

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

Meetings have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also been offered to assist with providing any additional information/ support if required.

It is also proposed that ESCC work with current providers so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see g below).

f) Provide details of the mitigation.

Where a high adverse impact has been identified for individuals and key services to have ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arranging independent advocacy if required

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress on:

- Outcome of discussions with Clinical Commissioning Groups to agree future commissioning and funding arrangements
- informing clients and carers
- numbers of people referred to independent advocacy and/or to assessment and support planning teams
- people accessing alternative services

(Providers/Commissioning Team, during the notice period))

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care

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

- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)
- Monitor geographical location for above (ASC PPE/Strategy and Commissioning)

4.9.2 Carers

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

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

There are £59,409 unpaid carers in East Sussex (source: ONS Census 2011) and of these unpaid carers 38,611(65 %) are over 50 of which 16,233 (27%) are over 65.

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

Data provided by providers from these services for the period October 2014- April 2015 is as follows[4]:

Objective 1 Support timely return home from hospital and to prevent admission/readmission

272 carers benefited from these services either through obtaining a short break from their caring role, assisted with their caring role or by obtaining information and advice to assist them in their carers role e.g. carers assessment

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

88 carers benefited from these services either through obtaining a short break from their caring role, assisted with their caring role or by obtaining information and advice to assist them in their carers role e.g. carers assessment

These services are primarily aimed at and accessed by people over 55. Data provided by providers on the age of clients using these services for the period October 2014- September 2015 is illustrated in item 4.1b and the majority of these are over 65.

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

[4] Data provided by providers where people responded to the question as to whether they were unpaid carers was 56 for objective 1 and 54 for objective 2 respectively.

Yes. People over 55, the majority of which are over 65 access these services (Objective 1 and 2) and therefore will be affected more than those in the general population. Within this age group a significant number of people are carers (see 4. 9.2 a above) therefore will also be more affected than the general population. In addition 110 unpaid carers directly benefit from these services.

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

These proposals will have a significant impact on people who are unpaid carers as these services are primarily accessed by people over 65 and 27% of people in this age group in East Sussex are unpaid carers. This information is illustrated in item 4.9.2. In addition 110 unpaid carers directly benefit from these services.

These services currently support carers in their role and prevent deterioration in their health and well-being by enabling carers to do the following (this is not an exhaustive list)**:**

- Carry out any caring responsibilities the carer has for a child
- For older carers to continue to provide care
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community
- Engage in recreational activities
- Providing respite

Objective 1 Support timely return home from hospital and to prevent admission/readmission

As people get older they require more support when leaving hospital as family members may have moved to another area, spouses/ partners/ carers may also be frail and unable to assist.

Support with transport may be required due to other demands on hospital transport, reduced or non-existent available public transport to rural areas or expensive private transport. Following on from this, support once home may be also be limited due to family members living in other areas, spouses/ partners/ carers also being frail and unable to assist.

Summarised below is a case study which is provided by providers of these services each quarter as part of performance monitoring information. The case study illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented for a client and their carer.

Case study- Home from Hospital

Mrs X was referred to the Home from Hospital service by DGH ASC. She had fallen in her flat which resulted in a hospital admission. Her Husband Mr X had decided he was not going to leave her alone anymore as this is when she fell. Mrs X was housebound due to her hip/leg and has dementia being assessed with about a two minute memory.

The main support we provided for the couple was a volunteer offering company and supervision for Mrs X so Mr X could go and do their food shopping. While working with them we found that the pull cords in the flat were not working sufficiently for Mrs X as if she fell she could not reach them. We tried to get a pendant for Mrs X from the housing association where she lives. This involved requesting it from the manager whom at a later day approached the couple and said they would not be supplying her with a pendant. We discussed with Mr X about getting an alternative lifeline pendant with a fall sensor but he decided he would like to stick with what they already had.

Mrs X had been housebound since summer the year before. She spoke of being a very active person in the past and was very irritated being stuck inside unable to do anything. She did not want Mr X hurting his back while taking her out in a wheelchair and she wasn't very happy of the idea that she needed a wheelchair. We worked with Mrs X to make the wheelchair seem appealing and reassured her that her husband would be ok because a volunteer could come out for the hour and push the wheelchair. With reassurance and encouragement Mr and Mrs X enjoyed their first trip out to the seafront.

Mr X was a full time carer for Mrs X. He had never had a carer's assessment or any support. We referred Mr X to adult social care for a carer's assessment.

At the end of the six weeks we conducted a review with the couple and transferred them over to our befriending team. The same volunteer has been going to visit them as Mrs X had got to know her face and said it was nice to see a familiar face. Due to Mrs X having dementia this was a significant factor to our support.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

As people get older they may become socially isolated as family members/ friends may have moved to another area or they themselves have moved to another area when they retired and find it difficult to get to know people. Due to increasing age related health issues they may also find it hard to get out and about in their community to socialise. Spouses/ partners/ carers/ friends may also be frail.

There is evidence (see 3.4) that social isolation has a negative impact on people's mental and physical health and wellbeing.

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

Meetings have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also been offered to assist with providing any additional information/ support if required.

It is also proposed that ESCC work with current providers so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of the mitigation.

Where a high adverse impact has been identified for individuals and key services to have ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arranging independent advocacy if required

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor impact on:

- Outcome of discussions with Clinical Commissioning Groups to agree future commissioning and funding arrangements
- informing clients and carers
- numbers of people referred to independent advocacy and/or to assessment and support planning teams
- people accessing alternative services

(Providers/Commissioning Team, during the notice period))

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)

- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)

4.9.3 People on low incomes

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

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

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

Measure	Number of people aged 60+	Number of older people affected by income deprivation	Percentage of older people affected by income deprivation
East Sussex	162420	21314	13.1
Eastbourne	29517	4426	15
Hastings	21805	4784	21.9
Lewes	30094	3437	11.4
Rother	34121	4141	12.1
Wealden	46883	4526	9.7

Objective 1 Support timely return home from hospital and to prevent admission/readmission

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

These services are primarily aimed at and accessed by people over 55. Data provided by providers on clients using these services for the period October 2014- September 2015 is illustrated in item 4.1 and the majority of these are over 65.

The table in item 4.9.3 b shows that 21,314 (13.1%) of people over 60 are affected by income deprivation (data set ID ESIF 2012) and these numbers range from 3,437 (Lewes) to 4,784 (Hastings) across the districts and borough. However the largest % of older people affected is 21.9% in Hastings.

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

Across East Sussex 28.7% of the general population live on low incomes and this ranges from 22.6% in Wealden to 34.7% in Hastings.

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

Those on lower incomes have fewer options in terms of alternative means to access other services (e.g. paying for a taxi to get to day activities or funding own transport home from hospital).

Evidence shows that loneliness and isolation in older people are associated with low income (particularly being 80 years old or more) (Age UK, 2010). So these proposals could further increase social isolation risk factors for people on low incomes.

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

Meetings have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also been offered to assist with providing any additional information/ support if required.

It is also proposed that ESCC work with current providers so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of the mitigation.

Where a high adverse impact has been identified for individuals and key services to have ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice (to include support with maximising the clients' income/ benefits and advice on the warm homes programme) and arranging independent advocacy if required

Support will be provided to meet the individual's communication needs during all the above stages

g) How will any mitigation measures be monitored?

Monitor impact on:

- Outcome of discussions with Clinical Commissioning Groups to agree future commissioning and funding arrangements
- informing clients and carers
- numbers of people referred to independent advocacy and/or to assessment and support planning teams
- people accessing alternative services

(Providers/Commissioning Team, during the notice period))

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

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

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

Part 5 – Conclusions and recommendations for decision makers

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

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

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

X	Outcome of impact assessment	Please explain your answer fully.
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	Proposals will have a negative impact in terms of age and disability with some additional impact on carers and those living in rural areas. However, the budget situation and need to set a lawful budget overides these considerations. **Objective 1** These proposals would present a significant risk to older people and their carers in being able to return home safely from hospital. There would be a risk of readmission to hospital and/ or a potential serious deterioration in the persons and/or carers physical and mental health and wellbeing. **Objective 2** These proposals would present a significant risk to older people and their carers due to an increased risk of deterioration in the persons and /or carers physical and mental health and wellbeing due to social isolation. This could have a greater impact on people living in rural areas where there may not be alternative services available or sufficient capacity. In addition there could be an increased risk of further deterioration for people living with a long term condition and/ or disability. Due to the additional pressure carers may find themselves unable to continue with their caring role.
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
X-Obj 2	**C Continue the policy/strategy** - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
X – Obj 1	**D Stop and remove the policy/strategy** – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it *must* be removed or changed.	

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

See Action Plan

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

January 2017

Date completed:	**January 2016**	**Signed by (person completing)**	**Geraldine O'Shea**
		Role of person completing	**Strategic Commissioning manager, older people**
Date:		**Signed by (Manager)**	

Part 6 – Equality impact assessment action plan

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

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

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

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

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
Objective 1 Agree possible mitigation where a high adverse impact has been identified for individuals and key services	Support ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.	Geraldine O'Shea	February 2016, via ESBT and RPPR	Lead Manager's time	EIA/Cabinet papers
Objective 1 Due to delays in people returning home from hospital, increased risk of admission /	ESCC and provider to work with client and their carers/ family members to discuss ways in which the negative impact could be reduced. This should include identifying alternative services and/ or supporting	Geraldine O'Shea	By end of notice period (16/05/2015)	Lead Manager's time	EIA/Cabinet papers

readmission to hospital due to failed discharge and potential deterioration in persons and/or carers physical and mental health and wellbeing. **Objective 2** Potential deterioration in persons and /or carers physical and mental health and wellbeing due to social isolation	clients to access these, providing information and advice and arranging independent advocacy if required. Support will be provided to meet the individual's communication needs.				
Objectives 1 and 2 Support may be required by vulnerable clients and their carers/ family members	ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment .Support will be provided to meet the individual's communication needs.	Geraldine O'Shea	By end of notice period (16/05/2015)	Lead Manager's time	EIA/Cabinet papers
Objectives 1 and 2 Ensure that proposals in action plan are implemented and outcomes measured	Monitor progress on: • informing clients and carers • numbers of people referred to independent advocacy and/or to assessment and support planning teams • people accessing alternative services	Geraldine O'Shea ASC /ESBT	By end of notice period (16/05/2015) Each quarterly period	Lead Manager's time	EIA/Cabinet papers

	(Commissioning Team and providers during the notice period) • Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning) • Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team) • Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning) • Monitor geographical location for above (ASC PPE/Strategy and Commissioning)		commencing from end of notice period (16/05/2015) for up to one year		

6.1 Risks-

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:a**rea of Risk**	**Type of Risk? (Legal, Moral, Financial)**	**Can this be addressed at a later date? (e.g. next financial year/through a business case)**	**Where flagged? (e.g. business plan/strategic plan/steering group/DMT)**	**Lead Manager**	**Date resolved (if applicable)**
Objective 1 Take Home and Settle and Home from Hospital Services. There are no similar services in East Sussex if these are no longer provided. This could lead to delays in discharge from hospital (due to lack of support services and available transport), unsafe discharge and increase in admission/ readmission. Potential serious deterioration in the persons and/or carers physical and mental health and wellbeing Increase in take up of crisis intervention services.	Moral/ Financial	Alternative services or alternative funding source from ESBT	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team and Cabinet		
Objective 1 Some services are intrinsically linked e.g. Take Home and Settle and Home from Hospital Service and both are required to achieve benefits.	Financial	Alternative services or alternative funding source from ESBT	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team and Cabinet		

Objective 1 and 2 Some people and /or their carers may not want to approach ASC for an assessment and therefore their physical and mental health and well being may deteriorate- this may lead to the development of more complex needs and a requirement for health and social care intervention There may also be an additional risk of safeguarding concern e.g. self neglect.		Alternative services or alternative funding source from ESBT	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team and Cabinet		
Objectives 1 and 2 Some people may access a range of services and therefore may be disproportionality affected		Alternative services or alternative funding source from ESBT	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team and Cabinet		
Objectives 1 and 2 There may not be alternative services available or sufficient capacity, particularly in rural areas. This could lead to social isolation and deterioration in physical and mental health and wellbeing for the person and/ or their carers. This could include further deterioration for people living with a long	Financial	Alternative services or alternative funding source from ESBT	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team and Cabinet		

term condition and/ or disability. Due to the additional pressure carers may find themselves unable to continue with their caring role This could lead to additional demands on ASC and health services and carers support services					
Objectives 1 and 2 Loss of valuable and experienced capacity in the voluntary sector which it will be difficult to replace.		Alternative services or alternative funding source from ESBT	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team and Cabinet		
Objectives 1 and 2 This proposal is counter to the vision in the Care Act 2014 *'that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach crisis point'.*	Legal	Alternative services or alternative funding source from ESBT	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team and Cabinet		

East Sussex County Council

Equality Impact Assessment

Name of the proposal, project or service
Decommissioning of Commissioning Grants Prospectus Long Term Conditions (Stroke Services) Outcome

File ref:		Issue No:	
Date of Issue:	January 2016	Review date:	Jaunary 2017

Contents

How to use this form

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

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

You can delete the comments as you would for normal text, but they will not show up if you print out the form.

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

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

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

1.3 The Public Sector Equality Duty (PSED)

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

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

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

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

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

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

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

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

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

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

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

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

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

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision,this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.

- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

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

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

2.1 What is being assessed?

a) Proposals to reduce funding for:

Services commissioned for people with long term conditions through the 2013 Commissioning Grants Prospectus

The specific service:

Stroke survivors support service to manage their condition and live independently

b) What is the main purpose of these proposals?

People with long term conditions are self-managing their long term conditions, have improved physical, economic, social and emotional wellbeing

Objective - Stroke support -

The essential components of stroke support are split into 4 elements:

1. Provision of personalised information and support for stroke survivors and carers;
2. Communication support and peer to peer support held in a range of community venues across the county.
3. Structured exercise, education and peer to peer support held in a range of community venues across the county;
4. Carrying out 6-month stroke reviews based on the Greater Manchester Stroke Assessment Tool

As part of these elements the following support is provided:

- Provision of emotional support to stroke survivors and carers during rehabilitation and post rehabilitation phases of recovery;
- Work in partnership with the Living Well Service to support patients with respect to self-management;
- Work in partnership with stroke units, community stroke rehabilitation teams and other specialists supporting stroke survivors and carers.
- Robust management information systems that can report on client profile (demographics, geographic, LTC etc.), referrals (source, volume etc.) activity (visits etc.), outputs (support plans etc.), outcomes (improvements in the quality of life) and a range of operational parameters (time from referral allocation, caseload etc.)
- Demand management using planning and forecasting skills to ensure clients receive the most appropriate care in the right setting.

c) Manager(s) responsible for completing the assessment

Emma Jupp

2.2 Who is affected by the proposals? Who is it intended to benefit and how?

Stroke survivors and their carers.

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

The first phase of the proposals will be the consultation that is being carried out by ESCC which commences on the 23rd October and ends on the 18th December. During this time the Commissioner will work closely with the Provider to agree how to contact clients so they are aware of the consultation. The Commissioner and Provider work also look into how people can attend the drop-in events and whether the provider can play a role in supporting stroke survivors and their carers in this.

During the next few months the provider and commissioner will work closely together to model how the service will look with a 50% cut (the maximum the cut can be is 50% of the current value as half the funding comes from the CCGs) to try and minimise the impact on Stroke survivors and their carers although it is acknowledged that this will reduce the level of service provision or may mean that the service is unable to deliver to the quality and level needed. For example it may be necessarily to reduce one or more elements of the service (Information and Advice, 6-month reviews, Communication Cafes or Exercise and Education classes).

If these budget reductions are agreed by the Council on the 9th February the Commissioner will give three-month's notice to the Provider. During this time the Provider and Commissioner will work together to ensure that all clients are made aware of the decision and linked in with other appropriate services where they exist.

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

The three CCGs in East Sussex part fund this service by 50% of the total value.

It is acknowledged that the Stroke survivors support service is part of a range of voluntary and community sector services that could support efforts to transform health and social care in East Sussex under East Sussex Better Together. The East Sussex Better Together Programme was set up by the County Council and Clinical Commissioning Groups to provide the best possible health and social care outcomes for the resources we have available. As the County Council faces immediate cuts to its budget we are working with our Clinical Commissioning Group partners to consider the impact this has overall and how we manage the short-term risks to support the long term objectives for transformation.

The service works closely with the Stroke Community Rehabilitation teams provided by East Sussex Healthcare Trust and they have been sent information relating to the consultation.

The Exercise and Education programmes are delivered in partnership with Rehab4U and Freedom leisure centres. Both organisations provide the trainers and the venue where the programmes are delivered.

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

The proposals are made as part of ESCC's budget planning process, **Reconciling Policy, Planning and Resources for 2016-17**. The overall proposal is to reduce funding for ASC services by £40 million over the next three years. In 2016-17 the reduction will be £10 million.

The current service is funded £159,000 per year of which 50% of this is adult social care funding. The other £79,500 is funded through the three Clinical Commissioning Groups in East Sussex.

The South East Coast Cardiovascular Strategic Clinical Network is a network of patients, carers, the public, clinicians and commissioners who have come together to agree, refine and implement improved cardiovascular (cardiac, stroke, renal and diabetes) health care outcomes across Kent, Surrey and Sussex. One of their objectives from their 2014-18[1] was to improve the quality of life after illness from cardiovascular disease and optimising cardiovascular health. As

part of this one of their main pieces of work in 2014 was to develop 'Life After Stroke Commissioning Pack for Clinical Commissioning Groups (CCGs) and Local Authorities[2].' The guidance was developed following on from national surveys which showed that stroke survivors have an improved quality of life when they are supported to take control of their symptoms. The guidance was produced for both CCG and Local Authority Commissioners as the network felt Commissioners should strive to commission joint planning and delivery of health, social and voluntary provision of support. During the development of the guidance it was clear that East Sussex was one of the few counties in the South East that provided most of the provision outlined in the guidance including the stroke care 'Navigator role'.

In addition and in line with national and recent guidance issued by the South East Coast Cardiovascular Strategic Clinical Network (CVD SCN) all stroke survivors should be offered a comprehensive review at 6 months[3]. This is currently provided within the scope of the service but may not be able to meet the need with 50% less of the funding.

The Council and Adult Social Care's statutory duties under the **Care Act 2014** will impact these proposals as well. These duties include:

- **A general duty to promote wellbeing** (this includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships; suitability of living accommodation; and the individual's contribution to society).
- **Focussing on the person and their needs**, their choices and what they want to achieve.
- Providing, arranging for **the provision of services, facilities or resources**, or taking other steps to prevent, reduce or delay the development of needs for care and support (including carers).
- Providing, or facilitating access to, **information and advice** to enable people, carers and families to take control of, and make well-informed choices about, their care and support (including independent financial advice).
- Arranging **independent advocacy** where someone has substantial difficulty being involved and there is no-one appropriate to support and represent them.
- **Parallel rights for carers and a focus on the whole family.**
- Joining up with **health and housing.**
- **Market shaping** including supporting sustainability and encouraging a variety of different types of providers to ensure people have a choice of different types of service. This includes independent private providers, third sector, voluntary and community based organisations, user-led and small businesses.

The service supports the provision of the Care Act by providing: -

- Information and advice relating to care and support for adults and support for carers.
- Promoting individual wellbeing
- Preventing needs for care and support
- Promoting integration of care and support with health services
- Promoting diversity and quality in provision of services

Other legislation that is relevant to these proposals: The Human Rights Act (see section 4.10)

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

The most common route to referral is via the hospitals (Eastbourne District General Hospital, Conquest, Tunbridge Wells, Princess Royal Hospital, Brighton). The Stroke Association have systems set up with the relevant wards where referrals are passed on post discharge from hospital. However, while systems are in place the wards do not always remember to undertake this process so there are individuals who don't get picked up by this route.

The Stroke Association work closely with the Stroke Community teams provided by East Sussex Healthcare Trust (ESHT) and pick up referrals from these routes.

The service can take referrals directly from any source but the majority (73%) are from Health professionals, family/carers (24%), self-referral (2.7%) and 'other' (1%).

As most referrals are picked up through the hospitals the service tends not to get direct referrals from Adult Social Care. However, a data run on the 29th October 2015 showed that there were 278 open cases to adult social care for people categorised as having a Stroke and living in the community (excludes residential and nursing care).

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

The service is open to anyone who is a Stroke survivor or a carer of a stroke survivor.

There is a referral form but referrals can also be accepted by phone, email or fax.

For the Education and Exercise programme an individual needs to have 'sign off' from their GP that they are able to participate in the programme.

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

Information and advice – this can be offered over the phone if a client or carer requests. Information and advice can also be provided in the individual's own home. Information and advice can be provided at any time.

Communication cafes – these are targeted at stroke survivors with ongoing communication needs. Communication cafes are run monthly at Bexhill, Hastings, Peacehaven, Eastbourne and Crowborough. Communication cafes can be set up in any area according to demand.

Exercise and education programme – these are targeted at stroke survivors who would benefit from being introduced to exercise in a safe and supervised environment who would not access mainstream exercise. The programmes are delivered across East Sussex and are delivered according to demand in particular areas. The service is funded to deliver 100 places per year across the county. These are delivered in partnership with Freedom and Rehab4U leisure centres in Crowborough, Seaford, Eastbourne, Hailsham, Bexhill, Hastings and Peacehaven.

6-month reviews – these are offered to 100% of clients 6-months after discharge from their stroke hospital admission. 6-month reviews are provided in an individual's own home. Reviews can also be carried out in other confidential settings but all clients to date have chosen to have these in their own home.

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

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

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

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

No complaints on this basis have been received.

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

Stroke is the largest cause of complex disability and half of all stroke survivors have a disability following on from their stroke[4]. In addition about a third of stroke survivors have some difficulty with speaking or understanding what others say[5]. Because of this many individuals who previously led healthy and fit lives find themselves to be quite vulnerable in terms of both their physical disabilities and communication needs. In addition 28% of survivors experience inattention or neglect[6].

In the grants prospectus year (October14 – September15) the service has received 486 referrals for stroke survivors and their current caseload is 572. The service visits people in their own home so is in a position to potentially identify safeguarding issues for vulnerable adults that other agencies may not be aware of. In addition, through its support it may support an individual in putting things in place which may minimise the risk of them being at risk (e.g. support with financial issues). Withdrawing this service may make those stroke survivors more at risk without support and it may be that potential safeguarding issues may go undetected.

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

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

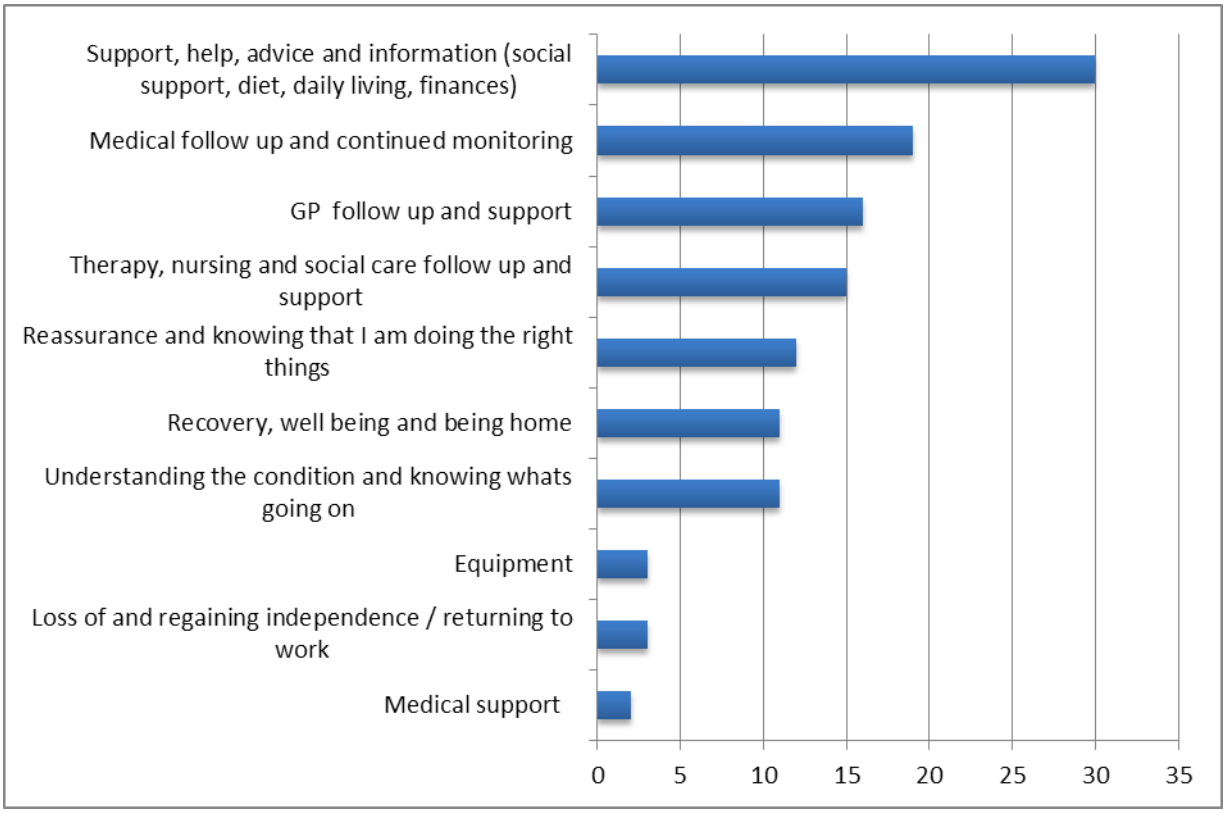
The current provider is supporting the authority to engage with users of their service around the consultation. This is through a range of activity including letter, emails, face to face, group setting, website and campaign groups.

Research has been carried out from a range of sources for the EIA including: -

- South East CSU Stroke Emergency Admissions Report August 2015
- Stroke Association State of the Nation Stroke Statistics January 2015
- SE Coast Strategic Clinical Network - 6-month review commissioning guidance
- SE Coast Strategic Clinical Network Life After Stroke Commissioning Guidance
- National Stroke Strategy Quality Markers –QM15: Participation in community life
- http://www.england.nhs.uk/wp-content/uploads/2013/12/ccg-ois-1415-at-a-glance.pdf
- NICE guidance (NG22) for Older people with social care needs and multiple long-term conditions

The Sussex Collaborative carried out a survey of stroke survivors and their carers throughout the region in September 2014 to see how stroke services are currently caring for people post stroke. 61 patients and 72 carers completed the survey.

The survey asked: '*What were the things that were most important to you after discharge from hospital?*' (Results below).



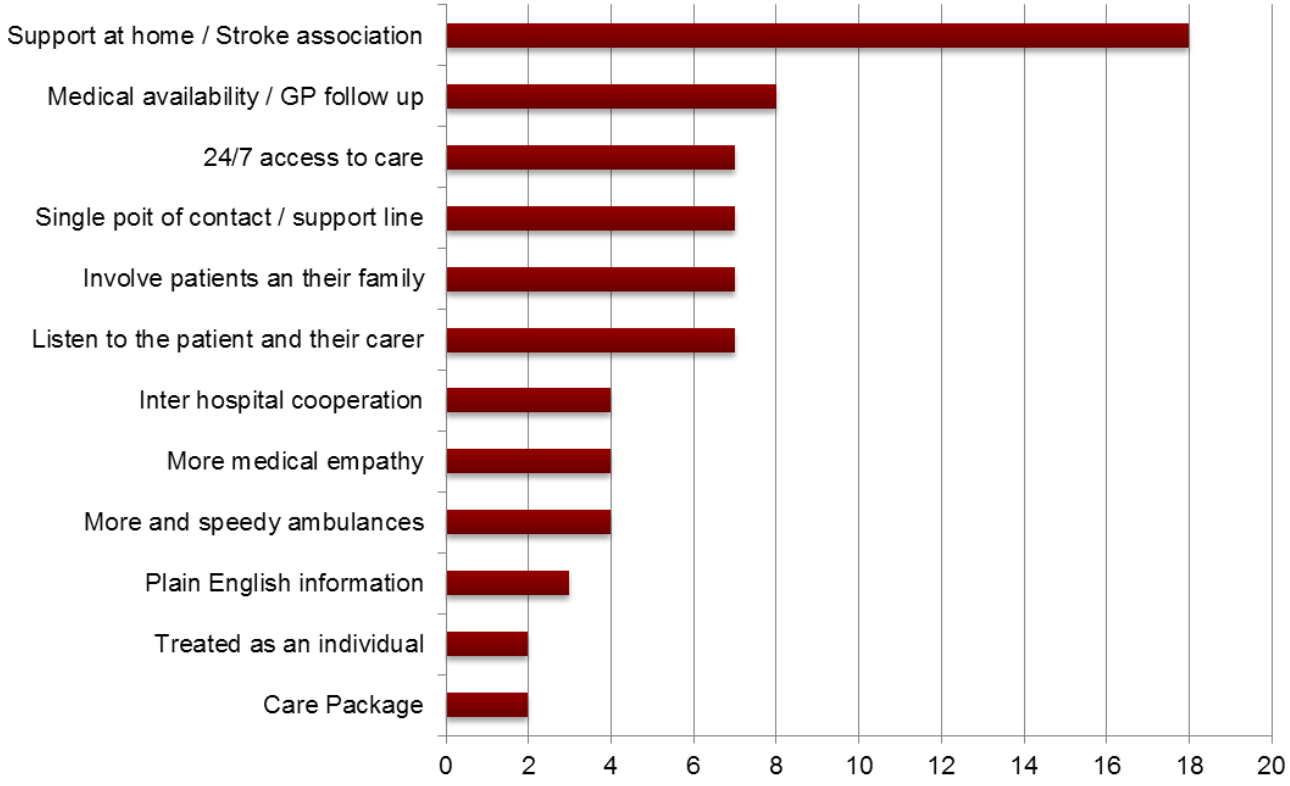
From the identified areas of what is most important to stroke survivors the current service is able to directly provide: -

- Support, help, advice and information (social support, diet, daily living, finances)
- Reassurance and knowing that I am doing the right things
- Recovery, well-being and being home
- Understanding the condition and knowing what is going on
- Loss of regaining independence/returning to work

The service can also: -

- Support GPs follow up through providing reports to GPs on the outcomes of 6-month reviews
- Make referrals to therapy, nursing and social care and mental health support
- Signpost to organisations who can provide equipment and technology
- Check medication compliance and understanding as part of 6-month reviews and provide reports to relevant health professionals.

The survey also asked: '*Do you have any suggestions for how care could be improved for others?*'



The current service directly fulfils 7 of these suggestions.

NICE guidance (NG22) for Older people with social care needs and multiple long-term conditions[7] bought out in November 2015 is aimed at Health and Social Care practitioners. This guidance states that consideration should be given to contracting with voluntary and community sector enterprises and services to help older people with social care needs and multiple long-term

conditions to remain active in their home and engaged in their community, including when people are in care homes.

Public Consultation A full public consultation on the RPPR proposals has taken place between 23rd October- 18th December 2015. This has included a survey, comments and public drop-in events and has been open to clients and carers, member's of the public, providers and other stakeholders.

Inclusion Advisory Group took place on 3rd November 2015. Comments on the proposals are below.

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

The research and surveys illustrate that there will be a negative impact of the proposal. This includes: -

- No or reduced stroke specific support, help, advice and information (social support, diet, daily living, finances)
- No or reduced reassurance for stroke survivors
- No or reduced support in understanding the condition and knowing what is going on
- No or reduced support in regaining independence/returning to work
- No or reduced access to 6-month reviews
- No or reduced stroke specific support in the home
- No or reduced access to a stroke specific single point of access/information
- No or reduced access to support to help individuals self-manage
- No or reduced numbers of carers supported
- No or reduced access to stroke specific exercise programmes provided for free
- No or reduced access to support with communication issues

Inclusion Advisory Group 3rd November 2015

Key points of the discussion:

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

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

Some people will be impacted multiply e.g. disabled people overall and especially people with mental health issues and those where housing options are being removed or reduced where there is a high continuing demand e.g. mental health services, homelessness services, young people's services. A high likelihood of increasing numbers of people living on the streets.

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

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

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

Risks

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

Recommendations

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

Public Consultation

People who've had a stroke need this valuable service. Removing funding would increase social isolation and affect people's quality of live. There is a national requirement to review people who've had a stroke so that need would have to be met. Removing stroke association services would put pressure on other services and budgets. It would affect clients lives and mean they would need more support from health and social care professionals and GPs, with the costs associated with that.

'As a service we have developed a good working relatiionship with the Stroke Association providing practical, emotional and social support to post stroke victims. They provide invaluable exercise programs and aphasia cafes that are run throughout the county.The stroke association also provide a 6 month review service for all ESHT clients that have suffered a stroke even if they do not come to our service for rehabilitaiton.Something as a service we worked clsely together to develop. If reviews were discontinued which is a national guideline requirement these would then need to be conducted by another source. Without the Stroke Association peoples needs may not be met, including long term. People would become socially isolated and may have a reduced quality of life. Other services caseloads may increase and may not be the most appropriate use of services.'

'If the classes were cut then I would become more isolated and my mental health would suffer. I would find it difficult to maintain my health alone and this could mean my physical health deteriorates and I would rely on health professionals more.'

'It is important that people who have had a stroke receive support, information and signposting.'

There is a cumulative impact for people affected by stroke who often have multiple impairments.

'This will just remove some of the helpful services that make life a little easier for our wife/mother who suffered a massive stroke and has partial sight and hearing.'

Stroke Association

The meeting notes set out what was discussed: current funding and grant agreement, impact of proposed cuts, the consultation process, the service use perspective and the current service. The value of the service provided, including its tailored approach which uses peer support, was raised

and a client talked about the benefits for him. The organisation said that's peer support cafés would no longer be able to run if the proposals went ahead. Issues highlighted at the meeting included the fact the cuts would impact on other areas, such as the budget for community care and health services, and the significant numbers of stroke survivors who suffer from depression and anxiety, meaning that the proposed cuts to mental health services would affect them too. The poor accessibility of the consultation process for stroke survivors was also raised.

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

Part 4 – Assessment of impact

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

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

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

Age group	All people	0-15	16-29	30-44	45-64	65+
Geography						
England and Wales	57,408,654	10,858,397	10,490,949	11,356,992	14,549,861	10,152,455
South East	8,873,818	1,689,716	1,506,451	1,725,414	2,303,465	1,648,772
East Sussex	539,766	92,380	77,698	87,338	149,255	133,095
Eastbourne	101,547	17,282	16,542	17,931	25,409	24,383
Hastings	91,093	17,022	15,526	16,851	24,558	17,136
Lewes	100,229	17,380	13,822	16,344	28,231	24,452
Rother	92,130	13,943	11,493	12,045	26,248	28,401
Wealden	154,767	26,753	20,315	24,167	44,809	38,723

People are living longer and by 2020, it is estimated that around 38% of the UK population will be aged 50 plus and in East Sussex the figure is likely to be as high as 50%. We know that East Sussex has a higher than average older population with around 23% of people aged over 65, compared to the national average of 16%.

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

In the last quarter report for the service (July – September15): -

- 3% of clients were aged 18-44
- 17% aged 44-64
- 80% aged 65+

In terms of age, all elements of the service will be affected in the same way.

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

Yes.

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

Age is the single most important risk factor for stroke. The risk of having a stroke doubles every decade after the age of 55[89]. By the age of 75, 1 in 5 women and 1 in 6 men will have a stroke[10]. This statistic is reflected in the data that 80% of the current caseload of the service are aged over 65. In addition 1 in 4 (26%) of strokes in the UK occur in people under 65 years old[11].

The impacts will include the following: -

- No or reduced stroke specific support, help, advice and information (social support, diet, daily living, finances)

- No or reduced reassurance for stroke survivors
- No or reduced support in understanding the condition and knowing what is going on
- No or reduced support in regaining independence/returning to work
- No or reduced access to 6-month reviews
- No or reduced stroke specific support in the home
- No or reduced access to a stroke specific single point of access/information
- No or reduced access to support with communication issues
- No or reduced access to support to help individuals self-manage
- No or reduced numbers of carers supported
- No or reduced access to stroke specific exercise programmes provided for free
- Increased likelihood of experiencing isolation
- Increased likelihood of experiencing depression and other mental health issues
- Possible increased likelihood of safeguarding issues.

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

- Explore other ways of providing information and advice to stroke survivors which is not face to face.
- Ensure existing clients receive information about any other existing services that may be able to provide support. This could include any existing voluntary sector organisations and the Stroke Community rehabilitation service (only where there is rehabilitation need that meets the criteria)

f) Provide details of the mitigation

- Discussion with the CCGs about what elements of the service they wish to focus their money on
- Modelling of the service with only 50% of the funding

As only up to 50% of the funding for the service will be affected by this proposal the commissioner will try and reduce the impact by modelling with the provider what 50% of the service would look like to try and reduce the impact particularly on those over 65. However, it is not known at this stage if it will be possible to continue the service with a 50% reduction. This might be that the more generalist support is still provided (e.g. information and advice) to ensure that a minimum level of information and advice is available that will support people in managing their condition.

g) How will any mitigation measures be monitored?

- Tracking the numbers of people aged 65+ who still receive a reduced service – Stroke Association
- Monitoring whether the numbers of people with a stroke increase on the adult social care database – Performance Team

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

CASE STUDY

Background

Mrs B is an 81 year old lady, who prior to her stroke was a very active and sociable person. During her working life she ran a hotel in the area. She had a stroke in March 2014 which resulted in a right sided weakness and aphasia. Mrs B's mood was very low. Her communication difficulties made her feel excluded from her previous social and lively lifestyle and this upset her very much.

Goals

LW's goals in her words were 'to get back to normal'. She was extremely frustrated by her speech difficulties, and this was the main area she was focussed on.

Action

I discussed the various strategies which her husband could use to support Mrs B's communication, and also discussed the information given by the rehab support team. As Mrs B is a very sociable person and was keen to meet other people who had experienced similar difficulties I suggested the aphasia café group and Mrs B was keen to try this.

Outcome

It proved to be very useful to her and she seems to have gained a great deal of support from other people she has met at the group. She was able to share her experience, and how it had made her feel which seemed a really positive step for her. Her mood seems to be greatly improved and she is now describing herself as determined and looking towards the future more optimistically. Her husband and carer has also been able to gain information and support from other attendees.

Additional goal

Mrs B wanted to take back some of the activities she had previously enjoyed, cooking being one of these. Mrs B had enjoyed entertaining and cooking for friends and now found this very difficult.

Action

Coordinator suggested attending the Daily living Centre to look at adaptations which might support Mrs B in being able to enjoy cooking again.

Outcome

Mrs B took this opportunity and was able to try out various aids which could help her. Mrs B is now able to participate in meal preparation etc. again by using these adapted tools and aids, which is a very positive step in her recovery.

Setbacks

Mrs B had a spell in hospital and this set back her recovery somewhat.

Action

Mrs B has also started on the Exercise program which she hopes will increase her mobility, which was a little set back after her spell in hospital, but is now progressing well.

Outcomes

Quality of Life

This had been greatly improved by being able to participate again in activities of daily living, and by being able to gain support from other stroke survivors.

Choice and control/personal dignity

Mrs B is now far more able to make choices and re-engage with her former activities which are of huge importance to her.

Health and wellbeing

Being able to engage in both social activities and exercise will have a positive effect on her general health and feeling of wellbeing.

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

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

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

Type	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
Geography					
England & Wales	56075912	10048441	5278729	4769712	46027471
South East	8634750	1356204	762561	593643	7278546
East Sussex	**526671**	**107145**	**58902**	**48243**	**419526**
Eastbourne	99412	20831	11209	9622	78581
Hastings	90254	19956	10375	9581	70298
Lewes	97502	19054	10583	8471	78448
Rother	90588	21242	11591	9651	69346
Wealden	148915	26062	15144	10918	122853

Projected limiting long-term illness by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	0-17	18-64	65+	All people	0-17	18-64	65+
Geography	Year								
East Sussex	2010	105,047	4,755	43,646	56,647	20.4	4.6	15.0	46.8
	2026	124,992	4,352	42,392	78,248	23.9	4.7	15.9	47.6

Source: ESCC projections, November 2011

Projected disability by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	10-17	18-64	65+	All people	10-17	18-64	65+
Geography	Year								
East Sussex	2010	85,428	1,952	34,041	49,435	16.6	3.9	11.7	40.9
	2026	103,415	1,826	33,202	68,386	19.7	3.9	12.5	41.6

Source: ESCC projections, November 2011Employment and Support Allowance and Incapacity Benefit

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

Stroke is the largest cause of complex disability - half of all stroke survivors are left with a disability. Stroke has a greater disability impact on an individual than any other chronic disease[12]. Stroke also causes a greater range of disabilities than any other condition[13]. Stroke can affect walking, talking, speech, balance, co-ordination, vision, spatial awareness, swallowing, bladder control and bowel control. Of those who survive stroke, approximately:

- 42% will be independent
- 22% have mild disability
- 14% have moderate disability
- 10% have severe disability
- 12% have very severe disability
- 33% will experience depression

This would indicate that from the 486 referrals received between October14 – September15, 282 will have a physical disability and 160 will be experiencing depression.

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

Yes.

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

The proposals will have a negative impact on people with a disability.

The following table highlights the percentage of people who will experience/suffer from a disability/difficulty post stroke.

DIFFICULTY	% OF PEOPLE AFFECTED
Upper limb/arm weakness	77%
Lower limb/leg weakness	72%
Visual problems	60%
Facial weakness	54%
Slurred speech	50%
Bladder control	50%
Swallowing	45%
Aphasia	33%
Sensory loss	33%
Depression	33%
Bowel control	33%
Inattention/neglect	28%
Emotionalism within six-months	20%
Reduced consciousness	19%
Emotionalism post-six months	10%
Identified dementia one-year post Stroke	7%

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Information and advice and 6-month reviews

The current service is able to support individuals with a disability by providing access to information and advice in their own home. These proposals mean that this service will be reduced or no longer available.

1 in 4 people who have a stroke also live alone[14]. This will mean those who have a disability following on from a stroke also have a 1 in 4 chance of living alone, making it more difficult to access services.

People experiencing a disability may have more difficulty in accessing services that deliver information and advice. In addition this advice may not be specific to those who have had a stroke

If this element of the service is reduced or withdrawn the impacts to those who have a disability may be: -

- No or reduced stroke specific support, help, advice and information (social support, diet, daily living, finances)
- No or reduced reassurance for stroke survivors
- No or reduced support in understanding the condition and knowing what is going on
- No or reduced support in regaining independence/returning to work
- No or reduced stroke specific support in the home
- No or reduced access to a stroke specific single point of access/information
- No or reduced access to support with communication issues
- No or reduced access to support to help individuals self-manage
- No or reduced numbers of carers supported
- Increased likelihood of experiencing isolation
- Increased likelihood of experiencing depression and other mental health issues
- Possible increased likelihood of safeguarding issues.
- No or reduced access to 6-month reviews

Communication cafes

About a third of stroke survivors have some difficulty with speaking or understanding what others say. A stroke can affect communication in different ways. The main conditions that can happen following a stroke are:

- Aphasia
- Dysarthria
- Dyspraxia

Changes in the brain caused by the stroke can also affect mood, emotions and personality in other ways that can be difficult to control. Some communication conditions following on from a stroke can change the emotional content of communication and are as a result of the right side of the brain and can be misinterpreted as depression.

The current service provides communication support to stroke survivors and their carers. This is in the form of communication cafes run in local venues with the aim of providing peer to peer support and helping individuals re-build their confidence and communication skills. This element of the service can also provide peer to peer support both within the cafes but outside of when they meet.

In the last quarter report the service supported 42 clients and 24 carers. Through these cafes individuals (both stroke survivors and their carers) come forward to become peer supporters to others.

If this element of the service is reduced or withdrawn the impact to those who have a disability specifically around their communication and speech would be: -

- No or reduced access to support with communication issues
- No or reduced reassurance for stroke survivors
- No or reduced support in understanding the condition and knowing what is going on
- No or reduced support in regaining independence/returning to work
- No or reduced stroke specific support in the home
- No or reduced access to support to help individuals self-manage
- Increased likelihood of experiencing isolation
- Increased likelihood of experiencing depression and other mental health issues
- Possible increased likelihood of safeguarding issues.

Exercise and education programme

Having a stroke means you have a greater risk of another (recurrent) stroke. However, there are steps an individual can take to prevent a recurrent stroke. It hasbeen suggested that 80% of secondary strokes can be prevented by a combination of lifestyle changes and medical interventions[15]. Moderate exercise can reduce your risk of stroke by up to 27%[16]. Physical inactivity and a sedentary lifestyle increases your risk of an ischaemic stroke by 50%[17]. Being overweight increases your risk of ischaemic stroke by 22% and being obese by 64%[18]. Studies have shown regular exercise to be as important to stroke prevention as medication[19].

The service provides Education and exercise programmes. In the last year 96 individuals have benefited from this element of the service. Not only does the programme introduce individuals into exercise, helping to re-build strength and confidence, it also provides individuals with

information about weight loss, blood pressure and eating well and maintaining a healthy lifestyle. From September 2014 to June 2015, 56% of people who participated in the programme continued in some form of physical exercise.

If this element of the service is reduced or withdrawn the impact to those who have a disability could be: -

- No or reduced stroke specific support, help, advice and information (provided through the education part of the programmes)
- No or reduced reassurance for stroke survivors
- No or reduced support in understanding the condition and knowing what is going on
- No or reduced support in regaining independence/returning to work
- No or reduced access to support to help individuals self-manage
- No or reduced numbers of carers supported
- No or reduced access to stroke specific exercise programmes provided for free
- Increased likelihood of experiencing isolation
- Increased likelihood of experiencing depression and other mental health issues
- Possible increased likelihood of suffering from another stroke due to lack of exercise

In addition parity of esteem (valuing mental health equally with physical health) is a key NHS England priority as established in their Parity of Esteem Programme. 30% of people with a physical long term condition also have mental health problem[20]. As identified in the table (page 15) in terms of stroke 33% of stroke survivors are affected by depression, 20% by emotionalism within six-months and 10% by emotionalism post-six months. In addition 7% have identified dementia one-year post stroke. All elements of the service will be affected in terms of mental health. This is in light of the adult social care cuts which propose significant cuts to mental health services which could support this client group.

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

Information and advice and 6-month reviews

- Explore other ways of providing information and advice to stroke survivors which is not face to face.
- Ensure existing clients receive information about any other existing services that may be able to provide support. This could include any existing voluntary sector organisations, the Stroke Community rehabilitation service (only where there is rehabilitation need that meets the criteria)

Communication cafes

- The provider and commissioner would work with clients to see if they were able to continue running the groups on a peer to peer basis following on from the proposals
- No other actions have been identified

Exercise and education programmes

- The leisure centres provide continuation exercise classes for stroke survivors once they have finished this programme. The centres may have the capacity to provide more of these classes but this is on a pay as you go basis. Some people will not be able to afford

this (see 4.9 section for income issues for stroke survivors) so this will only be a mitigation for a number of existing clients.

f) Provide details of any mitigation.

Discussion with the CCGs about what elements of the service they wish to focus their money on Modelling of the service with only 50% of the funding.

As only up to 50% of the funding for the service will effected by this proposal the commissioner will try and reduce the impact by modelling with the provider what 50% of the service would look like to try and reduce the impact particularly on those over 65. This might be that the more generalist support is still provided (e.g. information and advice) to ensure that those in the protected characteristic get a minimal level of information and advice that will support them in managing their condition

g) How will any mitigation measures be monitored?

- Tracking the numbers of Stroke survivors with a disability who still receive a reduced service - The Stroke Association
- Monitoring whether the numbers of people with a stroke and a disability increase on the adult social care database – Performance Team

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

CASE STUDY

Background

Mr A is a 54 year old man who, prior to his stroke, was in full time employment and had a busy social life. Mr A is married and has three teenage children. Following his stroke in February 2014, Mr A has spent time at the Eastbourne DGH, was then moved to Hurstwood Park followed by nearly a year spent at a Rehabilitation Unit. This huge amount of time spent away from his home and family had left Mr A feeling very anxious about his continued recovery and also about his relationship with family members and his lack of a social life.

Actions Taken

The initial referral came from the Community Stroke Rehabilitation Team (CSRT) for Mr A. It was decided that we should carry out a joint visit and so I first visited with one of the stroke nurses. I had been asked by the CSRT to give Mr A information and advice about local support groups and our exercise classes.

Support Group

I gave Mr A information about a local stroke support group in Eastbourne and also about the support groups run by Headway. Mr A was keen to attend the local Eastbourne group so I arranged to take him along on the first occasion to introduce him to the existing members. Mr A really enjoyed attending this group and continues to do so finding it helpful to be able to share thoughts and feelings with other people that have had a stroke as well as share ideas and information with the other members.

Exercise Classes

Mr A started to attend the Eastbourne based exercise class in March this year and right from the word go, found the classes helpful and encouraging. After spending so long in hospital and rehabilitation, Mr A was anxious to continue with his rehab and particularly enjoyed doing this in a group setting with experts on hand to encourage and advise. Mr A attended every session and has now joined the continuation group so that he can keep going for as long as necessary.

The comments made by Mr A on his Quality of Life questionnaire completed in June sum up his feelings about the group:

'The programme has been extremely important to me. It has ensured that I exercise each week with the correct exercise that I can carry on at home. The physios have motivated me to go to the next stage of development back to being my old self'.

Outcomes

Improved health and emotional well-being

As Mr A has been regularly attending our exercise classes and continues to do so, he has experienced a continued growth in his health and emotional well-being. He has found the exercises have helped him to move forward with his continuing rehabilitation and he has also benefitted from meeting the other people that attend the classes.

Attending the local stroke support group has helped Mr A grow in confidence and has enabled him to start building a new social network. The shared communication with other members of the group has undoubtedly led to reduced feelings of anxiety and depression.

Improved quality of life

Mr A has gained enormously in terms of confidence and social network building. He enjoys the exercise classes and stroke group meetings and has made many new friends.

Social isolation

Mr A is feeling much less isolated now and this was a real problem after him being away from his home and family for a year following his stroke. C is now keen to take part in many social activities and events and recently attended our photography day which he really enjoyed and felt motivated by.

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

Ethnicity not impacted by the proposal.

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

Gender/transgender not impacted by the proposal

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

Marital Status not impacted by this proposal.

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

Pregnancy and maternity not impacted by this proposal.

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

Religion and belief not impacted by this proposal.

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

Sexual orientation not impacted by this proposal.

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

4.9.1 Rural population

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

Population by urban and rural areas in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

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

The service is accessible for people of all ages but the vast majority of clients are aged over 65 (see age section). 27% of people over 65 live in rural areas in East Sussex (source: ONS Census 2011) and a significant percentage live in the rural districts as illustrated below:

Area	% of people over 65
East Sussex	27%
Rother	46%
Wealden	50%
Lewes	23%

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

Yes. People over 65 (the majority who access the service) will be affected more than those in the general population. Within this age group a significant number of people live in rural areas or rural districts. A number of these people will have carers or be carers (see carers section) and will also have a disability (see disability section) and therefore will also be more affected than the general population.

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

These proposals will have a significant impact on people who live in rural areas as these service are primarily accessed by people over 65 and 27% of people in this age groups in East live in rural areas.

Information and advice and 6-month reviews

This element of the service is delivered face to face, normally in individual's homes which means currently people in rural areas can access the service as easily as those in urban areas. However, if the proposal goes ahead and there is a reduced or withdrawn service, this will severely affect people who live in rural areas who will no longer have access to this service within their own home.

Communication cafes

Communication cafes are currently delivered in areas where there is demand for the service which could be in rural areas. Currently one café is delivered in a rural area (Crowborough) with another delivered in Peacehaven which may attract people from the rural areas between

Peacehaven and Lewes. A reduced or withdrawn service will severely affect those living in rural areas.

Exercise and education classes

Education and exercise classes are only able to delivered in limited venues across East Sussex due to the sub-contracting relationship with the two providers. Currently these are all delivered from a range of based leisure centres including Crowborough. However, all of the venues will attract individuals from rural areas. The service is able to offer transport costs for those who are unable to afford their own transport to access the classes. Withdrawing the service or limiting what is available will have an impact on those in rural areas who may no longer have access to transport to access exercise in urban areas.

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

It is also proposed that ESCC work with the current provider so that viable actions can be taken to minimise the negative impacts on clients and their carers and better advance equality. See below.

f) Provide details of the mitigation.

- Discussion with the CCGs about what elements of the service they wish to focus their money on
- Modelling of the service with only 50% of the funding

As only up to 50% of the funding for the service will be affected by this proposal the commissioner will try and reduce the impact by modelling with the provider what 50% of the service would look like to try and reduce the impact particularly on those who live in rural areas. However, it is not known at this stage if it will be possible to continue the service with a 50% reduction. This might mean that the more generalist support is still provided within individual's home (e.g. information and advice) to ensure that a minimum level of information and advice is available that will support people in managing their condition.

The provider and commissioner would work with clients to see if they were able to continue running the groups on a peer to peer basis following on from the proposals. However, there is no guarantee that this will be successful and it will still depend on there being some level of paid staff involvement. If this is not successful it will mean there is no mitigation for people living in rural areas.

If the exercise and education classes are withdrawn the commissioner and provider will work together to ensure that clients and carers are made aware of other community transport options that may be able to support them to access exercise. However, it is not known whether these options will be viable for each individual as it will depend on the community transport available in their area.

g) How will any mitigation measures be monitored?

- If the service continues the provider will be able to report on the number of communication cafes that are able to continue on a peer-to-peer basis – The Stroke Association.
- Report on the number of leisure centres who are able to provide paid for exercise classes. This will not be tracked in the in the longer term – Provider and Commissioner.
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care

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

- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

4.9.2 Carers

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

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

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

From July – September 2015 there were 580 carers on the Stroke Association books who were benefited from their service delivery. Over the last year (October 2014 to September 2015, 133 carers had cases opened specifically for them to meet their needs as a carer.

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

Yes

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

- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community
- Engage in recreational activities
- Understanding stroke as a condition and how best to support the person they care for

These reflect the Care Act duties to carers. In addition up to 72% of carers of a stroke survivor feel ill-prepared to take on their role as a carer[21] supporting the need for stroke specific support for this group of carers. This could mean there is an increased risk of carers having more eligible needs and this could impact on other voluntary services, the Stroke Community Rehabilitation Teams and care management teams.

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

- Ensuring that carers of stroke survivors know about the consultation and are given an opportunity to respond – The Stroke Association
- Working with the provider to ensure that carers are aware of other carers organisations that can support them – The Stroke Association
- Exploring the possibility of the stroke association providing stroke awareness training to carers organisations (this may not be possible to deliver with the proposed budget reductions)

f) Provide details of the mitigation.

As above.

g) How will any mitigation measures be monitored?

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

CASE STUDY

Background

Mrs C is a 68 year old woman who cares for her husband who is 83 years old and had a stroke in September 2013. Mrs C contacted me by telephone in November to request information and advice so I arranged to visit her. At this time her husband was at the Bexhill Irvine Rehabilitation Unit following two months in the Eastbourne DGH. He was to spend two months in the Bexhill Unit.

Actions Taken

I visited Mrs C several times during her husband's stay in the Bexhill Unit. Much of the time during my visits was given to providing emotional support whilst Mrs C was coming to terms with the implications of her husband's stroke and the changes this would bring to their lives. I was able to provide a listening ear and also provide some leaflets to give Mrs C some information about the emotional impact of stroke on stroke survivors and their carers.

During this time I was also able to give Mrs C information about carers support services and made a referral to the Association of Carers for her. Initially this was so that Mrs C would have access to their Computer Help at Home service and later once her husband was home, I made a

referral to their Respite and Befriending Service which enabled Mrs C to have an afternoon a week to go out and have some free time away from her caring role whilst at the same time providing a visitor for her husband to share some time with.

Once Mrs C's husband returned home I carried on visiting and was able to provide information about various benefits as well as refer Mrs C to Age Concern Eastbourne's Benefits Advice Home Visiting Service. This meant that a trained person from Age Concern Eastbourne visited Mrs C and her husband at home to give them up to date information and to fill out the lengthy claim forms with them.

On one visit I took an iPad with me so that I could show both Mrs C and her husband (who has aphasia) the various apps available to aid communication. They were impressed with the Grid Player app and I was able to help them download this onto their iPad.

I was also able to give Mrs C details of local opticians who made house visits as following his stroke her husband had been having problems with his eyesight and needed this tested. At this time Mrs C was not able to get her husband out of the house so this service was immensely helpful to them.

As time went on Mrs C began to be able to get her husband (who is a wheelchair user) out of the house and into the car. I was able to give them details of car adaptations and aids to help with this process and also to give them advice and complete the Blue Badge application form with them.

Goals

Because Mrs C and her husband live in a house that can only be accessed by a number of steps, Mrs C's main goal was to enable her husband to leave the house. With support from the Community Rehabilitation Team and a considerable amount of determination on the part of both Mrs C and her husband, he is now able to achieve this. Having adaptations such as the car caddie handle and the handle bar have made trips out a little easier and the Blue Badge means that parking nearby is available and thus helps them to go out and about.

Outcomes

<u>Improved health and emotional well-being</u>

Having the opportunity each week to have some time off from her caring role has helped Mrs Cg emotionally and physically by having a break and some 'me time'. She looks forward to this time and plans what she is going to do, often meeting with friends and therefore having a chance to chat and offload.

Because Mrs C is now able to get out of the house on trips with her husband they are both benefiting and feeling more positive. They enjoy their trips out and although many of the trips are local they have also ventured further afield to see family and friends or have days out.

<u>Improved quality of life</u>

Both Mrs C and her husband are feeling more optimistic about their future now than they were when Mrs C's husband originally came home. They have a supportive network around them and are feeling much happier now that they are able to make trips out in their car.

<u>Social isolation</u>

Being able to get out of the house both together and on her own has enable Mrs C to feel much less socially isolated. This also applied to her husband who is now able to leave the house and make social contact with the outside world.

4.9.3 People on low incomes

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

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

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

In 2012, the Stroke Association produced a report looking into the financial impact of stroke survivors and their families[22]. They found: -

- 69% of 25-59 year olds were unable to return to work.
- 65% of 25-59 year olds reported a decrease in household income.
- Household expenses increased for 58%, including heating bills,transport costs, contributions to care services and household adaptation expenses.
- 63% were living in fuel poverty.
- 40% had cut back on food.

Taking the current caseload of 572 this would mean: -

- Household expenses increased for 332 stroke survivors, including heating bills, transport costs, contributions to care services and household adaptation expenses.
- 360 stroke survivors were living in fuel poverty.
- 148 had cut back on food.

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

Yes

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

The Stroke Association currently support stroke survivors in a number of ways in terms of income including working towards getting back to work, signposting to benefit organisations, applying for grants, signposting to fuel poverty information, signposting and support for transport/mobility, information and advice around household adaptations, etc. Therefore the proposal will mean that there is an increased likelihood that stroke survivors will: -

- Need an adult social care assessment
- Continue to have high household expenses
- Continue to live in fuel poverty
- Continue to cut back on food

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

Ensuring that current clients receive information about other services which can support them in maximising their income e.g. DWP, Welfare Reform project.

f) Provide details of the mitigation.

The commissioner and provider will work together to discuss what information could be passed onto current clients once the outcome of the proposals in known. This will include information around accessing benefits support, Fuel Poverty programme (Warm Homes) , tools to support communication, etc.

g) How will any mitigation measures be monitored?

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

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

Human Rights are not impacted on by this proposal.

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

Part 5 – Conclusions and recommendations for decision makers

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

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

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

X	Outcome of impact assessment	Please explain your answer fully.
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	Failure to advance Equality of Opportunity for disabled people as a result of • Loss of dedicated exercise classes at leisure centres. Mainstream classes and facilities are not suitable or accessible to many. • Loss of communication cafes- no other facilities to re-build communication skills face to face through peer support- which is acknowledged as the most effective. Loss of peer support with communication aids. Would be mitigated by info on-line, but not really an effective replacement. • 6 month client reviews by the Stroke Association may not be available- NICE recommendation • Information and advice is a statutory responsibility under the Care Act 2014 People affected by stroke will be disadvantaged by the removal or reduction in support and advice to live independently and have equality of opportunity in daily life, equal access and mobility. If it is necessary to close the communication cafes as a result of reduced funding impaired ability to communicate following a stroke will have particular impact on quality of life, safety and equal access. If dedicated exercise programmes are not funded, it will be extremely difficult for stroke survivors to access other suitable faciltiites to support their recovery. Disabled and older people who lack the communication skills, alternative personal support; or personal capacity will be disadvantaged as a result of their impairments and there will be a failure to advance equality of opportunity between different groups of people.
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
x	**C Continue the policy/strategy** - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it *must* be removed or changed.	

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

Quarterly reviews will continue with the provider as usual (including equality monitoring) which will also incorporate feedback on the relevant areas for improvement outlined in part 6.

The Commissioner will work closely with the Clinical Commissioning Groups and the Stroke Community Rehabilitation teams to monitor any impact of the proposal.

See Action Plan for other measures.

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

On a quarterly basis the first of which will be at the end of April and the following the end of July 2016.

Date completed:	**January 2016**	**Signed by (person completing)**	**Emma Jupp**
		Role of person completing	**Project Manager**
Date:		**Signed by (Manager)**	

Part 6 – Equality impact assessment action plan

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

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

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

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

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

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
Ensuring stroke survivors receive access to information and advice and re-assurance about their condition (including transport options, communication tools, income maximisation, etc.)	a) Exploration as to whether this can be provided by other services (possibly not face to face) b) Ensure existing clients receive information about services including signposting to the Stroke Association website. c) Explore service model (if any) with 50% of the	Emma Jupp (with current provider support) Stroke Association Manager	December – April From the point of budget reduction	Could mean additional pressure on existing services some of which may also be under proposed cuts. Many existing services already operating at capacity (e.g. STEPS, Stroke Rehab team, GPs). Additional resources needed from the	EIA/Cabinet papers

	funding d) Explore with CCGs which elements of the service they want to focus their funding on e) Tracking the numbers of people over 65+ who still receive a stroke service f) Tracking the numbers of stroke survivors with a disability who still receive a reduced service g) Monitoring the number of people with a stroke on the adult social care database h) Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC	Emma Jupp (with current provider support) Emma Jupp Stroke Association Manager Stroke Association Manager Steve Darvill	December – April February – April16 depending on outcome of the consultation Quarterly Quarterly TBC	Performance Team	

Page 473	PPE/Strategy and Commissioning) i)Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team) j)Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)				
Access to exercise programmes	a) Exploring whether current providers of the exercise programme have	Emma Jupp (with support from the provider)	February – April16 depending on outcome of the	Commissioner time Provider (Stroke Association) time	EIA/Cabinet papers

	the capacity to deliver more paid for programmes b) Explore service model (if any) with 50% of the funding c) Explore with CCGs which elements of the service they want to focus their funding on	Emma Jupp (with support from the provider)	consultation December – April February – April16 depending on outcome of the consultation	Provider (Leisure centres) time Agreement with CCGs	
Support to carers	a) Ensuring carers are aware of the consultation b) Ensure carers are provided with information about other carers services c) Exploration of whether training can be provided to other organisations	Stroke Association Manager Stroke Association Manager Emma Jupp (with support from the provider)	Consultation Oct-Dec February – April16 depending on outcome of the consultation As above	Provider time Budget to provide training to other providers	EIA/Cabinet papers
Support with communication	a) The provider and commissioner would work	Emma Jupp (with support from the	February – April16 depending on	Commissioner time Provider (Stroke	EIA/Cabinet papers

	with clients to see if they were able to continue running the groups on a peer to peer basis following on from the proposals. b) Explore service model (if any) with 50% of the funding c) Explore with CCGs which elements of the service they want to focus their funding on d) Ensure clients are provided with information about tools and aids to support communication needs	provider) Emma Jupp (with support from the provider) Emma Jupp Stroke Association Manager	outcome of the consultation December – April February – April16 depending on outcome of the consultation February – April16 depending on outcome of the consultation	Association) time Agreement by CCGs	
Support to access information and support for maximising income	Ensure existing clients know about relevant services e.g. welfare reform, winter warmth programme, online information about	Stroke Association Manager	February – April16 depending on outcome of the consultation	Commissioner time Provider (Stroke Association) time	EIA/Cabinet papers

	communication tools, etc.				
Support to East Sussex Better Together	Support ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.	Emma Jupp	February 2016	Commissioner time CCG time	ESBT and RPPR EIA/Cabinet papers

6.1 Accepted Risk

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

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Increased impact on Adult Social Care, Stroke Rehab teams and GPs for request for support/services for stroke survivors and their carers	Financial	Potentially if alternative funding becomes available or through re-modelling	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in January 2016
Stroke survivors and their carers are at increased risk of safeguarding	Moral, legal	Potentially if alternative funding becomes available or through re-modelling	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in January 2016
Non-provision of 6-month reviews means East Sussex is unable to meet NICE and the South East Coast Strategic Clinical Network recommendations	Performance Reputation risk to CCG	Potentially if alternative funding becomes available or through re-modelling	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in January 2016
Significant risks to the physical and mental health needs of Stroke	Moral, financial	Potentially if alternative funding becomes available	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in

survivors. (Mental health services also under proposal).		or through re-modelling			January 2016
Stroke survivors do not have access to support with their communication needs	Moral, financial	Potentially if alternative funding becomes available or through re-modelling	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in January 2016
No or reduced stroke specific support, help, advice and information	Moral, financial, legal (Care Act – Information and Advice)	Potentially if alternative funding becomes available or through re-modelling	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in January 2016
No or reduced stroke specific exercise classes	Moral, financial	Potentially if alternative funding becomes available or through re-modelling	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in January 2016

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Equality Impact Assessment

Name of the proposal, project or service
DAAT RPPR 2016-17: Decommissioning of LASAR: Gateway service to accessing treatment

File ref:		Issue No:	
Date of Issue:	January 2016	Review date:	January 2017

Contents

How to use this form

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

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

You can delete the comments as you would for normal text, but they will not show up if you print out the form.

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

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

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

1.3 The Public Sector Equality Duty (PSED)

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

- eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act,

- advance equality of opportunity and foster good relations between those who share a "protected characteristic" and those who do not share that protected characteristic (see below for "protected characteristics"

- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

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

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

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

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

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

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

- Removing or minimising disadvantages suffered by people due to their protected characteristic

- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities

- Encouraging people from protected groups to participate in public life or in other activities where their participation in disproportionately low

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

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

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

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable

regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

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

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

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

2.1 What is being assessed?

a) Proposals to reduce decommission LASAR:

Decommissioning of LASARS – this is an assessment service for drug and alcohol treatment services that manages access into residential rehab as well as monitoring the payment by results of the external provider.

STARS and LASARS remit is to work with adults (18+) whose presenting primary need is around alcohol or substance misuse.

b) What is the main purpose of the proposal?

To cease delivery of the LASARS service as part of the Council's Reconciling Policy, Performance and Resources budget proposals 2016-17

c) Manager(s) responsible for completing the assessment

Daniel Parsonage, Joint Strategic Commissioner

2.2 Who is affected by the proposal? Who is it intended to benefit and how?

There should be a neutral impact.

LASARS is not an assessment and care management service. Clients with potential eligible social care needs are also expected to be referred to the appropriate Assessment and Care Management Team in Adult Social Care (ASC) for assessment and joint work with STAR/LASAR

We expect waiting times to access treatment to reduce as this will be one less layer of assessment. After the decommissioning of LASARS all access to treatment services will be managed by STAR our commissioned treatment provider.

There will be no reduction in treatment capacity as a result of this change.

The LASARS service does have safeguarding responsibilities and this will be mainstreamed into Adult Social Care.

LASARS also undertake carers assessments and hold a budget to allocate personal budgets from. This work will need to be mainstreamed into Adult Social Care.

As there is no material change in treatment or recovery services as this is being implemented as result of strategic consultation we are not planning further formal consultation outside of the wider consultation. However, service users have been informed of the change and the wider consultation.

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

If the Council decide to go ahead with these budget proposals these services will be decommissioned. A 3 month notice period will be served on the providers..

The LASARS Service will be asked to communicate this to people using the service at that time and work to identify options for them, where appropriate.

Options may include information and advice about alternative services where available, or referral to ASC for assessment and support planning where it seems that the client or their carer may have

eligible needs in terms of the Care Act and the well-being principle or require advocacy. For clients of carers who have a current assessment and support plan (which may or may not include the service): a letter will be provided to advise them to contact their social worker for review if they are concerned that their eligible needs may no longer be manageable and they require advice and guidance, advocacy or further support planning. A more proactive response will be considered if language, literacy or engagement with the service is identified as a barrier.

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

The LASAR works closely with STAR, ASC, NHS Mental Health services, Police and the criminal justice system.

The service contributes directly to care planning in health and ASC and offers advice and support to professionals.

2.5 IS this proposal, affected by legislation, legislative change, service review or strategic planning activity?

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

- **A general duty to promote wellbeing** (this includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships; suitability of living accommodation; and the individual's contribution to society).
- **Focussing on the person and their needs**, their choices and what they want to achieve.
- Providing, arranging for **the provision of services, facilities or resources**, or taking other steps to prevent, reduce or delay the development of needs for care and support (including carers).
- Providing, or facilitating access to, **information and advice** to enable people, carers and families to take control of, and make well-informed choices about, their care and support (including independent financial advice).
- Arranging **independent advocacy** where someone has substantial difficulty being involved and there is no-one appropriate to support and represent them.
- **Parallel rights for carers and a focus on the whole family.**
- Joining up with **health and housing.**
    - **Market shaping** including supporting sustainability and encouraging a variety of different types of providers to ensure people have a choice of different types of service. This includes independent private providers, third sector, voluntary and community based organisations, user-led and small businesses.

The guidance on section 2 of the **Care Act 2014** defines the local authorities' responsibilities for prevention and how this applies to adults. This includes three general approaches,

1. Primary prevention/promoting well- being
2. Secondary prevention/early intervention
3. Delay/ tertiary prevention

The services in this proposal are primarily aligned to 2.

Other legislation that is relevant to these proposals is The Human Rights Act (see section 4.10)

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

Through self -referral primarily but also through GP's and Criminal Justice System.

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

No

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

At the treatment hubs in partnership with STAR in 3 locations across the county:

Hastings, Eastbourne and Uckfield

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

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

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

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

Consultation is currently ongoing and all the comments in relation to the proposal will be considered by councillors and will inform the mitigations and Equality Impact Assessment Action Plan. Service users in the strategy consultation stated that they thought the additional assessment contributed to attrition rates.

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

Primary Support Reason of people whose enquiries started between October 2014 and September 2015

Primary Support Reason	Number of enquiries started
Learning Disability Support - Learning Disability Support	80
Mental Health Support - Mental Health Support	140
No Long Term Support Needs - No Long Term Support Needs	14
No Primary Support reason recorded	134
Physical Support - Access and Mobility Only	39
Physical Support - Personal Care Support	300
Sensory Support - Support for Dual Impairment	4
Sensory Support - Support for Hearing Impairment	1
Sensory Support - Support for Visual Impairment	6
Social Support - Substance Misuse Support	27
Social Support - Support for Social Isolation and Other Support	31
Support with Memory and Cognition - Support with Memory and Cognition	34
Grand Total	**810**

There should be no direct safeguarding impacts as the statutory safeguarding work will remain with Adult Social Care.

It is of note however that SAR activity in the Substance Misuse Service (SMS) increased since LASARS formed; providing specialist support in relation to SMS self-neglect and mutual safeguarding /dependency issues. Whilst it is likely that existing staff will be employed into the Mental Health Services or wider ASC, concern has been expressed by the ASC Mental Health Service that without a specialist SMS service in ASC expertise in this area may be eroded and impact on raising and achieving the desired outcome of safeguarding concerns.

As this is a service that links with marginalised individuals there maybe opportunities to pick up safeguarding issues with children as well as adults, adults at risk of and/or of being radicalised too.

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

Staff consultation and public RPPR consultation

- Drop in awareness raising events
- Meeting with clients and carers

  Met with our service user representatives group who fed back that they were satisfied with this plan and considered that it would result in a more effective and streamlined service.
- Sent information to providers and clients
- Inclusion and Advisory Group 3rd November 2015

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

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

- **Inclusion Advisory Group 3rd November 2015**

Much of the feedback from the group focussed on the hardships and risks involved in removing or reducing accommodation services and voluntary and community sector services.

Some of the comments made may apply to the removal of the LASAR service as below:

- Risk of removing services that offer early intervention and support choice and control for individuals
- Risk about carers – not being able to meet the requirements of the Care Act about health and wellbeing
- Potential increases in complex mental health issues, suicide and homelessness leading to an increase in substance misuse generally.

Recommendations relevant to this EIA:

1. Communicate the changes carefully, precisely and clearly to clients and carers.
2. Monitor the impact of the changes on existing clients and people whose needs escalate.

- **Feedback from client and other stakeholder discussions**

1. Current model of staffing prior to consultation is showing very minimal redundancies.
2. Recovery Alliance

The group felt that the removal of LASARS was overdue and would improve the service by reducing assessment times. They felt LASARS were a cultural barrier as the workers were less likely to have a history of substance misuse. Some of the group reported that they had previously dropped out during the LASARS assessment due to the time delay. (Commissioner summary)

Public Consultation results

The majority of the comments focus on the impact of savings measures in general for people with drug and alcohol services issues with some specific comments about LASAR and STAR services.

Many of the respondents focus on what the proposals would mean for them individually, or their family or friends. People feel that a vulnerable and hard to engage client group would be left with too little support, affecting their mental health and making them more at risk of isolation, exploitation and neglect. There is also a danger that people will lose their lives if they don't receive the support they need.

A number of people commented on the savings and the impact and the fact we can't help people to prepare. For example explaining the national policy context, providing clear information, giving people notice and ensuring people have a safety net.

Reducing or removing funding would:

- Remove a service from a vulnerable group of people, with many comments focusing on the impact on young people and the cumulative effect of service funding cuts in other areas such as housing support services (Supporting People funding)
- Lead to people losing their lives if they don't get the support they need
- Increase hospital admissions and the chances of people reaching crisis point
- Lead to higher consumption for people with a drug or alcohol problem
- Increase the chances of people losing their accommodation and becoming homeless
- Affect the families of people who use services, pushing families into crisis or leading to relationship breakdowns
- Affect the community through increased street drinking and crime
- Increase costs for the NHS, particularly acute mental health services and A&E
- Put pressure on other budgets and services, such as the Police
- ESCC could fail to meet its statutory obligations and it could affect the success of the East Sussex Better Together project
- Affect communities through increases in drug and alcohol use, anti-social behaviour, drink driving, and crime

Concerns were, that there would be no one to support clients or challenge their behaviour. They would be more likely to drop out of treatment as trust and 1-2-1 support is crucial to recovery. This would also put them at greater risk of harm and put other people at greater risk of harm from them.

'My opinion is that these cuts will only work for short term cost reduction as they will increase, over time, social and health problems for vulnerable people which will in turn increase homelessness and rough sleeping and street community problems involving substance use, crime, violence and abuse and in turn increase the demand for public services such as A&E and hospital admissions, housing departments and social services, increase demands on the police and create an increase in demand for court and prison services.'

People felt that cutting the funding for these already stretched services would remove an important community resource, particularly as some feel there is a greater need than ever for these services. It is seen as a short-term approach that will just push costs elsewhere. Particular geographical areas will be impacted more greatly.

'In areas of deprivation the use of alcohol and drugs is often higher. Hastings has slipped on the deprivation scale from 19 to 13. It doesn't make sense to take away services that supports people to have a better life. The cost and impact of not having this in place is both individual and financial, through other public funded support for instance: NHS and Child support services'

A number of professionals questioned whether STAR has the capacity to provide the required level of service, particularly around building trust, 1-2-1 support and safeguarding.

In contrast, there was some feeling that stopping the LASAR service would remove an unnecessary layer.

However, professionals have queried whether adult social care teams have the specialist knowledge and capacity required to give this client group the support they need. A number of comments also flag the issue of the cumulative impact of cuts in other areas, such as housing support services (Supporting People) particularly for younger people and young mothers.

'I work with clients with high risk substance use issues. They require involvement from LASARS service for referral, assessment and safeguarding. Co-location of LASARS in STAR is a really valuable asset - although it will save money to integrate the work into NST etc. teams, the benefit of workers who know clients , can engage them and response quickly (very important with impulsive and chaotic client group) will save more in the longer term. I am concerned that safeguarding will not be effective and clients will be at risk of harm, as will their associated network including children and vulnerable adults. Also referrals to rehab are a specialist assessment that benefits from collaboration, this is best do via co located services, to remove LASARS is to remove this good practice example of how to work effectively with risk and to provide integrated support to individuals.'

Some comments are from members of the existing LASARS service.

'As an employee of the LASARS service I have worked side by side with STAR and have seen the difficulties that the workers face in having huge caseloads where it is not possible to spend any meaningful time with clients. STAR will also now need to carry out the initial assessments that were done by LASARS.
The LASARS team has other key functions apart from these assessments. It is worth noting the high amount of safeguarding that the team deals with each week. These are very specific circumstances and for a very high risk client group. The LASARS are experienced and skilled at dealing with the issues in a way that many other teams are not. We have also worked side by side with NST to support self- neglect clients who have drug/ alcohol issues. LASARS currently provides assessments for rehab, arranges funding and reviews and works with clients on their return to reintegrate into the community. We have excellent relationship[s with many rehabs and service providers. There are also a high number of carers assessments carried out by the team. Many carers need an experienced practitioner to discuss and advise on substance/alcohol misuse issues.

To cut the LASARS team will mean that these statutory duties will be picked up by other teams, less experienced with the client group. This will be a further strain on already stretched teams. Whilst it may be unnecessary to maintain the full LASARS team in light of STAR doing the assessments it would still be beneficial to have a larger substance misuse team to deal with the high volume of work that LASARS carries out.'

'Our client group are very chaotic and I would be concerned that by having Safeguarding dealt with by existing teams e.g .DAT / NST then we would lose contact with some of the most vulnerable /

risky clients – as they often find it difficult to stick to appointments.'

'Currently we manage the budget for residential rehab - rehab has been a life changing/saving service for many of the highest risk clients . The end of LASARS would mean that any community care budget would need to be devolved to other services to manage.'

'Carers Assessments - many of our carers are isolated and feel stigmatised / reluctant to identify as carers. It is often by undertaking face to face carers assessment that we identify other underlying issues such as Safeguarding Concerns as well as offer support / signpost to specialist services .'

'The LASARS currently complete reviews of the STAR services work and the stats for the Keyworkers keeping their risk assessments, support plans etc up to date are low, this needs to be addressed to ensure that clients are being supported, as well as ensure that risk and safeguarding matters are not missed. I feel that more staff and a revision of how support is provided is required to run the service effectively.'

Comments also suggested ways for managing the change, in particular the need to understand the impact of the proposal, providing a clear referral pathway for GPs and social workers and monitoring the impact if it went ahead. A few comments said the service should be funded by health, while one suggested using the STAR cap to fund LASAR.

'If services are reduced or removed it needs to be clear for professionals inc. GPs & SW what alternatives are available and consider the impact on emergency services. Have clear pathway to advice, guidance and possible support although this may be reduced.'

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

Part 4 – Assessment of impact

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

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

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

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

In the 12 months to the end of March 2014, there were 559 (42.4%) clients in treatment aged over 40; although this is a slight decrease on the previous assessment, it is still in line with national findings[1] which state that the over 40s are the only age group whose numbers are increasing. The research suggests that this group is a cause for concern and present a significant challenge for services. The treatment population is ageing

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

Older carers affected by adult children with substance misuse issues returning home, for example because of relationship breakdown, homelessness and unemployment. Young carers may be impacted by parents with parents with substance misuse. The loss of LASARS though should not have a significant disproportional impact.

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

None

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

See below

f) Provide details of the mitigation.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress with

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers
- STAR will be monitored to ensure that there is an appropriate take up of carers assessments.

[1] NTA Drug Treatment 2012: Progress made, challenges ahead: http://www.nta.nhs.uk/publications.aspx

(Commissioner during the transition)

- Develop monitoring measures in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets;
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary.

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

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

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

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

134 (10.1 %) clients stated that they were receiving treatment from mental health services for reasons other than substance misuse, and can therefore by categorised as dual diagnosis.

In 2013/14/ and 2014/15, the majority of clients in treatment for alcohol misuse continue to be largely in regular employment (31.5%), with 28% being unemployed and seeking work. There are 285 clients (21.7%) with long term sickness or disabilities.

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

The only likely change as evidenced from service user feedback is reduced assessment time to access treatment but this is not likely to be disproportional.

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

There will be no change in accessibility in terms of use of accessible language.

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

As below.

f) Provide details of any mitigation.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress with

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers
- STAR will be monitored to ensure that there is an appropriate take up of carers assessments.

(Commissioner during the transition)

- Develop monitoring measures in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets;
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary.

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

Support will be provided to meet the individual's communication needs during all the above stages.

Not impacted by proposal

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

Not impacted by proposal

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

Not impacted by proposal

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

Not impacted by proposal

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

Not impacted by proposal

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

Not impacted by proposal

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

4.9.1 Rural population

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

Population by urban and rural areas in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

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

Reflects the population.

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

No

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

The streamlined assessment service should enable people to access treatment from rural areas more effectively as currently service user feedback reported that having to attend two separate appointments adds to the drop- out rate for clients from rural areas.

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

n/a

f) Provide details of the mitigation.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress with

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers
- STAR will be monitored to ensure that there is an appropriate take up of carers assessments.

(Commissioner during the transition)

- Develop monitoring measures in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets;
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary.

4.9.2 Carers

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

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

59,400, 11% of population

Area name	Total numbers of carers in 2011	% of carers	Total numbers of carers in 2001	Rise in number of carers in a decade:	% increase 2001 to 2011	2011 Provides 1 to 19 hours unpaid care a week	% 1 to 19 hours	2011 Provides 20 to 49 hours unpaid care a week	% 20-49 hours	Provides 50 or more hours unpaid care a week	% 50+ hours
East Sussex	**59,409**	**11**% of total population	**50,993**	**8,416**	**17%**	**39,537**	**67%**	**6,745**	**11%**	**13,127**	**22%**
Eastbourne	**10,518**	**18**% in East Sussex	**8,767**	**1,751**	**20%**	**6,678**	**63%**	**1,261**	**12%**	**2,579**	**25%**
Hastings	**9,442**	**16**% in East Sussex	**8,635**	**807**	**9%**	**5,708**	**60%**	**1,321**	**14%**	**2,413**	**26%**
Lewes	**11,501**	**19**% in East Sussex	**9,695**	**1,806**	**19%**	**8,000**	**70%**	**1,197**	**10%**	**2,304**	**20%**
Rother	**11,261**	**19**% in East Sussex	**9,553**	**1,708**	**18%**	**7,279**	**65%**	**1,250**	**11%**	**2,732**	**24%**
Wealden	**16,687**	**28**% in East Sussex	**14,343**	**2,344**	**16%**	**11,872**	**71%**	**1,716**	**10%**	**3,099**	**19%**

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

Likely to be higher numbers of carers for SMS than known to services or identified in census. We are aware that people are likely to be in caring relationship but frequently unwilling to disclose or identify as a carer.

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

From service user feedback the only likely impact is with the streamlined assessment service there is likely to be a reduced treatment time and thus people will be more able to continue as a carer.

The LASARS carers assessment function will need to be mainstreamed into ASC as there will be a potential impact on carer identification and recognition. There may also be an impact on carers assessments.

We are aware that for Substance Misuse:

- Effectively involving family members, and carers helps users increase their chances of: entering, engaging with, being retained in and successfully concluding treatment; reducing or stopping their drug misuse.
- Drug users are also less likely to suffer major relapses. This leads to better quality of service provision overall.[2]

The vast majority of individuals with substance use disorders refuse to be engaged into treatment, often in the face of the negative consequences of their use. Research has indicated that only 6% of individuals with alcohol use disorders and 16% with drug use disorders enter treatment. Substance-using individuals often have a dire impact on the lives of family members and friends, inflicting marital distress, social problems, financial troubles, aggression and interpersonal violence (IPV). This co-occurs frequently with myriad psychological problems such as depression, post-traumatic stress disorder, high levels of anxiety, low self-esteem and a broad variety of physical symptoms. Therefore, many family members desperately need help to stop the disruption of their family life, to improve their own physical and mental health and to cope with the ongoing substance using individual.[3]

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

Currently not anticipated but will be monitored through contract management.

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

STAR will be monitored to ensure that there is an appropriate take up of carers assessments.

f) Provide details of the mitigation.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the

[2] Supporting and Involving Carers. National Treatment Agency for Substance Misuse, 2008

[3] Community reinforcement and family training: an effective option to engage treatment-resistant substance-abusing individuals in treatment Hendrik G. Roozen et al,, Addiction 105, 2010

provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress with

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers
- STAR will be monitored to ensure that there is an appropriate take up of carers assessments.

(Commissioner during the transition)

- Develop monitoring measures in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets;
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary.

4.9.3 People on low incomes

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

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

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

Although we do not have specific data on income level it is safe to assume that people who use this service are likely to be on lower incomes.

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

There should be no disproportional effect on this population except that service user feedback indicated that a more streamlined assessment service may result in a shorter treatment time enabling people to become more economically active.

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

As above

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

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

Support will be provided to meet the individual's communication needs during all the above stages.

f) Provide details of the mitigation.

n/a

g) How will any mitigation measures be monitored?

Monitor progress with

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers
- STAR will be monitored to ensure that there is an appropriate take up of carers assessments.

  (commissioner during the transition)

  - Develop monitoring measures in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets;
  - Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary.

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

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

Part 5 – Conclusions and recommendations for decision makers

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

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

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

X	Outcome of impact assessment	Please explain your answer fully.
x	**A No major change** – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	Prior to the return of the consultation the decommissioning of LASARS is not likely to have potential for discrimination. Service user consultation showed that this may improve access for all groups. Following meeting with and ESRA and peer support groups plus feedback from the strategy consultation this was the conclusion that service users wanted to be added to this impact assessment. Potential negative impact of losing the specialist support to safeguarding and dedicated budget and focus on carers assessments that LASARS has provided will be mitigated through mainstreaming the activities in ASC Assessment Teams and monitoring carer's assessment referrals through STAR.
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
	C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it *must* be removed or changed.	

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

see Action Plan

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

January 2017

Date completed:	**January 2016**	**Signed by (person completing)**	Daniel Parsonage
		Role of person completing	Joint Strategic Commissioner
Date:		**Signed by (Manager)**	

Part 6 – Equality impact assessment action plan

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

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

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

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

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
Monitoring the impact of the new model	Monitor progress • with informing clients and carers • and numbers of referrals or independent advocacy or assessment and support planning providers • STAR will be monitored to ensure that there is an appropriate take up of carers assessments. (Commissioning Team, during the notice period) • Develop monitoring measures in conjunction with the ESBT Programme and associated	Daniel Parsonage	Feb- Apr 2016		EIA/Cabinet papers

	work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; • Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary.	ASC Performance Team			
Ensuring good communication and client focus	Support will be provided to meet the individual's communication needs during all the stages of the transition. Timely information and advice about the changes. (contract management of the service)	Daniel Parsonage	Feb- Apr 2016		EIA/Cabinet papers
Effective mainstreaming of specialist safeguarding expertise	Integrate workers in STAR hubs to ensure joined up approach to safeguarding. Need to monitor safeguarding alerts.	Martin Robinson			EIA/Cabinet papers
Effective availability of carers assessments and personal budgets through main Assessment and Care Management Teams	Integrate staff into the mainstream ASC service.	Martin Robinson			EIA/Cabinet papers

6.1 Accepted Risk

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

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Safeguarding	Loss of expertise	ASC service planning	DMT	Martin Robinson	
Carers	Access and identification Loss of expertise	ASC service planning	DMT	Martin Robinson	

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Policy/Strategy/project/service
E&D Risk Assessment

Date: 08.12.15 **Lead Manager/Officer: Sue Dean**

Briefly outline aims of the policy/strategy/project or service:

The Supporting People programme of investment in housing support services (£9.8M) is facing potential cuts of around £4.9m from 2016/17 as a result of cuts to public sector funding. The scale of financial reduction is such that it cannot be achieved without removing all funding from some services and reducing funding to others. Unless alternative funding streams are found, these cuts are likely to result in service closures.

A proposal on how to achieve the required reduction has been presented to DMT and they have determined which cuts should progress in the event that no mitigation funding is achieved from elsewhere e.g. from within the ESBT programme.

The proposed cuts include a cut to the refuge service for women and their children escaping domestic violence. The proposed cut is £80k which is around 20% of the total budget. Some other services are facing reductions of 50-100%. In these cases full EQiA's are being completed.

The initial proposal from Supporting People indicated that this reduction in funding may require a service closure reducing available units from 47 to 41 however the provider has worked constructively to find a solution to the reduction that does not involve closure of a building. (see below)

To assess the risk level of your service and the need for an EqIA, please answer the questions below.

When doing so, please keep in mind all equality characteristics (gender including transgender, religion or belief, age, disability, ethnicity and race, sexual orientation, marital status/civil partnership, pregnancy and maternity)

Think about the barriers that people may experience when getting to know about, accessing or receiving a service.

	Question	Yes	No	Don't know
1	Is there evidence of different needs, experiences, issues or priorities in relation to the service or policy/strategy area?		x	
2	Are there any proposed changes in this service that may affect how services are run and/or delivered?	x		
3	Are there any proposed changes in this service that may affect service users directly?	x		
4	Is there potential for, or evidence that, this service may adversely affect inclusiveness or harm good relations between different groups of people?		x	
5	Is there any potential for or evidence that any part of service could discriminate, directly or indirectly?		x	
6	Is there any stakeholder (staff, public, unions) concern in the service area about actual, perceived or potential discrimination/loss that may result in a legal challenge?		x	
7	Is there any evidence or indication of higher or lower uptake by people in connection with protected characteristics?	x		

Share the results of your risk assessment with the Equality Lead for your department to agree the next steps.

If you have answered yes or don't know to any of the questions above, then the completion of an EIA is necessary.

The risk level of a policy low/medium/high will depend on:

- how many questions you have answered yes or don't know to;
- the likeliness of the council facing a legal challenge in relation to the effects the policy may have on various stakeholders; and
- the likeliness of adverse publicity for the authority

Low risk	**x**	**Medium risk**		**High risk**		
Although there are some 'yes' answers above we do not consider the situation requires a full EQiA. These services do have a higher take up of people with the protected characteristic of gender as they are women only services. However the provider's decision to avoid a service closure if the funding reduction is decided by Cabinet in February means that the impact will be limited.						

The provider has proposed to reduce the service by 1FTE of a post from onsite staffing and to remove the 1.5 peripatetic staff who are currently working across the services. These peripatetic posts are not essential to the core service delivery within the onsite staff team.

Refuge, the service provider, have advised that they can and will manage the funding cut without a service closure and with a minimal reduction to onsite staffing so the impact of this cut on the client group will be comparatively small. They will still be able to deliver the core service as specified in their contract however it should be noted that the loss of the peripatetic worker will reduce the overall service received by these vulnerable women.

Having agreed this approach with the provider we consider the level of impact and risk to be small and therefore not necessary to complete a full EQiA. The provider has confirmed that this approach has been agreed with their Senior Management Team. If a decision is made to progress this cut to Refuge funding commissioners will need to work with the provider to establish a staffing schedule and budget to meet contractual requirements.

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East Sussex County Council

Equality Impact Assessment

Name of the proposal, project or service
Supporting People RPPR 2016-17: **Sheltered Housing Schemes; Extra care Housing Schemes; Learning Disability Housing Support; Home Works**

File ref:		Issue No:	
Date of Issue:		Review date:	

Contents

How to use this form

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

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

You can delete the comments as you would for normal text, but they will not show up if you print out the form.

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

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

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

1.3 The Public Sector Equality Duty (PSED)

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

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

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

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

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

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

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

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

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

- Removing or minimising disadvantages suffered by people due to their protected characteristic

- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities

- Encouraging people from protected groups to participate in public life or in other activities where their participation in disproportionately low

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

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

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

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

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

1.6.3 *Some key points to note :*

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

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

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

2.1 What is being assessed?

a) Proposals to remove funding from:

See Appendix one for details of:

1. all sheltered housing schemes listed by service and provider
2. all extra care schemes listed by service and provider
3. 6 learning disability schemes listed by service and provider

In addition, we are looking to reduce funding to Home Works, a county wide floating support service for people aged 16-64.

b) **What is the main purpose of these proposals?**

The purpose of all four proposals above is to help achieve the required savings presented to Cabinet on 13th October 2015.

c) **Manager(s) responsible for completing the assessment**Jude Davies/Sue Dean

2.2 Who is affected by the proposal for these services?

1. Sheltered housing: current clients and staff of sheltered housing schemes will be affected including 3,445 primarily older people households living in sheltered housing as well as their carers and families.
2. Extra care: current clients and staff of extra care schemes will be affected including 262 households of primarily older people living in extra care schemes as well as their carers and families.
3. Learning disability: current clients and staff of learning disability schemes will be affected including 34 individuals living in accommodation for people with learning disabilities, as well as their carers and families.
4. Home Works floating support: current clients and staff of the Home Works service and their carers and families will be affected: a reduction by the proposed amount would impact on an estimated 850 people who are homeless or at risk of homelessness.

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

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

The Health, Housing, Social Care and Probation Strategic Forum are responsible for making decisions about the Supporting People programme. East Sussex County Council's Adult Social Care Department is responsible for the budget .If the proposals are ratified, there is a minimum three month notice period on all contracts which would be implemented, where required, by the Supporting People team. (see 3.4).

During the consultation period providers were asked to help ensure that clients and carers are informed of the proposals and receive information about how to take part. Details in para 3.4.

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

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

All the above partners are referrers to the services within this proposal. Referrals to Home Works can also be made by the Voluntary and Community Sector.

Some partners also work as providers e.g. Eastbourne BC and Wealden DC.

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

2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?

Adult Social Care will have £40 million less to spend on adult social care services by March 2019. This is in addition to the £28 million that has already been saved from services since 2013. .

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

- **A general duty to promote wellbeing** (this includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships; suitability of living accommodation; and the individual's contribution to society).
- **Focussing on the person and their needs**, their choices and what they want to achieve.
- Providing, arranging for **the provision of services, facilities or resources**, or taking other steps to prevent, reduce or delay the development of needs for care and support (including carers).
- Providing, or facilitating access to, **information and advice** to enable people, carers and families to take control of, and make well-informed choices about, their care and support (including independent financial advice).
- Arranging **independent advocacy** where someone has substantial difficulty being involved and there is no-one appropriate to support and represent them.
- **Parallel rights for carers and a focus on the whole family.**
- Joining up with **health and housing.**
- **Market shaping** including supporting sustainability and encouraging a variety of different types of providers to ensure people have a choice of different types of

service. This includes independent private providers, third sector, voluntary and community based organisations, user-led and small businesses.

The Human Rights Act is also relevant (see section 4.10)

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

Sheltered housing:

Sheltered housing providers receive referrals from District and Borough Housing Departments and self-referrals in some cases.

Extra Care:

Access to extra care is managed through an allocation panel which includes representatives from ASC, Districts and Boroughs and the provider. Referrals can come from anyone but are routed via the panel. Applicants must be eligible for ASC i.e. have an assessed minimum care need of 5 hours and have a local connection. People who are buying a property within an extra care scheme do not need to have an eligible care need or local connection, although priority will usually be given to local people.

Learning Disability schemes:

All referrals come via Adult Social Care.

Home Works:

Home Works is open access. People can self-refer or be referred by a statutory or voluntary agency.

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

Sheltered housing:

There is an age criteria and applicants would be expected to have housing and support needs. There are financial capital eligibility rules which vary by provider and which are not linked to Supporting People eligibility. People are assessed for financial eligibility in regards to their revenue/income in line with the Supporting People eligibility and charging policies.

Extra care:

Applicants are assessed by Adult Social Care to establish an eligible care need

Learning Disability service:

Applicants are assessed by Adult Social Care to establish an eligible care need

Home Works:

Applicants are assessed by the provider through the Home Works gateway to determine eligibility for the service based on vulnerability, need and risk of homelessness. The assessment would prioritise clients with multiple and complex needs.

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

The accommodation based services (including sheltered housing) are provided across the five Districts and Boroughs as shown below. These services are building based with onsite staff.

Service	Hastings	Lewes	Wealden	Rother	Eastbourne	Total
Sheltered housing	741	736	643	637	688	**3,445**
Learning Disability	20	2	0	0	12	**34**
Extra care	40	41	84	35	62	**262**
Total	**801**	**779**	**727**	**672**	**762**	**3,741**

N.B. the above numbers refer to households which may include more than one person.

Sheltered housing: the onsite scheme managers provide support to households to support their independence. The service is normally provided between 9-5 pm Monday to Friday. This may be full time staff or part time based on the size of the scheme.

Extra care: the onsite scheme managers provide support to households to support their independence. The service is normally provided between 9-5 pm Monday to Friday and staff work alongside the care provider who offers 24 hr onsite care.

Learning Disability schemes: the onsite scheme managers provide support to individuals with a learning disability to support their independence. The service is normally provided between 9-5 pm Monday to Friday and staff work alongside the care provider who usually offers 24 hr onsite care.

Home Works: Home Works is a county wide service covering all areas of East Sussex and delivers floating housing support to people with multiple and complex needs who are homeless or at risk of homelessness. It is normally provided between 9-7pm on working days (Bank holidays and weekends by exception). The service is usually delivered in the client's home, or in a community venue of their choice. The service aim is to support people who are homeless or at risk of homelessness to achieve and maintain suitable accommodation and build resilience.

3,867 clients accessed the Home Works service between 1/10/14 and 30/09/15

	EBC	%	HBC	%	LDC	%	RDC	%	WDC	%	Total
Client	1,133	29	1,262	33	513	13	434	11	525	14	3,867

Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics. List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have **X** marked against them			
	Employee Monitoring Data		Staff Surveys
X	Service User Data	x	Contract/Supplier Monitoring Data
x	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector

X	Complaints		Risk Assessments
X	Service User Surveys	x	Research Findings
X	Census Data	x	East Sussex Demographics
X	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence

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

None received

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

Service	**Alert notifications to SP between 9.4.14 – 27.3.15**
Sheltered housing	3
Extra care	1
Learning Disability	0
Home Works	46
Total	
Home Works provision of safeguarding reports to external agencies – Oct 2014 – Sept 2015	
External report to:	**Number**
Adult Social Care	28
Children's services	23
Police	32
MARAC	23
Police Hate crime	7
Police ASB	9
Total	**122**

The data above would indicate that there are very limited safeguarding alerts reported via onsite staff within sheltered, extra care and learning disability services so removal of that support could be felt to have a limited impact. However, the removal of the onsite presence may leave older people more vulnerable to abuse and with less opportunity to disclose abuse

The figures for Home Works are of concern due to the large volume of people supported and the high level of vulnerability and complexity of the client group.

Comments from Safeguarding lead:

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

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

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

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

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

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

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

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

- A letter to explain the consultation process
- A draft letter for clients
- A client briefing
- A template for the provider to record all consultation activity with clients and return to ASC
- An easy read letter for clients (where appropriate)

The formal consultation started on 23rd October. The briefing for clients included the dates of five areas wide consultation drop in events.

The Supporting People Facebook page has advised of the consultation and drop in events including the additional ones announced 17th November and all members of the SP team added the consultation information to their e-mail signature blocks.

Meetings have also been held with:

- Mental health commissioners and operational leads
- Learning Disability commissioners and operational leads
- Heads of Housing in all five Districts and Boroughs
- Relevant ASC commissioners, including older people, dementia, PSI and carers
- A combined meeting with Heads of Housing, young people providers with Children's services representation
- Southdown Housing - provider of Home Works .
- Home Works clients (15th December)

Contact has been made or meetings held with Learning Disability Providers

3.5 What does the consultation, research and/or data indicate about the positive or negative impact of the proposals?

Key messages:

Comments from Mental Health commissioners

- Some working age clients live within sheltered housing – the onsite scheme manager is integral to their support plan for maintaining independence
- Cuts to Home Works are likely to increase homelessness – people are likely to fall under section 136 with a cost to the Trust
- Cuts to Home Works are likely to lead to an increase in safeguarding referrals
- Home Works saves on the cost of Personal Assistant packages and a reduction in available resources will have an impact on Adult Social Care costs through the mental health funding panel.

Comments from Learning Disability commissioners:

- Cuts to extra care will impact on other schemes where managers are used in other developments.
- Concern re LD cuts if costs shunt to ASC – ASC is required to make substantial savings and additional cost pressure will be caused if there is a need to pick up the shortfall through a cut to Supporting People funding.
- Costs in these services are low and fall below the ASC benchmark
- Issues re claiming additional housing benefit/service charge is dependent on positive relationships between the provider and the landlord of the service

Comments from Heads of Housing:

- High levels of concern re impact on single homeless people due to the cut to Home Works
- Very high concern expressed about cuts to accommodation based services for mental health, single homeless, young people at risk and young mums.

Comments from Older People commissioners:

- Expressed concern re proposed changes to the model of extra care

Comments from the Provider meeting:

- Concerns expressed about loss of preventative services at a time when East Sussex Better Together are aiming to increase prevention.
- There will be a loss of experienced, skilled, trained staff who will be impossible to recruit back for future preventative services.

Public Consultation results

Supporting People services are recognised as preventative support that reduces people's reliance on statutory services. A number of comments note that the value of these services comes in part from the fact that they often used at crisis point. As a result, any cuts to this area would have a short term effect in terms of making savings, as it will just lead to cost pressures elsewhere for the Council and for other statutory services.

Comments such as:

- "Home Works provides essential preventative support and achieves outcomes across a multitude of client groups and areas. Home Works often prevents issues becoming more serious and save money ultimately more than it costs to run the service."

- "Much of SP is preventative and community based which often allows people to remain in their homes and to cope better with issues that arise. If this aspect is severely cut, then more people will lose their homes which means that more temp accommodation is required which will have high cost implications"

- "Supporting people in the community saves many hospital admissions therefore saving money in the long term.

It would be more economic to be investing in community support services, rather than removing funding. Comments such as:

- The proposal recommends a significant cut in accommodation based services. This will have a massive impact on the type of accommodation available and may force a greater level of residential or poor quality services to be commissioned. The Shared Lives Scheme is part of the proposed savings under SAILS and a recent independent report evidenced that over a year a residential care service is £26,000 more expensive than a Shared lives placement for LD clients and £8,000 for people with MH issues. It will take very few placement breakdowns or Shared

Lives carers leaving the scheme due to financial restrictions to have a noticeable impact on the social care budget. Shared Lives is being promoted at a national level, and with the introduction of the Care Act it fits with all the key principles. They are community based, small scale, person centred and cost effective. If the suggested savings from SAILS has an impact on the Shared Lives scheme I fear that it will jeopardise it's short and long-term viability.

- I work for the SAILS Shared Lives scheme, which is featured in the proposed cuts in Supporting People services. I think that it would be much more sensible to actually invest in the Shared Lives scheme. It is a model of service which can work for a wide range of people, and can be very cost effective, particularly as an alternative to residential care. Therefore investing in the Shared Lives scheme instead of reducing the budget would be a positive Invest to Save exercise.

Services in this area have already been affected by previous budget reductions. In addition, many of the people who would be affected are experiencing pressures caused by other national and local cuts to statutory services.

Reducing or removing funding would:

- Have a negative impact on people's safety, health and wellbeing
- Increase hospital admissions and make people more dependent on acute services
- Push some client groups into residential care, such as people with a learning disability living in supported living or older people living in sheltered housing
- Put financial pressure on older people living in sheltered and extra care housing, possibly forcing them back into work
- Leave older people living in sheltered and extra care housing isolated and without the safety net of regular support
- Cuts to services for people with learning disabilities would directly impact as a cost pressure on Adult Social Care.

Comments such as:

- "We would be made vulnerable here alone without the support of our warden. On the instance of a fall, heart attack, stroke."

- "I need the scheme manager to help me with my post and menus. If they can't help me with this, who will. I do not have any family or close friends who can help me."

- "I would not be able to read or deal with my post. I might get into debt because of this or miss something important
- "If the cuts come in to place people will have nowhere to turn to and know one to help them in need"

- ‘’We should be there to help all types of people if we take money away from adults who have learning disabilities they won’t be able to live on their own or have to move back to families who may not be able to look after them. Which means going into care homes but people within supported living don't want that, they have independent lives in supported living.’’
- ‘’One example will be that a person will not be able to stay at their supported living accommodation if they are unwell but be compelled to go to day care settings.’’

There were some comments about the national context and related spending decisions. Suggestions locally include making savings from other areas of the Council’s budget, such as the back office. People also suggest working with providers to find alternative services or to allow them to reconfigure their services to make them viable to continue. It will be important to understand the impact on client groups and individuals and the associated risks.

Comments such as:

- "Supporting people services are essential to many people who would otherwise find it very difficult to cope living independently. There are many people unable to access services without support, unable to engage within the community and who without housing support would be in a far worse position. I believe that this would trigger further decline in health and wellbeing that would mean that these people would then meet the 'essential' criteria. therefore it would be a more sound idea to have a preventative strategy.”
- "Supporting People Services fund staffing at the necessary levels in accommodation based services. Cutting or reducing this is a recipe for disaster. Housing providers will not allow their properties to be left unsupervised with the various resident client groups and will close them as they will be unsafe.”

Impact if the proposals went ahead

Many comments focused on the benefit the affected service provided to them or a family member and how hard, if not impossible, they would find it to cope without that support. People also talked about the help they’ve had and how it should be available to others. Many professionals explained the value services provide and how they’ve seen them permanently improve vulnerable people’s lives.

The role of housing and related support services was also recognised in terms of the wider impact it has on someone’s life. It affects many other things, like the ability to work and being part of the community.

Removing or reducing Support People services would affect many preventative services, meaning people will need more support from higher cost services. There would be greater pressure on statutory service budgets in the long term.

Other statutory services would all be affected, including health, the police and fire services. There would be cost pressures and more need for support from these services.

There would also be an economic impact on the county, with jobs being lost at many providers, tourism being affected by the community impact of the proposals and an increase in deprivation.

Preparing people if the proposals went ahead

In terms of suggestions for helping individuals to prepare people suggested:

- The Council telling people directly how they will be affected
- Keeping people informed about what is happening
- Providing clear timescales
- Giving people time to prepare
- Being clear about the alternative services, if any, that are available
- Provide referrals to other agencies
- Being open and transparent about what it means for the service(s) they use
- Providing signposting and considering how technology can support people who no longer have access to the same level of service

In terms of suggestions for helping organisations to prepare people suggested:

- Giving them time to prepare
- Support organisations to bid for funding from other sources

Provide clear service pathways showing what is still available

Comments such as:

- "Perhaps do it gradually with plenty of notice and advice of alternatives places to go who offer the same services."
- "Provide clear guidance as to how to manage transitions for people, what services are still available and clear eligibility criteria."
- "The only way you will engage is to work with partners and speak to people face to face. People will not know how it will impact them until it is too late."
- "Where services within Supporting People are removed or reduced, it's important that alternatives including information, advice and guidance are publicised widely and are easily accessible – use of CAB / social media for example."

Organisational & Group Responses to the Public Consultation:

Below are summaries of some comments received by letter and email from organisations about the proposed Supported people savings:

Homeless Link: Whilst in the short term cuts to housing-related support may seem like a viable way to absorb some of the worst impacts of the impending cuts, Homeless Link urges local councillors, authorities and budget holders to adopt a longer term view, accepting the case that continued investment in these services will result in considerable human and financial benefits over time. We would also like to make the case that maintaining a significant percentage of their existing services will enable them to adapt to the new ways in which they will be expected to operate, post Spending Review.

Currently the East Sussex proposals fall very heavily on Supporting People services removing a whole raft of what can be broadly characterised as preventative services, without which people's needs will become more complex and they are likely to then present with eligible needs for ASC and the costs to the health service are likely to rapidly increase.

Many housing-related support services assist those who are not owed a statutory housing duty. These people are often experiencing homelessness at a time of crisis, and many experience poor mental health, substance misuse and poor physical health. Services for single homeless people offer a critical source of support, without which they would otherwise be left at risk of street homelessness, worsening health and destitution.

Anchor: The letter recognises the financial pressure but raises concerns about the impact of the proposals on the scheme manager service the organisation provides to its sheltered housing schemes. A review of the scheme manager service confirmed the role is essential to providing a safe and secure environment. The scheme managers provide a proactive service to vulnerable people and can make early interventions as they know the residents well. Their presence prevents residents needing higher levels of social care support and enables earlier discharge from hospitals. They also have a role in helping people to maintain their independence and stopping them becoming isolated. The organisation feels that the proposals would affect the quality of service it offers and could have financial consequences for residents. The consultation has created a mix of fear, anxiety and anger among residents.

Lewes & District Seniors forum Removing the Supporting People will take away valuable assistance and is likely to lead to an increasing demand on the voluntary sector even as it also faces cuts to Council funding. The email also notes the issue with bed-blocking and the reducing funding for adult social care services.

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Saxon Weald : The letter says the organisation is disappointed by the proposal to remove Supporting People funding from extra care schemes. The success of the model is largely defined by the on-site presence of care and support, which supports independent living and decreases the need for statutory services. It provides information on the value of the scheme it provides in East Sussex. If the proposals went ahead the organisation would be forced to remove these valuable support services and reduce the amount of time scheme managers are employed on site. The STEPS service would not be able to replace this. This will affect residents' wellbeing and risks reducing independence and creating a residential environment. The Council and the organisation have invested significantly in the extra care schemes in East Sussex and the low cost is great value for money compered to care home alternatives.

Wealden District Council: The letter recognises the difficult choices the Council has to make, although it raises concerns about the potential impact of cuts on its residents. It also notes that adult social care seems to be hardest hit and asks whether other areas of the Council could be required to take a larger cut in order to protect the most vulnerable. It welcomes the way the Supporting People team is working with partners to mitigate savings where they can and says this ongoing dialogue needs to continue. In terms of the proposed areas of savings, it says that Supporting People provides support to the most vulnerable. Wealden has access to county-wide services and there two services in the area that would be affected. For one service there are major concerns about if it will be able to continue. In terms of sheltered housing and extra care, the letter welcomes the continued funding of floating support but says this cannot replace on-site support. Savings in this area will have a direct impact on homelessness in the area and also create additional costs to the organisation. The voluntary sector savings are described as disappointing, with particular concern raised about

losing services that prevent interactions with statutory services such as health, housing and care.

Lewes District Churches Homelink The letter says that Home Works is often a key support to its clients and praises the expertise, conscientiousness and dedication of the staff. It explains the role of the charity in helping homeless people into accommodation and the role Home Works plays in helping them develop life skills. Removing or reducing the support the service offers could lead to people becoming homeless.

Eastbourne Homes The letter says the proposed loss of Supporting People funding for sheltered housing mean the organisation will have to review how services are provided to residents and how they are paid for. The organisation is committed to retaining in an onsite service as removing it would impact negatively on residents (increasing their isolation and vulnerably) and would increase hospital admissions and the length of stays. The letter addresses the value of the Home Works service in providing effective services to the vulnerable and in providing early intervention to prevent homelessness.

Full consultation results relating to these proposals can be found in 'Consultation Results: ASC Savings Proposals 2015' Report that can be found online, with copies in the Members' room and are available for public inspection at County Hall on request.

Part 4 – Assessment of impact

4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

The overall population of East Sussex is **527,209** (2011Census data) and is projected to continue increasing over the next few years. The population by age breakdown for East Sussex is:

Age	Population
15-29	83,791
30-44	90,220
45-64	147,613
65+	120,722

People are living longer and by 2020, it is estimated that around 38% of the UK population will be aged 50 plus and in East Sussex the figure is likely to be as high as 50%.

We know that East Sussex has a higher than average older population with around 23% of people aged over 65, compared to the national average of 16%. There are 228,881 people aged 50+ (43.4%) in East Sussex, and 20,022 (3.8%) of these are aged over 85 – East Sussex has one of the highest populations of people aged 85+ in the UK. (2011 mid-year estimates, based on 2011 Census data). The highest percentage of people over 65 years of age is in Rother, where the figure is 28.6% of the total East Sussex population.

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Sheltered housing:

Supporting People do not hold client specific data however a profile of people living in sheltered housing schemes conducted during April/May 2015 shows that 85% of residents are aged 65 and over and 19% are aged 85 and over. The profile is similar in each housing authority. Lewes has the highest percentage of residents aged 65 and over (89%); Eastbourne has the highest percentage of residents aged 85 and over (22%), followed by Wealden (21%). Hastings has the lowest percentage of residents aged 65 and over (76%) and the lowest percentage of residents aged 85 and over (16.5%).

Extra care:

Supporting People do not hold client specific data however a profile of people living in 4 extra care schemes in 2014 shows the following:

Scheme	Under 60 %	60-69 %	70-79 %	80-89 %	90+ %
Cranbrook	8	23	33	23	13
Margaret House	2	7	30	42	19
Downlands	0	11	34	29	27
Newington Court	7	6	19	50	19

Learning Disability services:

Supporting People do not hold data on the client group within these services so are unable to identify the impact on this protected characteristic.

Home Works:

Age range	EBC	HBC	LDC	RDC	WDC	Total	%
16-29	375	434	181	162	170	**1,322**	34.2
30-44	393	411	159	107	156	**1,226**	31.7
45-64	36	417	173	165	199	**1,319**	34.1
Total	**1133**	**1262**	**513**	**434**	**525**	**3,867**	**100**

The above data shows a profile of the protected characteristic age of all clients supported by Home Works between 1st October 2014 and 30th September 2015. The profile indicates that the service is delivered equitably across the age ranges. The proposal is to reduce funding to the overall service and this would be equitable across all age ranges.

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Sheltered housing:

23% of the population of East Sussex are aged 65 and over. 85% of people affected by the proposal for sheltered housing are aged 65 and over so people with the protected characteristic i.e. older people will be more affected than the general population.

Extra care:

Yes – the above profile shows that over 90% of the people affected are aged 65 and over.

Learning Disability services:

Not known – see above

Home Works:

Yes.

15-29 year olds make up 15.89% of the general population and 34.2% of Home Works clients are 16-29 yrs old.

30-44 year olds make up 17.11% of the general population and 31.7% of Home Works clients are 30-44.

45-64 year olds make up 28% of the general population and 34.1% of Home Works clients are in that age bracket.

This means there is an overall negative impact from reducing the service

d) What are the proposals' impacts on different ages/age groups?

Sheltered housing:

The impact will be negative on all ages living in sheltered housing as the removal of the onsite scheme manager will impact on all older people equally. 15% of the residents are under 65 and again the impact will be consistent across the age ranges. The case study

below demonstrates the impact sheltered housing can have on clients and outcomes achieved.

"Mrs H is in her 70's and suffers from short-term memory loss. Her sheltered housing service provides practical support to help her remember everyday challenges. Examples of their help includes installing a hook for her key; prompting her to take her medication; reminding her daily of her routine and any appointments; and supporting her to daily self-check her pendant alarm so she remembers how to use it.

The service has worked with Mrs H's sister to purchase a freezer so she can eat a hot, nutritional meal daily. Mrs H's sister deals with her finances and the service ensures her sister knows about rent and service charge changes. Mrs H is actively supported to engage with on-site activities so she can continue to enjoy social interaction. Mrs H continues to live as independently as possible; she now regularly takes her medication and her mood has lifted to what it previously was"

Extra care:

The impact will be the same on all ages living in extra care as the removal of the onsite scheme manager will impact on all older people equally.

Learning Disability:

The impact will be the same on all ages within these services as the removal of the onsite scheme manager will impact on all residents equally

Home Works:

The impact will be broadly the same on people of all ages as removal of support to people who are homeless or at risk of homelessness is not age related, however there could be an assumption that people aged 16-18 are at more significant risk. Of the above cohort, 167 are aged 16-18.

The case study below demonstrates the impact Home Works has and outcomes achieved.

S was an anxious young man with Asperger's who, because his Asperger's had made it difficult to manage shift changes, lost his job. His landlady would not accept housing benefit so S was now in rent arrears and had received a notice to quit. S struggling to claim benefits resulting in no income and was unable to buy food so he was reliant on food bank vouchers.

Home Works supported and coached to sort out his benefits and to receive a back payment. They worked with his landlady to allow him more time to find a new property and helped him to use digital communication to find a flat. In addition they helped him to obtain a deposit and rent in advance; to understand landlord and tenant responsibilities; and to obtain volunteering opportunities.

S was referred to a Supported Employment Service and began to research Open University (OU) on-line courses. He also researched ways to better understand and manage his Asperger's.

S secured a new flat and a new job. He learned about low pay and benefits and as a result he now receives Working Tax credit and housing benefit. He is linked into an Asperger's support group and has re-established a good relationship with his GP and family. S is applying to the OU to pursue a degree and his well-being has greatly benefited from digital inclusion coaching.

e) What actions will be taken to avoid any negative impact or to better advance equality?

Sheltered housing:

Residents living in sheltered housing will become eligible for a floating support service from either Home Works (16-64 yrs) or STEPS (65 and over) to address housing support needs. These services would visit eligible people in their home. These services can advise and signpost vulnerable people to other available provision, however funding reductions will impact on availability of a range of services. Within sheltered housing, there will not be a general information and advice service and promotion of well-being for all residents unless provided through housing management. Services are unlikely to be able to support general social activities and there will be a reduction in the impetus for providers to use the buildings as a community hub. Providers will be advised to refer people who may be eligible for support from Adult Social Care.

Extra care:

Residents living in extra care will become eligible for a floating support service from either Home Works (16-64 yrs) or STEPS (65 and over) to address housing support needs. These services would visit eligible people in their home. These services can advise and signpost vulnerable people to other available provision, however funding reductions will impact on availability of a range of services. Within extra care, there will not be a general information and advice service and promotion of well-being for all residents unless provided through the onsite care team or housing management. Services are unlikely to be able to support general social activities and there will be a reduction in the impetus for providers to use the buildings as a community hub. Providers will be advised to refer people who may be eligible for support from Adult Social Care.

Learning Disability services:

Residents living in learning disability schemes will become eligible for a floating support service from either Home Works (16-64 yrs) or STEPS (65 and over) to address housing support needs. These services would visit eligible people in their home. These services can advise and signpost vulnerable people to other available provision, however funding reductions will impact on availability of a range of services.

Home Works:

The service will reduce gradually and the loss of funding can be managed over a period of months which means that as people move on from the service they will not be replaced. However, it should be noted that Home Works is already working to mitigate the loss of Reconnect, a £1m floating support service which was de-commissioned in the last savings round i.e. July 2014. It is now proposed that Home Works will act as mitigation for cuts to

some of the above services, and other cuts proposed within the current consultation will impact on demand for Home Works e.g. loss of 83 units of accommodation for people who are single homeless with complex needs or who have mental health issues. Providers will be advised to refer people who may be eligible for support from Adult Social Care.

f) Provide details of the mitigation.

See above

g) How will any mitigation measures be monitored?

Progress will be monitored re:

- informing clients and carers
- numbers of referrals for independent advocacy or assessment and support planning

  (Commissioning Team, during the notice period)
- Referrals to Home Works and STEPS are monitored by referral source so we will be able to see the increase in referrals from sheltered housing, extra care and learning disability services. The transition plan for reducing Home Works can be monitored. The service will monitor levels of new referrals and those who cannot be supported due to restricted capacity.
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

General population data indicates that 20% of population were identified as having a long term condition or disability

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Sheltered housing:

53% of the people profiled in April/May 2015 indicated that they have a disability and 64% indicated they have one or more long term conditions. In addition, 40% reported issues with mobility.

Extra Care:

Percentages below relate to average prevalence of each condition as reported by scheme managers. The extra care commissioner was asked for information on anyone with a learning disability in these schemes but information was not available.

Service	Chronic illness %	Mental health %	Physical disability %	Sensory impairment %
Cranbrook	14	31	50	5
Margaret House	31	18	45	6
Downlands	14	37	43	7
Newington Court	34	15	45	6

Learning Disability:

100% of people living in these services will have a learning disability. We do not hold client specific data for these services but are aware that the nature of the client group means there are likely to be additional long term conditions impacting on people using the services.

Home Works:

26% of people receiving a Home Works service between October 1st 2014 and September 30 2015 reported having a physical or sensory disability. 6% have a learning disability. 49% report having a mental health problem.

61% of people assessed between 1st January 2015 and 30th September 2015 have one or more long term conditions.

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Yes. In the service specific data provided it is clear that for all four affected service areas there is a significant over representation of this protected characteristic.

d) What are the proposals' impacts on people who have a disability?

Sheltered housing:

The removal of funding from sheltered housing may result in the removal of the onsite scheme manager which will impact on the outcomes currently achieved by services.

In 2014/15, from a profile of 1166 people living in sheltered housing, 681 people were supported to be manage their physical health and171 to better manage their mental health, 558 to maximise their income and 514 were supported to acquire and use aids and adaptations to support their independence. Although we do not hold specific data to evidence this it is reasonable to assume that people with sensory/physical disabilities benefited from having a relationship with the onsite scheme manager which helped them to achieve the above outcomes as well as reducing isolation and maintaining and improving their wellbeing.

Extra care:

The removal of funding from extra care housing may result in the removal of the onsite scheme manager which will impact on the outcomes currently achieved by services.

In 2013/14, out of a sample of 108 clients living in extra care housing (and where a need was identified) 91% better managed their physical health.

A reduction in onsite resource will affect the ability of the service provider to address identified housing support needs.

Learning Disability:

The potential removal on onsite housing support will reduce the resources available to support people with communication issues and impact their ability to achieve outcomes.

Home Works:

Data from July 2014 to March 2015 indicates that of 1,448 people who needed support to better manage their physical health, 98% achieved the outcome and for 1,475 people who needed support to better manage their mental health, 99% achieved this outcome. In addition for this cohort, 97% maintained or secured their accommodation.

In addition, 560 people needed support to obtain an aid/adaptation to live independently and 99% achieved this outcome.

A reduction to Home Works means that less people will benefit from the outcomes that this service can deliver in respect of independent living skills.

For all the above services there is a potential for further negative impact as a result of the combined effects of wider cuts across services.

e) What actions will be taken to avoid any negative impact or to better advance equality?

Sheltered housing:

As explained above, people in sheltered housing will be able to access floating support through either STEPs or Home Works, as age appropriate.

In addition, commissioners are working with providers to try and maintain an onsite scheme manager service using alternative funding streams building on the housing management rental income.

There is no reason for these budget reductions to mean sheltered schemes cannot continue to have an available alarm system for residents to access emergency support 24/7.

Extra care:

As explained above, people in extra care housing will be able to access floating support through either STEPs or Home Works, as age appropriate.

In addition, the landlord is also the service provider so is able to apply for increased funding building on the housing management rental income to try and sustain an onsite scheme manager service.

Additionally, the schemes have a 24 hour on site care provision which will mitigate the impact of this reduction. It is not possible to disaggregate the contribution made by care and housing support providers to achievement of outcomes within these services.

Learning Disability schemes:

As explained above, people in learning disability services will be able to access floating support through either STEPs or Home Works, as age appropriate. However both providers and Learning Disability commissioners have expressed concern that clients with substantial learning disabilities will find it difficult to engage with floating support

Commissioners will work with the providers to aim to maximise rental income to minimise the impact.

In addition, people with eligible care needs will continue to receive a care service onsite.

Home Works:

The services has been designed to meet the housing support needs of vulnerable people, including those who have a disability.

The provider will continue to be required to:

- Operate a fair access, fair exit, and equality and inclusion policy. The policy will be consistent with requirements of the Supporting People Quality Assessment Framework.
- Ensure they have the operational framework in place to meet the housing support needs of their clients which includes the most challenging vulnerable people including offenders and people with complex, challenging and/or multiple support needs and parents with child safeguarding issues.
- Successfully assess and meet the specific housing support needs of all individuals including people who have communication difficulties and people with disabilities including people with a sensory impairment (as defined in the Disability Discrimination Act 2005).
- Develop an Equality Action Plan.
- Record incidences of harassment.

f) Provide details of any mitigation.

See above

g) How will any mitigation measures be monitored?

Sheltered housing:

Referrals can be monitored for Home Works and STEPs to see whether services are accessing support from them.

Providers and commissioners will remain in contact throughout the period to contract end and discussions will be continued in terms of rental levels achieved.

Extra care:

Referrals can be monitored for Home Works and STEPs to see whether services are accessing support from them.

Learning Disability schemes:

Referrals can be monitored for Home Works and STEPs to see whether services are accessing support from them.

Home Works:

Monitoring will be carried out through regular operational meetings with providers and in line with the Supporting People monitoring and review policy.

Progress will also be monitored re:

- informing clients and carers
- numbers of referrals for independent advocacy or assessment and support planning

  (Commissioning Team, during the notice period)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- include impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

The overall population of East Sussex is 527,209 (2011Census data) and is projected to continue increasing over the next few years. The population aged 65+ (males) and 60+ (females) by ethnic group for East Sussex is shown in the table in Section 4.1aboveCensus figures below demonstrate ethnic diversity in the area as 8.3% overall. Increases are particularly in the 'White other' and 'mixed' categories reflecting East European and other white groups migration and other societal changes. Largest overall minority populations are 'White other' and 'Asian and Asian British'.

Ethnic group in 2011 by districts

Ethnicity	All people	British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
Geography									
England & Wales	100	80.5	0.9	0.1	4.4	2.2	7.5	3.3	1
South East	100	85.2	0.9	0.2	4.4	1.9	5.2	1.6	0.6
East Sussex	**100**	**91.7**	**0.8**	**0.2**	**3.4**	**1.4**	**1.7**	**0.6**	**0.3**
Eastbourne	100	87.4	1	0.1	5.6	1.8	2.8	0.8	0.5
Hastings	100	89.3	0.8	0.2	3.5	2.2	2.4	1.2	0.5
Lewes	100	92.5	0.8	0.1	3.2	1.3	1.4	0.4	0.3
Rother	100	94.1	0.7	0.1	2.1	1.1	1.2	0.3	0.2
Wealden	100	93.8	0.6	0.2	2.8	1	1.2	0.2	0.2

Ethnic group in 2011 by districts (%)

Ethnicity	All people	British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Oth eth gro
Geography									
England & Wales	56075912	45134686	531087	57680	2485942	1224400	4213531	1864890	563
South East	8634750	7358998	73571	14542	380709	167764	452042	136013	51
East Sussex	**526671**	**482769**	**3966**	**815**	**17872**	**7473**	**9143**	**2912**	**1**
Eastbourne	99412	86903	978	66	5561	1791	2795	783	

Hastings	90254	80624	702	150	3155	1948	2126	1065	
Lewes	97502	90218	757	97	3087	1275	1400	416	
Rother	90588	85279	596	134	1942	1031	1103	305	
Wealden	148915	139745	933	368	4127	1428	1719	343	

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Sheltered housing:

We do not collect ethnicity data for this cohort of people.

Extra care:

Ethnic diversity in the four profiled extra care schemes ranges between 0% and 5% compared to 8.3% within the East Sussex population. We are unable to compare with a similar age profile as area data is not supplied but this is an underrepresentation when compared with East Sussex data for all ages.

Learning Disability services:

We do not collect ethnicity data for this cohort of people.

Home Works:

Within Home Works, ethnic diversity is 14.2% compared with 8.3% of the East Sussex population (Census 2011). Home Works data covers people aged 16-64 and is as detailed below

Ethnicity

Ethnicity	Grand Total	%
Asian/Asian British: Bangladeshi	2	0.1%
Asian/Asian British: Indian	16	0.4%
Asian/Asian British: Other	43	1.1%
Asian/Asian British: Pakistani	5	0.1%
Black/Black British: African	53	1.4%
Black/Black British: Caribbean	13	0.3%
Black/Black British: Other	11	0.3%
Chinese/Other ethnic group:Chinese	9	0.2%
Did not wish to disclose	223	5.8%
Gypsy/Irish Traveller	40	1.0%
Mixed: Other	28	0.7%
Mixed: White & Asian	21	0.5%
Mixed: White & Black African	15	0.4%

Mixed: White & Black Caribbean	38	1.0%
White: British	3132	81.0%
White: Irish	28	0.7%
White: Other	190	4.9%
Grand Total	**3867**	

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

The information above shows that we are unable to comment on sheltered housing or learning disability services.

For extra care, there would not appear to be an impact on people with this protected characteristic.

For Home Works, the overrepresentation of ethnic diversity would indicate that they will be disproportionately affected.

d) What are the proposals' impacts on those who are from different ethnic backgrounds?

The reduction in the Home Works service will be the same as for the general population in terms of loss of housing support however due to the diversity of the user group the impact is disproportionate for people from minority ethnic backgrounds.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Home Works will continue to be required to:

- Operate a fair access, fair exit, and equality and inclusion policy. The policy will be consistent with requirements of the Supporting People Quality Assessment Framework.
- Successfully assess and meet the specific housing support needs of all individuals and including Black and minority ethnic people and people for whom English is not their first language
- Maintain an Equality Action Plan.
- Record incidences of harassment.
- Ensure access to appropriate translation, signing and interpreting services and tools such as "Google translate" as required by an individual.
- Ensure social and educational activities are culturally appropriate and reflect and celebrate the diverse nature of the client group.

f) Provide details of any mitigation.

See above

g) How will any mitigation measures be monitored?

- Monitoring will be carried out through regular operational meetings with providers and in line with the Supporting People monitoring and review policy.
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact

People affected by these proposals will not be specifically impacted on the basis of these protected characteristics.

4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.

People affected by these proposals will not be specifically impacted on the basis of these protected characteristics.

4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.

People affected by these proposals will not be specifically impacted on the basis of these protected characteristics.

4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.

People affected by these proposals will not be specifically impacted on the basis of these protected characteristics.

4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.

People affected by these proposals will not be specifically impacted on the basis of these protected characteristics.

4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.

4.9.1 Rural population

a) How are these groups/factors reflected in the County/District/ Borough?

Population by age groups and gender in 2011

Age	All people	0-14	15-29	30-44	45-64	65+
Geography						
England and Wales	56075912	9891138	11183239	11515165	14263297	9223073
South East	8634750	1535168	1604028	1761278	2252256	1482020
East Sussex	**526671**	**84910**	**83732**	**90763**	**147503**	**119763**
Eastbourne	99412	15574	18407	18195	24933	22303
Hastings	90254	15659	17149	17677	24368	15401
Lewes	97502	15832	14854	16907	27755	22154
Rother	90588	13214	12047	13026	26538	25763
Wealden	148915	24631	21275	24958	43909	34142

Population by age groups and gender in 2011(%)

Age	All people	0-14	15-29	30-44	45-64	65+
Geography						
England and Wales	100	17.6	19.9	20.5	25.4	16.4
South East	100	17.8	18.6	20.4	26.1	17.2
East Sussex	**100**	**16.1**	**15.9**	**17.2**	**28**	**22.7**
Eastbourne	100	15.7	18.5	18.3	25.1	22.4
Hastings	100	17.3	19	19.6	27	17.1
Lewes	100	16.2	15.2	17.3	28.5	22.7
Rother	100	14.6	13.3	14.4	29.3	28.4
Wealden	100	16.5	14.3	16.8	29.5	22.9

b) How is this factor reflected in the population of those impacted by the proposals?

Sheltered housing:

58.5% of sheltered housing is provided within Lewes, Wealden and Rother which are primarily rural areas.

Extra care:

The only extra care scheme situated in a truly rural area is Newington Court.

Learning Disability schemes:

All these services are based in urban areas.

Home Works:

The above table shows that 43% of the population of East Sussex who are aged 16-65 live in rural areas of Lewes, Rother and Wealden. Home Works data shows that between 1/10/14 and 30/09/15, 38% of clients supported lived in those areas.

c) Will people affected by these rurality be more affected by the proposal, project or service than those in the general population who are not living in rural areas?

Sheltered housing:

The loss of sheltered housing onsite support in rural areas will potentially have a disproportionate impact in that the services are encouraged to operate a hub model for older people in the local community and include local older people in scheme activities. The services are also encouraged to deliver/host health and wellbeing activities open to the local community. If these services cease, there will be a disproportionate impact as alternative services will be limited or non-existent in most rural areas.

Extra care:

People living in the one rural scheme will be affected as per sheltered housing above

Learning disability schemes:

Not applicable

Home Works:

Home Works is a floating support service which is delivered to people in their own homes or in the area where they live. A reduction in service would mean that the level of service to rural areas would reduce but only in proportion to urban areas so there is not a disproportionate impact. However, lack of alternative support is likely to be more of an issue in rural areas where services are limited and travel is costly and often problematic.

We do not expect changes to the Home Works service to have a disproportionate impact on people living in rural areas.

d) What are the proposals' impacts on rural populations?

Sheltered housing/extra care:

See above.

Learning Disability:

Not applicable

Home Works:

See above

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Sheltered housing:

As detailed above, sheltered providers are working to try and maintain an onsite service. If this is successful, the impact of the cuts will be minimal.

If services are reduced in rural areas there is no identified mitigation beyond the use of STEPS for specific short term housing support. Commissioners are unable to replace the loss of activities and wellbeing activities. The cumulative impact of other savings proposal to the Commissioning Grants Prospectus will also potentially impact on this cohort of people.

Home Works:

The Home Works service will continue to be inclusive and open to everyone who needs housing support to live independently, including people in rural areas.

As there will be a reduced service, less people can be seen in total across East Sussex. However, the service will continue to be required to:

- Operate a fair access, fair exit, and equality and inclusion policy. The policy will be consistent with requirements of the Supporting People Quality Assessment Framework.
- Successfully assess and meet the specific housing support needs of all individuals and including people who live in rural and/or remote areas.
- Maintain an Equality Action Plan.

f) Provide details of the mitigation.

As above

g) How will any mitigation measures be monitored?

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)

- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

4.9.2 Carers

a) How are carers reflected in the County/District/ Borough?

Provision of unpaid care in 2011 - districts

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	56075912	50275666	5800246	3665072	775189	1359985
South East	8634750	7787397	847353	577114	96883	173356
East Sussex	526671	467262	59409	39537	6745	13127
Eastbourne	99412	88894	10518	6678	1261	2579
Hastings	90254	80812	9442	5708	1321	2413
Lewes	97502	86001	11501	8000	1197	2304
Rother	90588	79327	11261	7279	1250	2732
Wealden	148915	132228	16687	11872	1716	3099

Provision of unpaid care in 2011 – districts (%)

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	100	89.7	10.3	6.5	1.4	2.4
South East	100	90.2	9.8	6.7	1.1	2
East Sussex	100	88.7	11.3	7.5	1.3	2.5
Eastbourne	100	89.4	10.6	6.7	1.3	2.6
Hastings	100	89.5	10.5	6.3	1.5	2.7
Lewes	100	88.2	11.8	8.2	1.2	2.4
Rother	100	87.6	12.4	8	1.4	3

Wealden	100	88.8	11.2	8	1.2	2.1

b) How are carer's reflected in the population of those impacted by the proposals?

Sheltered housing:

Our profile data indicates that 5% of people living within sheltered housing provide care for another person. It also indicates that 25% of people have a carer, although we are unable to identify whether this is paid or unpaid.

Extra care:

Using a profile of three extra care schemes, in Cranbrook, out of 75 residents, 20 cared for another person. In Margaret House, out of 45 residents, 7 cared for another person and in Downlands out of 47 residents 3 cared for another person.

Learning Disability schemes:

Supporting People do not hold this data for residents in these schemes.

Home Works:

In the period from 1/10/14 to 30/9/15, 8% of Home Works clients cared for another person. 20% have a carer (paid or unpaid).

11% of all people in the county provide unpaid care

c) Will carers be more affected by the proposals than the general population?

Sheltered housing:

Not from the data we have access to.

Extra care:

The above data would indicate that 18% are carers which would be higher than the county average.

Learning Disability schemes:

N/K

Home Works:

No

d) What are the proposals' impacts on carers?

Sheltered housing:

A reduction in on site housing support should not significantly impact on carers as scheme managers do not provide care. There may be a perception that older people are more vulnerable without an onsite presence which may raise concerns for carers.

Extra care:

A reduction in on site housing support should not significantly impact on carers as scheme managers do not provide care. There will continue to be an onsite 24/7 care provision.

Learning Disability schemes:

N/K

Home Works:

The service reduction would not be disproportionate in terms of the population however; many of Home Works clients have significant complex and challenging needs. Where support is not available the impact on carers of any deterioration in that individual's health wellbeing could be significant. People unable to access this service are likely to place higher demands on their carers.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Sheltered housing:

None – no significant impact identified

Extra care:

None – no significant impact identified

Learning Disability schemes:

N/K

Home Works:

We do not expect changes to the floating support services to have a disproportionate impact on carers.

f) Provide details of the mitigation.

Sheltered housing:

None identified

Extra care:

None identified

Learning Disability schemes:

n/k

Home Works:

None identified

g) How will any mitigation measures be monitored?

Sheltered housing:

n/a

Extra care:

n/a

Learning Disability schemes:

n/a

Home Works:

n/a

4.9.3 People on low incomes

a) How are these groups/factors reflected in the County/District/ Borough?

In East Sussex 28.7% of households have an income below 60% of the national median (ESIF) This means that 71.3% do not

b) How is this factor reflected in the population of those impacted by the proposals?

Sheltered housing:

Our financial data would indicate that around 78.5% of people living in sheltered housing have an income low enough to qualify for Supporting People subsidy. This usually means they are eligible for Housing Benefit. People who ae not eligible for subsidy have to pay their charge and if the service ends this cohort will also be impacted negatively. If the charge is increased then this cohort would have to find the increase from their income.

Extra care:

Supporting People do not hold this data

Learning Disability schemes:

Supporting People do not hold specific data for these services however; all residents have a level of ASC funding which would indicate they have had a financial assessment and are eligible for ASC funding.

Home Works:

Out of a profile of 3,867 people, 305 i.e. 7.89% receive full time paid income. Of the remainder, 521 receive a work related benefit; 1,105 receive child tax credits, and 272 receive working tax credit. Other benefits are detailed below

***Clients can receive multiple benefits; the average number of benefits received by a Home Works client is 3.**

Type of Benefit	Grand Total	%
Attendance Allowance	2	0.1%
Carers Allowance	147	3.8%
Child Benefit	1165	30.1%
Child Tax Credit	1105	28.6%
Council Tax Support	1129	29.2%
Disability Premiums	5	0.1%
Discretionary Housing Payment	7	0.2%
Full time Employment	240	6.2%
Housing Benefit	1649	42.6%
Income Support	570	14.7%

Type of Benefit	Grand Total	%
JSA	521	13.5%
Maintenance Payments (CSA)	20	0.5%
Maternity Allowance	23	0.6%
Other	179	4.6%
Part time employment	302	7.8%
Pension Credit	46	1.2%
Private/Occupational Pension	63	1.6%
Self-employed - Full time	21	0.5%
Self-employed - Part time	24	0.6%
Severe Disability Premium	20	0.5%
Severe Disablement Allowance	22	0.6%
State Pension	24	0.6%
Statutory Maternity Pay	18	0.5%
Statutory Sick Pay	40	1.0%
Universal Credit	1	0.0%
Working Tax Credit	272	7.0%
DLA Care component	790	20.4%
DLA Mobility component	663	17.1%
ESA (Assessment phase)	575	14.9%
ESA (Support group)	967	25.0%
ESA (Work related activity group)	257	6.6%
Incapacity Benefit	20	0.5%
PIP Daily Living component	335	8.7%
PIP Mobility component	146	3.8%
Total Benefits received	***11368***	
Total Clients	**3867**	

c) Will people on low incomes be more affected by the proposals than those in the general population

Sheltered housing:

Yes

Extra care:

N/k

Learning Disability schemes:

Yes

Home Works:

Yes

d) What are the proposals' impacts on people on low incomes?

Sheltered Housing:

If the Supporting People subsidy which supports people on low incomes is removed, there is a potential for providers to ask residents to pay the shortfall. As detailed above, providers have indicated that the majority will try and mitigate this by increasing rents and service charges which would be mainly covered by Housing Benefit for the poorest clients. However, we will have no control over this outcome.

Additionally, older people who received support to maximise their income and reduce debt may no longer have access to an onsite service to address this support need.

Extra care:

If the Supporting People subsidy which supports people on low incomes is removed, there is a potential for providers to ask residents to pay the shortfall. As detailed above, providers may try and mitigate this by increasing rents and service charges which would be mainly covered by Housing Benefit for the poorest clients. However, we will have no control over this outcome.

Additionally, older people who received support to maximise their income and reduce debt may no longer have access to an onsite service to address this support need.

Learning Disability:

If the Supporting People subsidy which supports people on low incomes is removed, there is a potential for providers to ask residents to pay the shortfall. Providers may seek to maximise intensive housing management as an income stream.

Home Works:

A proportion of this cohort of people would no longer be supported to maximise their income, reduce debt, better manage their tenancies, avoid eviction and acquire the necessary money management skills and resilience to achieve and maintain independent living.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Funding has been secured to continue the countywide Welfare Reform project and all clients of all services will be informed of this service. There is also a Public Health fuel poverty programme which will be re-targeted as those considered to be most at risk.

Sheltered housing:

Supporting People staff will try and facilitate constructive discussions with Housing Benefit departments to try and litigate the impact of the cuts. STEPS is a free service so this mitigation applies equally to all clients

Extra care:

The providers will need to consider potential to increase rental income to mitigate the cuts (as above)

Learning Disability schemes:

Supporting People staff will work with the provider to try and maximise alternative income streams via Housing Benefit.

Home Works:

Commissioners will ensure that people leaving the service before the service reduction are supported to maximise their income and reduce debt etc.

For those people who receive a Home Works service in the future they will receive a service to support them to achieve economic wellbeing however less people requiring this support will be able to access it due to reduced capacity.

There is an additional concern about the cumulative impact of other service changes and reductions related to support with low income

f) Provide details of the mitigation.

As above

g) How will any mitigation measures be monitored?

The Supporting People team will monitor outcomes in terms of economic wellbeing where clients in sheltered housing and extra care access these services.

We will be unable to monitor the impact across services with whom we no longer have a contractual relationship.

4.10 Human rights - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

A consideration of this table leads to the conclusion that the proposal may interfere with article 5 and 8.

Articles	
A2	**Right to life (e.g. pain relief, suicide prevention)**
A3	**Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)**
A4	**Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)**
A5	**Right to liberty and security (financial abuse)**
A6 &7	**Rights to a fair trial; and no punishment without law (e.g. staff tribunals)**
A8	**Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)**
A9	**Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)**
A10	**Freedom of expression (whistle-blowing policies)**

A11	**Freedom of assembly and association (e.g. recognition of trade unions)**
A12	**Right to marry and found a family (e.g. fertility, pregnancy)**
Protocols	
P1.A1	**Protection of property (service users property/belongings)**
P1.A2	**Right to education (e.g. access to learning, accessible information)**
P1.A3	**Right to free elections (Elected Members)**

Part 5 – Conclusions and recommendations for decision makers

5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

Sheltered housing:

The majority of sheltered housing providers have indicated an intention to maintain a level of on site provision if Supporting People funding is removed. In addition, there is proposed mitigation through using the STEPS floating support service for older people who need additional housing support to maintain their accommodation.

Extra care:

As with sheltered providers there is potential for extra care providers to maximise rental income and try to mitigate the proposed reduction in SP funding. In addition, there is proposed mitigation through using the STEPS floating support service for older people who need additional housing support to maintain their accommodation. The service will retain a 24/7 on site care service.

Learning Disability services:

Work will be undertaken to support providers to maximise rental income to mitigate cuts to Supporting People funding. There is also some mitigation through enabling access to Home Works and STEPS. Eligible clients will still be entitled to ASC funding to meet eligible needs.

Home Works:

Supporting People funded floating support services will continue to be specified and monitored to ensure they successfully assess and meet the specific housing support needs of all individuals and achieve the three aims of the general duty across all the protected characteristics and ESCC additional groups in particular:

- Black and minority ethnic people
- People who are lesbian, gay or bisexual
- Transgender people
- People who have communication difficulties
- People for whom English is not their first language
- People who live in rural and/or remote areas
- People with complex and challenging needs and behaviours
- Travellers and Gypsies
- Pregnant women
- People with disabilities including people with a sensory impairment (as defined in the Disability Discrimination Act 2005)
- People from a range of faiths and beliefs

- Carers
- People who are the subject of abuse

5.2 Impact assessment outcome Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	**Sheltered housing, extra care** Although some individuals will experience increased anxiety and a less effective level of personal contact and support, providers have been encouraged to seek opportunities to maintain a level of onsite service by maximising rental income.. Timely information will be given by the provider to people who may wish to seek alternative accommodation. . Care and support will remain in place for those with eligible needs. In the event that anyone developed eligible needs as a result of the reduction in personal contact and other changes, they will be signposted to alternative services, including social care assessment and support planning. Extra Care clients may experience least disruption as care packages will remain in place. There is a risk of increased social isolation and less ability to access activities on site in sheltered housing. **LD housing support, Homeworks** LD housing support clients will be less able to access community facilities and more likely to experience an escalation of eligible needs with impact on ASC assessment and support planning services and impact on the Community Care budget. The focus of Homeworks will be on clients with higher needs therefore some who would have previously been eligible for a service will no longer be so in future.
X	**B Adjust the policy/strategy** – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect. **Sheltered housing, extra care**	
X	**C Continue the policy/strategy** - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate **LD housing support, Homeworks**	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it *must* be removed or changed.	

5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

In terms of sheltered housing, extra care and learning disability schemes the proposal is to cease funding the services. We would have no ongoing contractual relationship and beyond monitoring referrals to the services which will help to mitigate the impact i.e. Home Works and STEPS we will be unable to genuinely monitor the effects of the proposal.

Within Home Works we will monitor the impact through regular operational meetings with the provider. See Action Plan for other details.

5.6 When will the amended proposal, proposal, project or service be reviewed?

n/a

Date completed:	**13.1.16**	**Signed by (person completing)**	**Sue Dean and Jude Davies**
		Role of person completing	**Head of Supporting People and Strategic Commissioning Manager**
Date:		**Signed by (Manager)**	

Part 6 – Equality impact assessment action plan

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report. ☐

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
Approach to de-commissioning	Activate the de-commissioning protocol for service areas where the decision is to remove funding	Jude Davies / Sue Dean	Following ESCC decision to proceed with proposals	Supporting People (SP) Team and Provider	RPPR, DMT, EIA and De commissioning plan & cabinet report
Transition	Establish a transition plan for reduction in Home Works	Jude Davies / Sue Dean	Following ESCC decision to proceed with proposals	Supporting People (SP) Team and Provider	RPPR, DMT, EIA and De commissioning plan & cabinet report
Financial maximisation	Encourage and support sheltered housing, extra care and learning disability providers to maximise Housing Benefit	Jude Davies / Sue Dean	Prior to May 2016	Supporting People (SP) Team and Providers, housing authorities	Supporting People Steering Group, DMT and within RPPR & cabinet report

	income and minimise impact on services				
Social care eligibility	People who may be eligible for ASC support in all affected services are referred to adult social care for assessment	Jude Davies / Sue Dean	Following ESCC decision to proceed with proposals	Supporting People (SP) Team and Provider, Adult Social Care	EIA, DMT, and De commissioning Plan & cabinet report
Eligibility criteria for Home Works	Home Works eligibility criteria is extended to include: People 16-64 living in sheltered housing, extra care, learning disability services	Jude Davies / Sue Dean	This needs to be agreed with Home Works to coincide with date changes to these services are implemented	Supporting People (SP) Team and Provider	Decommissioning Plan and EIA & cabinet report
Eligibility criteria for STEPS	STEPS eligibility criteria is extended to include: People living in sheltered housing, extra care, learning disability services	As above	This needs to be agreed with STEPS to coincide with date changes to these services are implemented	Supporting People (SP) Team and Provider	Decommissioning Plan and EIA & cabinet report
Monitoring system for referrals	Establish a monitoring system within Home Works and STEPS for referrals from sheltered housing, extra care and learning disability services.	As above	On-going and this needs to be agreed with STEPS and Home Works to coincide with date changes to these services are implemented	Supporting People (SP) Team and Provider	Decommissioning Plan and EIA & cabinet report
Monitoring capacity	Monitoring people who are unable to access a Home Works service due	As above	Establish system by mid May 2016	Supporting People (SP) Team and Provider	Decommissioning Plan and EIA & cabinet report

	to reduced capacity				
Monitoring	Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning) include impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)	ASC; ESBT Programme	Apr-2016-Apr-2017 and review then	ASC; ESBT Programme	EIA & cabinet report

	Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)				
Monitoring re: numbers of referrals for independent advocacy or assessment and support planning.	Monitor numbers of referrals for independent advocacy or assessment and support planning	Jude Davies / Sue Dean Richard Lewis	This can only be monitored until the contract end date for 3 of the 4 services as we will have no relationship with the providers after this date . For Home Works this will be monitored within the Transition Plan	Supporting People (SP) Team and Provider and Advocacy commissioner and Provider	EIA, Decommissioning Plan & cabinet report
Equalities policy	Ensure Home Works operates a fair access, exit and equality inclusion policy.	Jude Davies / Sue Dean	On going	Supporting People (SP) Team and Provider	EIA, Decommissioning Plan & cabinet report
Benefit support	Ensure the county wide welfare reform project continues to offer a specialist service for	Jude Davies / Sue Dean	On going	Supporting People (SP) Team and Provider and East Sussex Advice Partnership	East Sussex Advice Partnership, EIA and Decommissioning Plan & cabinet report

	Home Works clients				
Financial wellbeing	Ensure the Home Works provider works with clients leaving the service to maximise income and reduce debt	Jude Davies / Sue Dean	By May 2016	Supporting People (SP) Team and Provider	East Sussex Advice Partnership, EIA and Decommissioning Plan & cabinet report

6.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
An increase in Safeguarding alerts in Sheltered housing due to removal of on site service	Legal Client vulnerability	Unlikely as the decision to remove funding is due to the financial pressure on the LA which is scheduled to increase	Departmental Management Team (DMT) Equality Impact Assessment (EIA) & cabinet report	Head of Safeguarding, Angie Turner	n/a
Safeguarding alerts not being raised when they should due to reduction in Home Works service	Legal Client vulnerability	Unlikely as the decision to remove funding is due to the financial pressure on the LA which is scheduled to increase	Departmental Management Team (DMT) Equality Impact Assessment (EIA) & cabinet report	Sue Dean/Jude Davies	n/a
Increase in street homelessness	Moral Client vulnerability	There may be increased support from the charitable/voluntary sector but not within our power to control	Departmental Management Team (DMT) Equality Impact Assessment (EIA) East Sussex Better Together (ESBT) & cabinet report	Sue Dean/Jude Davies	n/a
Increase in costs to Mental Health Trust	Financial	A business case has been made to East Sussex Better Together to recommend investment in Home Works to avoid transfer of costs to health	ESBT Strategic Planning Group DMT EIA & cabinet report	ESBT	n/a

Increase in demand for ASC assessments	Legal	No – eligible people will require assessment	ESBT Strategic Planning Group DMT EIA & cabinet report	ASC operational lead, Andy Cunningham/ Steve Hook	n/a
Increase in PA costs to ASC	Financial	No – eligible people requiring support will need funding for PA's	DMT EIA & cabinet report	Andy Cunningham/Steve Hook	n/a
People have eligible needs as a result of the changes	legal	Yes - ASC could review and reassess eligible clients	DMT EIA & cabinet report	Andy Cunningham/Steve Hook	n/a
Loss of highly skilled staff who deliver preventative outcomes	Financial	No – skilled staff will seek other employment	ESBT Strategic Planning Group DMT EIA & cabinet report	Sue Dean/Jude Davies	n/a
Loss of publically funded purpose designed properties	Financial	No – providers may choose to exit supported housing, access the capital and the buildings will be lost to the sector	ESBT Strategic Planning Group DMT EIA & cabinet report	Sue Dean/Jude Davies	n/a
Capacity issues for STEPS due to their mitigation role	Client vulnerability Financial	A business case could be made to increase STEPS capacity but would require investment	DMT EIA & cabinet report	Sue Dean/Jude Davies	n/a
Capacity issues for Home Works as less budget	Client vulnerability Financial	A business case has been made to East Sussex Better Together to recommend investment in this service to avoid transfer of costs to health	DMT EIA & cabinet report	Sue Dean/Jude Davies	n/a

Less support available to people in rural areas. Home Works goes to the clients so no costs to the individual e.g transport	Client vulnerability Financial	No - unless alternative investment is agreed for rural services	DMT EIA & cabinet report	Sue Dean/Jude Davies	n/a
Carers concerned about vulnerability in sheltered housing	Moral and reputational	No – unless providers can mitigate cuts to funding through increased housing management and maintain onsite provision	DMT EIA & cabinet report	Barry Atkins	n/a
More demands on carers	Moral and reputational	As above	DMT EIA & cabinet report	Barry Atkins	n/a
Less economic security for all clients leading to debt, fuel poverty, malnutrition and increased health needs	Financial Client vulnerability	This can be mitigated by ensuring clients are supported to maximise their finances supported by the Welfare reform project and Winter Home Check	ESBT Strategic Planning Group DMT EIA & cabinet report	Sue Dean/Jude Davies	n/a

Service Type	Provider	Name of Service
Eastbourne		
Sheltered Housing	Anchor Trust	Millfield Court 829
	Anchor Trust	Redman King House 831
	Anchor Trust	St Clements 832
	Eastbourne Homes Ltd	Archery Court
	Eastbourne Homes Ltd	Cumbria Court
	Eastbourne Homes Ltd	Gwent Court
	Eastbourne Homes Ltd	New Derby House
	Eastbourne Homes Ltd	Riverbourne House
	Eastbourne Homes Ltd	Roxburgh Court
	Eastbourne Homes Ltd	St Mary's Court
	Eastbourne Homes Ltd	Sutherland Court
	Eastbourne Homes Ltd	Tyrone Court
	Eastbourne Homes Ltd	Upwyke House
	Eastbourne Homes Ltd	Winchester House
	Hanover Housing Association	Sheltered Housing - East Sussex 835
	Housing & Care 21	Duke Bernard Court 837
	Housing & Care 21	Nicholson Court 841
	Places For People Individual Support	Croxden Way 865
	Places For People Individual Support	Howletts Close 866

Service Type	Provider	Name of Service
Eastbourne		
Extra Care	Saxon Weald Homes Ltd	Cranbrook

Service Type	Provider	Name of Service
Eastbourne		
People with Learning Disabilities	Livability	Martello Road

Service Type	Provider	Name of Service
Hastings		
Sheltered Housing	Amicus Horizon Ltd	Bevin Court
	Amicus Horizon Ltd	Evesham and Bristol Rd, St Leonards
	Amicus Horizon Ltd	Fallowfield
	Amicus Horizon Ltd	Halton Heights
	Amicus Horizon Ltd	Orchard Close and Beverley Walk, Hastings
	Amicus Horizon Ltd	Roosevelt Court
	Amicus Horizon Ltd	Royal Terrace
	Amicus Horizon Ltd	Torfield Close
	Anchor Trust	Mount Pleasant Court 830
	Family Mosaic	Beaufort Court 906
	Housing & Care 21	Farren Court 839
	Orbit Housing Association	Sherwood Close 862
	Orbit Housing Association	Sherwood House 863

Service Type	Provider	Name of Service
Hastings		
Extra Care	Family Mosaic	Marlborough House

Service Type	Provider	Name of Service
Hastings		
People with Learning Disabilities	Royal Mencap Society	19 Millward Road
	Royal Mencap Society	4 Victoria Road
	Royal Mencap Society	49 Lower Park Road
	East View Housing Management	East View Housing

Service Type	Provider	Name of Service
Lewes		
Sheltered Housing	Family Mosaic	Martlet House 909
	Family Mosaic	Mitchell House 910
	Housing & Care 21	Ellis Gordon Court 838
	Lewes District Council	Churchill House 847
	Lewes District Council	Coldstream House 848
	Lewes District Council	Downland 849
	Lewes District Council	Meridian Court 850
	Lewes District Council	Neills Close 851
	Lewes District Council	Newick 852
	Lewes District Council	Newton Road 853
	Lewes District Council	Rathan Court 854
	Lewes District Council	Reed Court 855
	Lewes District Council	Ringmer Scheme 856

	Lewes District Council	Seaford House 857
	Lewes District Council	Southdown 858
	Lewes District Council	St Davids Court 859
	Old Ben Homes	Old Ben Homes 861
	Peacehaven and Telscombe Housing Association	Sheltered Housing 864
	Sussex Housing and Care	Ashleigh Glegg House 875
	Sussex Housing and Care	Clevedown 876
	Sussex Housing and Care	Falfield 879
	The Guinness Partnership Limited	Guinness Court 883
	The Guinness Partnership Limited	Leighside House - 884

Service Type	Provider	Name of Service
Lewes		
Extra Care	Saxon Weald Homes Ltd	Downlands Court

Service Type	Provider	Name of Service
Lewes		
People with Learning Disabilities	Southdown Housing Association	Fiveways

Service Type	Provider	Name of Service
Rother		
Sheltered Housing	Amicus Horizon Ltd	Alexander Court
	Amicus Horizon Ltd	Badger Gate
	Amicus Horizon Ltd	Burghwood House
	Amicus Horizon Ltd	Geary Place
	Amicus Horizon Ltd	Glovers Court
	Amicus Horizon Ltd	Goddens Gill
	Amicus Horizon Ltd	Magdala House
	Amicus Horizon Ltd	Old Rectory Court
	Amicus Horizon Ltd	Rother and Honies Court, Bexhill
	Amicus Horizon Ltd	St Marks' Close, Little Common
	Amicus Horizon Ltd	St Martins
	Amicus Horizon Ltd	Strome House
	Amicus Horizon Ltd	Thalia House
	Amicus Horizon Ltd	The Maltings
	Amicus Horizon Ltd	Thornwood
	Amicus Horizon Ltd	Woodruffe Court
	Family Mosaic	Catley Court 907
	Five Villages Home Association	Five Villages 833
	Housing & Care 21	Gavin Astor Court 840
	Sanctuary Group	St Bartholomews Court 872
	Sussex Housing and Care	Devonport House 877
	Sussex Housing and Care	Yvonne Robertson House 882

Service Type	Provider	Name of Service
Rother		
Extra Care	Amicus Horizon Ltd	Newington Court

Service Type	Provider	Name of Service
Wealden		
Sheltered Housing	Abbeyfield (Mid Sussex) Society	Abbeyfield House (Mid Sussex) 824
	Anchor Trust	Luke Lade Court 828
	Home Group Limited	Busheyfields 836
	Sussex Housing and Care	Nevill Court 880
	Sussex Housing and Care	St Thomas of Canterbury Court 881
	Wealden District Council	Buxted Court 885
	Wealden District Council	Cherry Tree Court and Hillside Bungalows 886
	Wealden District Council	Church Bailey Court 887
	Wealden District Council	Elizabeth Court 888
	Wealden District Council	Fazan Court 890
	Wealden District Council	Hampton House and Maryan Court 892
	Wealden District Council	Joan Hughes Court 893
	Wealden District Council	Mary Burfield Court and Newnham Way Bungalows 894
	Wealden District Council	Rumsey Court 895
	Wealden District Council	Streatfield House 896
	Wealden District Council	Wade Court 889

Service Type	Provider	Name of Service
Wealden		
Extra Care	Saxon Weald Homes Ltd	Margaret House
	Saxon Weald Homes Ltd	Bentley Grange

Policy/Strategy/project/service
E&D Risk Assessment

Date: 5th January 2015 **Lead Manager/Officer:** Sue Dean

Briefly outline aims of the policy/strategy/project or service:

The Supporting People programme of investment in housing support services (£9.8M) is facing potential cuts of around £3.5 to £4m from 2016/17 as a result of cuts to public sector funding. The scale of financial reduction is such that it cannot be achieved without removing all funding from some services and reducing funding to others. Unless alternative funding streams are found, these cuts are likely to result in service closures.

One proposal is a reduction to the funding for the county wide floating support service for people aged 18 and over (SAILS).

From the consultation document:
'Remove 35% funding from the (SAILS) service (saving of £345,000). This would affect around 360 individuals with a range of needs, including mental health needs and learning disabilities. Eligible care needs will continue to be met. It is the Supporting People element that we are proposing to remove.'

DMT, in conjunction with the Head of Supporting People and Head of DPS, are considering the potential to work with one of the local authorities to develop an alternative approach to managing the rental element of the SAILS scheme which may help to mitigate the proposed reduction in funding. There may be potential to improve housing management services for landlords and tenants as well as making ongoing budgetary savings for Adult Social Care.

Current housing benefit arrangements vary considerably across the county and if an option can be identified to achieve consistency and minimise problems for landlords and tenants then this will be considered as an option for the future. Successful HB income recovery is challenging for landlords, partly as they aren't always experienced in dealing with HB and the different systems in each Local Authority.

	Question	Yes	No	Don't know
1	Is there evidence of different needs, experiences, issues or priorities in relation to the service or policy/strategy area?	x		
2	Are there any proposed changes in this service that may affect how services are run and/or delivered?	x		
3	Are there any proposed changes in this service that may affect service users directly?	x		
4	Is there potential for, or evidence that, this service may adversely affect inclusiveness or harm good relations between different groups of people?		x	
5	Is there any potential for or evidence that any part of service could discriminate, directly or indirectly?		x	
6	Is there any stakeholder (staff, public, unions) concern in the service area about actual, perceived or potential discrimination/loss that may result in a legal challenge?		x	
7	Is there any evidence or indication of higher or lower uptake by people in connection with protected characteristics?			x

The risk level of low/medium/high will depend on:

- how many questions you have answered yes or don't know to;
- the likeliness of the council facing a legal challenge in relation to the effects the policy may have on various stakeholders; and
- the likeliness of adverse publicity for the authority

Low risk	**x**	**Medium risk**		**High risk**		

If an alternative approach can be identified there will be a positive impact for current users of the SAILS service as their support can be continued as well as a saving being made. There is also potential for a positive impact for landlords in terms of void guarantees. In addition, future tenancies and landlords will be potentially easier to source and support. The arrangement would require close joint working with the SAILS team who would retain responsibility for landlord liaison, care and support.

There are areas of clarification needed in terms of financial and legal implications of the alternative approach and these

will be fully explored and resolved before work is started with the SAILS service. The proposed scheme is not without risk to the incumbent local authority and they have agreed to fund the required financial and legal clarification to consider these risks, including analysis of the implications of the Spending review 2016 in terms of accommodation subsidy.

To progress this work a project group would need to include the local authority, SAILS and SP manager.

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Equality Impact Assessment

Name of the proposal, project or service
Supporting People RPPR 2016-17: Accommodation based services for people with mental health issues; Accommodation based services for single homeless people

File ref:		Issue No:	
Date of Issue:	January 2016	Review date:	January 2017

Contents

How to use this form

Press F11 to jump from field to field in the form.

There are comments on some questions which you can view by pressing the show/hide pilcrow icon in the tool bar of Word. Some of you may use this to show paragraph and other punctuation marks: ¶

You can delete the comments as you would for normal text, but they will not show up if you print out the form.

Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)

1.1 The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.

1.3 The Public Sector Equality Duty (PSED)

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have "due regard" to the need to

- eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act,
- advance equality of opportunity and foster good relations between those who share a "protected characteristic" and those who do not share that protected characteristic (see below for "protected characteristics"
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21stCentury Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

1.6 Advancing equality (the second of the equality aims) involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristic

- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities

- Encouraging people from protected groups to participate in public life or in other activities where their participation in disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the

elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision,this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

Part 2 – Aims and implementation of the proposal, project or service

2.1 What is being assessed?

a) **Proposals to remove all funding from:**

Accommodation based services for people with mental health issues (£341k)

1.Bal Edmund Hastings – 12 bed spaces (Sanctuary Supported Living)

2.Hyde Garden Eastbourne -19 bed spaces (Sanctuary Supported Living)

3.Pathways Rother – 12 bed spaces (Family Mosaic)

Accommodation services for single homeless people (£287k)

(All provided by Sanctuary Supported Living)

1. Merrick House Hastings - 12 bed spaces

2. Priory Avenue Hastings – 19 bed spaces

3. St Aubyn's Eastbourne – 9 bed spaces

b) **What is the main purpose of these proposals?**

Accommodation based services for people with mental health issues

The purpose of the proposal is to remove funding to help achieve the required savings presented to Cabinet on 13th October 2015

Accommodation services for single homeless people

The purpose of the proposal is to remove funding to help achieve the required savings presented to Cabinet on 13th October 2015

Manager(s) responsible for completing the assessment

Jude Davies / Sue Dean

2.2 Who is affected by the proposals and how?

Accommodation based services for people with mental health issues

Current clients, staff and carers will be affected. The service provides specialist on site housing support and accommodation to meet the complex and multiple needs of adults who are homeless / at risk of homelessness and have a mental health issue. 43 people can receive a service at any one time. (66 people used the services in 14/15).

The people who will be affected by this proposal are a cohort of people who need support to:

- Keep safe;
- prevent their mental health from deteriorating into crises including supporting accessing and engaging with relevant professionals particularly when presenting a risk to themselves or others;
- learn and maintain the practical life skills necessary to live independently;
- engage with education, employment, volunteering and training;

- address the emotional and psychological barriers that reduce an individual's capacity to live an independent life;
- move on to independent accommodation.

The following table provides a snapshot of data on many of the clients living at the three mental health services who will be directly impacted upon by the proposal to remove 100% funding illustrating where they came from, professionals involved and individual progress made within the services:

Snap shot of clients living in accommodation based services for people with mental health issues affected by the proposals to cut 100% funding:				
Client reference	**Living situation on referral**	**Professionals involved on referral**	**Under Care Management /CPA**	**Progress during support**
1	Supported housing	ASC forensic team Psychiatrist CMHT	Yes	CPN/Psych appnts reduced from weekly to monthly
2	Amberstone hospital	CPN Psychiatrist	Yes	CPN/Psych appnts reduced from weekly to monthly
3	Refuge	CPN Psychiatrist	Yes	CPN/Psych appnts reduced from weekly to monthly
4	Acute MH ward	Psychiatrist ASC Nurse	No	Reduction in paramedic visits from 7 a week to none
5	Residential care home	Psychiatrist ASC CMHT	Yes	No further acute admissions
6	Homeless	Psychiatrist	Yes	CPN/Psych appnts reduced from weekly to monthly
7	Forensic secure unit	Psychiatrist ASC CMHT	Yes	Reduction in OCD and self harming behaviour from 10 to once a month
8	Amberstone hospital	Psychiatrist ASC CMHT	Yes	Reduction in self harm: 2 less ambulance call outs, 6 less paramedic call outs and 6 fewer GP calls per week
9	Family	Psychiatrist	No	Stabilised mental health
10	Acute psychiatric	Psychiatrist Psychologist	Yes	CPN/Psych appnts reduced from weekly to monthly

	ward	CMHT		
11	Amberstone hospital	Psychiatrist ASC CMHT	Yes	Stabilised mental health
12	Dept of Psychiatry	Psychiatrist CMHT	Yes	Stabilised mental health
13	Amberstone hospital	Psychiatrist CMHT Assertive outreach	Yes	Reduction in substance misuse and crisis intervention from NHS
14	Forensic secure unit	Forensic social worker Psychiatrist CMHT	Yes	Reduction in suicide risk and use of crisis services
15	Bed and breakfast	ASC CMHT	Yes	Reduction in use of acute care, emergency services and crisis teams
16	Homeless	CMHT	No	Reduction in use of GP and A and E. Stopped accessing rough sleeper services
17	B and B	CMHT STAR D and A service	Yes	Reduction in A and E use and acute admissions
18	Supported accommodation	CMHT	n/k	Reduction in A and E use and acute admissions
19	Psychiatric hospital	ASC	Yes	Reduced admissions to acute and crisis services, reduced drug use.
20	Own tenancy	CMHT	n/k	Reduced self harm and access to acute and crisis services
21	ASC CMHT	Yes	Yes	Reduction in use of acute and crisis services and use of CMHT
22	B and B	Perinatal service Psychiatry Children's services	Yes	Reduction in acute admissions and self harm
23	Homeless	CMHT	Yes	Reduction in use of acute and crisis services and use of CMHT
24	Own tenancy	CMHT ASC	Yes	In substance misuse. Accessed psychiatric support for first time

25	Family Home	CMHT	Yes	Reduction in presentations to CMHT
26	B and B	EIS	Yes	Reduction in use of CMHT and discharged from services
27	Family	None	No	Reduction in self harm, improved self care
28	Homeless	CMHT Probation	Yes	No incidents of self harm/attempted suicide
29	Living at home	CMHT	Yes	Improved independence skills and family relationships. Engaged in education and training
30	Dept of Psychiatry	CMHT Psychiatrist	Yes	Removed from MH section, supported to engage in education and training
31	B and B	CMHT DAAT	Yes	Engaging with substance misuse support
32	Homeless	ASC	No	Rebuild familial relationships including with 4 yr old daughter. Achieving independence
33	Family	CMHT	Yes	Keeping self safe, reduction in abuse and vulnerability
34	Family	CMHT	Yes	Reduction in self harm and suicide attempts.
35	Family	CMHT	Yes	Reduced social isolation and improved family links. Gained work
36	Homeless	CMHT Health (other)	No	Rebuilding familial relationships. Gained employment
37	Dept of psychiatry	CMHT	Yes	Had Community Treatment order removed. Gained independent living skills
38	Family	CMHT	Yes	Restored familial relationships. Gained diagnosis of MH issues and accepting treatment

Above clients have the following range of mental health issues:

paranoid schizophrenia, schizophrenia, schizoaffective disorder, Tourette syndrome, bi-polar, autism, Asperger syndrome, alcoholism, substance misuse, depression, OCD, PTSD, paranoia and personality disorder

Above clients have the following range of long term physical conditions:

Arthritis/Rheumatism, Sensory impairments, Hypertension, Asthma, Heart disease, Respiratory conditions,

Parkinsons, epilepsy

Accommodation services for single homeless people

Current clients, staff and carers will be affected. The service provides specialist on site housing support service and accommodation for homeless people with complex needs including mental health, learning disabilities, physical and sensory impairments and drug and alcohol issues. The people who will be affected by the proposals are a cohort of people who need support to:

- Keep themselves safe
- Prevent a crisis
- To develop and maintain the life and social skills required to achieve independent living
- Engage with education , training, employment , volunteering
- Find and move to a home of their own

40 people can receive a service at any one time. (92 people used the services in 14/15)

The current residents of both services will cease to have accommodation if these services close. Some may have moved on in a planned way with support by the time of closure. Others may be 'street homeless'

The following tables provide a snapshot of data on many current clients living at the three homelessness services who will be directly impacted upon by the proposal to remove 100% funding , illustrating where they came from, professionals involved and individual progress made within the services:

Snap shot of clients living in accommodation based services for people who are single homelessness with complex needs affected by the proposals to cut 100% funding:				
Client reference	**Living situation on referral**	**Professionals involved on referral**	**Under Care Management /CPA**	**Progress during support**
1	Sofa surfing	None	No	Gained daily living skills, confidence and education opportunities
2	Homeless	ASC	Yes	As above
3	Homeless	Psychiatrist	Yes	As above
4	Homeless	Awaiting ASC allocation	n/k	Reduction in substance misuse, improved wellbeing, voluntary work
5	Sofa surfing	None	No	Supported to gain independent housing,
6	B and B	Awaiting allocation	n/k	Gained some control over behaviour and has remained outside of prison. Improved

				MH and improved debt management
7	Amberstone hospital	Psychiatrist	Yes	Reduction in substance misuse and suicidal ideation.
8	Prison	Psychiatrist ASC	Yes	Released from life sentence
9	B and B	ASC	No	Supported to access benefits, accommodation and education
10	Own flat	CMHT	No	Reduction in overdoses and A and E presentations
11	B and B	CMHT	No	Reduction in CMHT presentations
12	Temporary accommodation	None	No	Accessed health and social care support
13	B and B	None	No	Accessed appropriate mental health support
14	B and B	None	No	Reduced use of A and E and accessed CMHT support. Reduced substance use
15	Supported lodgings	None	No	Accessed accommodation and daily living support. Accessed Health in Mind
16	Family	ASC	No	Reduction in demands on ASC. Accessing education
17	B and B	None	No	Accessed support from CMHT. Gained independent living skills
18	Sofa surfing	CMHT	No	Reduced pressure on CMHT and reduced self harm and drug use
19	Own tenancy	CMHT	No	Maintained tenancy and moved to independent living

20	B and B	CMHT	No	Reduced demand on CMHT and discharged from psychiatrist
21	Emergency accommodation	STAR (drug service)	No	Reduced substance misuse and accessed voluntary work
22	Homeless	STAR	No	Reduced use of street homeless services
23	Homeless	None	No	Reduced debt – accessed training
24	Homeless	None	No	Secured housing, managed debt and maintained paid work
25	Homeless and sofa surfing	STAR	No	Reduced use of A and E, accessed training
26	Homeless	STAR	No	Reduced demand on street homeless services, reduced use of A and E
27	Homeless	STAR	No	Reduced use of A and E and GP, improved mental health
28	Prison	Probation	No	Reduced time in prison, better management of behaviour issues
29	Ford open prison	Probation STAR	No	Stable housing, reduced debt, reduction in use of A and E and started voluntary work
30	Prison	Probation	Noi	Reduced drug use and access to work options
31	Prison	STAR	No	Reduction in prison sentence and access to training
32	Own tenancy	None	No	Reduction in substance misuse and accessed work
Above clients have the following range of mental health issues: Depression, Autism, Anxiety, OCD, Personality Disorder, Schizophrenia, Drug/ alcohol misuse, suicidal thoughts, Bi-polar disorder, Aspergers, ADHD. Above clients have the following range of long term physical conditions: Asthma, Epilepsy,				

Arthritis, Sensory impairment, Physical disabilities, Liver disorder, Hepatitis,

2.3 How will the proposals be put into practice and who is responsible for carrying these out?

All providers have been made aware of the budget proposals by the Supporting People team. The proposals were discussed at Cabinet on 13th October and are now out to public consultation which began on 23rd October and ends on the 18th December. The process involves reviewing the consultation findings, following which recommendations will be made to members with a final decision being made by full council on the 9th February 2016.

The Health, Housing, Social Care and Probation Strategic Forum is responsible for making decisions about the Supporting People programme. East Sussex County Council's Adult Social Care Department is responsible for the budget. If the proposals are ratified, there is a minimum three month notice period on all contracts which would be implemented, where required, by the Supporting People team. However, where the occupancy arrangements are Assured Shorthold Tenancies there may be a legal requirement for providers to give a longer period of notice to tenants. These tenancies are fixed for the first six months and there is a complexity to achieving legal possession. Where the occupancy agreement is a licence, the provider can give 3 month notice period.

Providers will be asked to communicate the notice periods to people using the service at that time and work to identify alternative housing and support options for them.

For all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning.

For clients and carers who have a current assessment and support plan (which may or may not include the service), a letter will be offered to advise them to contact ASC for review if they are concerned that their eligible needs may no longer be manageable.

Local authorities have a statutory duty to assess applications from all applicants that are homeless or at threat of homelessness within 28 days in accordance with the Housing Act 1996 Part VII (as amended). Through the assessment the Local authority determines 'priority need'. Typically, single homeless applicants will only be considered to be in 'priority need' i.e. meet the priority need criteria, as set out in Section 189 of the 'Act', if they are 'vulnerable' as a result i.e. considered significantly more vulnerable than ordinarily vulnerable.

If a 'priority need' is identified, District and Boroughs may have limited access to other housing options such as links with private sector landlords, financial assistance, which are considered where appropriate. Where there is no 'priority need' identified, no duty is accepted and no support offered beyond information and advice. The client data detailed at 2.2 indicates that for many current clients their needs are such that even if they were found in priority need and a bricks and mortar solution was sourced their care and support needs are such that this solution would not meet all of their needs and a more costly statutory intervention would be required for that purpose.

2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?

Accommodation based services for people with mental health issues

The Supporting People programme has historically been governed as a partnership across Adult Social Care, Children's Services, Health, Probation and all five of the District and Boroughs in East Sussex.

All the above partners would work with the service to support the achievement of positive outcomes for the clients in respect of health, resilience, safety, social inclusion, family relationships and care as well as to achieve move on solutions.

The services affected also work in partnership with a range of voluntary and statutory organisations in order to support clients to achieve agreed outcomes. In particular these services support the work of the community mental health team, and other services as highlighted in the snapshot charts above.

Accommodation services for single homeless people

The Supporting People programme has historically been governed as a partnership across Adult Social Care, Children's Services, Health, Probation and all five of the District and Boroughs in East Sussex.

All the above partners would work with the service to support the achievement of positive outcomes for the clients in respect of health, resilience, safety , social inclusion, family relationships and care as well as to achieve move on solutions.

The services affected also work in partnership with a range of voluntary and statutory organisations in order to support clients to achieve agreed outcomes

2.5 Are these proposals, affected by legislation, legislative change, service review or strategic planning activity?

Adult Social Care will have £40 million less to spend on adult social care services by March 2019. This is in addition to the £28 million that has already been saved from services since 2013. The cuts proposed to the services within this EIA are in line with that agenda.

The proposals are made as part of ESCC's budget planning process, **Reconciling Policy, Planning and Resources for 2016-17**. The Council and Adult Social Care's statutory duties under the **Care Act 2014** will impact these proposals as well. These duties include:

- **A general duty to promote wellbeing** (this includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships; suitability of living accommodation; and the individual's contribution to society).
- **Focussing on the person and their needs**, their choices and what they want to achieve.
- Providing, arranging for **the provision of services, facilities or resources**, or taking other steps to prevent, reduce or delay the development of needs for care and support (including carers).
- Providing, or facilitating access to, **information and advice** to enable people, carers and families to take control of, and make well-informed choices about, their care and support (including independent financial advice).

- Arranging **independent advocacy** where someone has substantial difficulty being involved and there is no-one appropriate to support and represent them.
- **Parallel rights for carers and a focus on the whole family.**
- Joining up with **health and housing.**
- **Market shaping** including supporting sustainability and encouraging a variety of different types of providers to ensure people have a choice of different types of service. This includes independent private providers, third sector, voluntary and community based organisations, user-led and small businesses.

Local authorities have a statutory duty to assess applications from all applicants that are homeless or at threat of homelessness within 28 days in accordance with the Housing Act 1996 Part VII (as amended). See paragraph 2.3 above

2.6 How do people access or how are people referred to the services? Please explain fully.

Accommodation based services for people with mental health issues

Eligible people are normally referred to the service by district and boroughs with the origin of the referrals being generally hospital ward , CMHT etc

Accommodation services for single homeless people

Eligible people are normally referred to the service by district and boroughs.

2.7 If there is a referral method how are people assessed to use services? Please explain fully.

Accommodation based services for people with mental health issues

People are assessed against the following eligibility criteria:

- aged 18 and over **and**
- have a recognised mental illness or disorder **and**
- are receiving ongoing support for their mental illness from a mental health practitioner; **or**
- require support to access a mental health professional or practitioner **and**
- cannot live with their family or are unable to manage to live in any other independent accommodation; **and**
- require specialist accommodation to minimise the risk to themselves or others; **and**
- understand the purpose of the service and are prepared to engage with the housing support; **and**
- are ordinarily resident within the geographical area of East Sussex.

Accommodation services for single homeless people

People are assessed against the following eligibility criteria:

- aged 18 and over **and**
- homeless (this includes insecurely housed with friends and family) **and**
- they require specialist accommodation to minimise the risk to themselves or others **or**

- they have complex and/or challenging needs and cannot live with their family but do not have the skills to live independently **and**
- understand the purpose of the service and are prepared to engage with the housing support; **and**
- are ordinarily resident within the geographical area of East Sussex.

2.8 How, when and where are the services provided? Please explain fully.

Accommodation based services for people with mental health issues

The services are provided in Hastings, Eastbourne and Rother (see above) . The service is delivered by on site staff using a personalised, psychologically informed approach to support planning. All services provide a service to support clients 24 hours

Accommodation services for single homeless people

The services are provided in Hastings and Eastbourne (see above). The service is delivered by on site staff using a personalised, psychologically informed approach to support planning. All services provide a service to support clients 24 hours

Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have **X** marked against them			
	Employee Monitoring Data		Staff Surveys
x	Service User Data	x	Contract/Supplier Monitoring Data
x	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
x	Complaints	x	Risk Assessments
	Service User Surveys		Research Findings
x	Census Data	x	East Sussex Demographics
	Previous Equality Impact Assessments	x	National Reports
	Other organisations Equality Impact Assessments		Any other evidence

3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

None

3.3 Are there any potential impacts concerning safeguarding that this assessment should take account of? Please consider any past evidence of safeguarding events or potential risks that could arise.

In 14/15 there were two Safeguarding alerts from the Mental Health Services and one from the Single Homeless Services. Removal of these services will leave this cohort more vulnerable to abuse and self-neglect.

Comments from the Safeguarding lead:

In general, the consequences of reducing or removing services may be an increase in abuse or neglect of adults. This may be due to reduced opportunities for safeguarding issues (abuse or neglect) to be picked up by workers within those agencies, reduced opportunities for disclosure by adults at risk themselves of abuse and neglect and reduced resilience of adults to protect themselves from factors which may increase the risk of abuse and neglect.

Once safeguarding issues have been identified, there may be an increase in the number of safeguarding concerns and consequent safeguarding enquiries. Issues of abuse and neglect may become apparent at a later stage e.g. abuse may have gone on longer or have become of a more serious nature or have become normalised by adults themselves or staff working with them.

Safeguarding is now on a statutory footing with several duties within the Care Act. Making Safeguarding Personal (MSP) is a thread which runs through the Care and Support Act Statutory Guidance which supports the implementation of the new duties. MSP focuses on individualised responses to safeguarding issues and any reduction in engagement with adults themselves within the context of safeguarding could reduce opportunities to promote personalised responses to safeguarding. Advocacy within safeguarding is now a duty too.

Self-neglect, modern slavery and domestic abuse are included as additional types of abuse of safeguarding. Fewer opportunities to highlight these may exist in reduced or ceased services. These three types of abuse are more likely to occur in the community rather than within institutions and there is a potential risk for opportunities to be missed and abuse to continue or increase.

3.3 If you carried out any consultation or research explain what consultation has been carried out.

1. Initial engagement with providers was on the 16th September 2015 when the Head of Service for Supporting People delivered a presentation explaining the impending budget pressures across ASC, Public Health and Children's Services. It was explained to providers that Supporting People services have been identified as 'areas of search'.

2. Providers were then advised of the specific proposed cuts to services via a presentation on the 14th October. On 22nd October, all providers were sent:

- A letter to explain the consultation process
- A draft letter for clients
- A client briefing
- A template for the provider to record all consultation activity with clients and return to ASC. The Supporting People team actively chased these templates at the end of November to ensure providers have actioned.
- An easy read letter for clients (where appropriate)

3. The formal consultation from ASC started on 23rd October andcompleted on 18th December. The briefing for clients included the dates of five area wide consultation drop in events.

Meetings have also been held with:

- Mental health commissioners and operational leads
- Learning Disability commissioners and operational leads
- Heads of Housing in all five Districts and Boroughs
- Relevant ASC commissioners, including older people, dementia, PSI and carers
- Community Rehabilitation Company (formerly Probation)
- National Probation service
- Mental health/single homeless providers

The SP facebook page has also advised of the consultation details including additional dates. All Supporting People staff added consultation details to their signature blocks during the period of the consultation.

4. The Inclusion Advisory Group gave feedback on all the RPPR proposals on Tuesday 3rd November 2015

5. A consultation event was held at Priory Avenue on 10th December for the clients of the Homelessness Services.

3.5 What does the consultation, research and/or data indicate about the positive or negative impact of the proposals?

Key messages:

Research studies:

- *Department of Health research 2010*
- *Index of multiple deprivation*
- *Hastings and St Leonards homelessness strategy 2013-15*
- *Homeless service Hastings end of year report 2014 (St John's ambulance)*
- *Preventing homelessness to improve health and well-being – Homeless Link 2015*
- *Crisis – At what cost – University of York*
- *Single homelessness – national picture and action. PH England. Gill Leng.*
- *Evaluation of the Homeless Discharge Fund – Homeless Link 2015*
- *Care Leavers transition to adulthood – July 2015*
- *Economic aspects of mental health in children and adolescents: NHS*
- *East Sussex Homeless Health Needs Audit – December 2015 (draft)*

There is increasing evidence from the above research to demonstrate that physical and psychiatric health conditions are exacerbated by homelessness. Homeless individuals have high rates of acute health care use, including emergency visits and inpatient admissions to hospital. They typically attend the emergency department more often than non-homeless. The Homeless Link Health audit 2014 found that there were 1.8 hospital admissions per year compared to 0.28 among the general public with the resultant higher 'year of care' costs. Homeless people have higher rates of premature mortality than the rest of the population, especially from suicide and non-accidental

injuries and an increased prevalence of a range of diseases, mental disorders and substance misuse. High rates of non-communicable diseases have also been described with evidence of accelerated ageing. The Homeless Link health audit for 2014 identified that for homeless people:

- 73% reported physical health problems
- 80% reported mental health issues
- 35% had attended A and E over the previous 6 months
- 26% had been admitted to hospital in the previous 6 months
- 36% of hospital discharges were on to the street

Research carried out in 2010 showed that the total cost of hospital usage by homeless people was estimated to be about **four times higher** than the general population, costing at least **£85m in total per year**. Looking at inpatient costs only, the difference is **eight times higher among homeless people.** In one study, from a cohort of individuals with a mean age of 56 yrs, 30% reported at least one functional limitation in activities of daily living, 53% had a had a fall in the previous year and 24% had a cognitive impairment. Hypertension and diabetes in homeless people are more likely to be poorly controlled than in the general population. Common physical health concerns among homeless people include joint/muscular problems, chest and breathing issues, dental problems, eye problems and stomach complaints. Poor housing conditions, as well as street homelessness, have been shown to be associated with physical illnesses including eczema, hypothermia and heart disease.

Health Inequalities:

The causes of homelessness are an interaction between individual and structural factors. Individual factors include poverty, family problems and mental health and substance misuse issues. Work undertaken locally by Public Health on health inequalities has informed the CCG's of the impact of these inequalities on the health and wellbeing on the local population and formed the basis of the Hastings and Rother Health Inequalities Action plan.

Comments from Mental Health Commissioners :

- Services are used all the time as both prevention and step down**.** Peter Foreman has scoped the service and confirmed all clients are on Care Programme Approach. Services are an integral part of a rehabilitation pathway and used by accommodation officers within the mental health teams. They take people direct from hospital and are a resource for the Trust . Hyde Gardens is so valuable it needs to be kept in the pathway
- If M/H people become homeless they are likely to be picked up via Section 136 and become a cost to NHS
- Impact must be high risk of suicide
- Trust will be up in arms if impact shows a negative impact on discharge pathway. There is a critical need for short term accommodation

- There will be pressures on the LA – this may be in respect of resources for Safeguarding. Impacts on recruitment issues

Comments from Heads of Housing:

- All Heads of Housing expressed huge concern about the level of impact for single homeless people and perceive it as risky. They raised concerns about some ongoing Public Health investment whilst front line services are being cut.
- Accommodation based services should be a priority – used to be more rooms available but resources for this group are extremely short now.
- Concerns about Home Works supporting this cohort – they are in this accommodation as cannot yet live independently - so there are significant risks linked to a Home Works intervention

Comments from National Probation Service and Community rehabilitation Company

- Mental Health services are about stabilising people – massive issues if we cut accommodation based services.

Comments from Provider meetings:

- Concerns expressed about loss of preventative services at a time when East Sussex Better Together are aiming to increase prevention.
- Concern about the loss of purpose build/ designed public funded buildings. Once buildings go probably impossible to get them back. This is due to planning arrangements as well as capital funding. Easier to change direction than start again. Need to keep buildings to implement future preventative services.(investment is not ring fenced to East Sussex). Providers can walk away with it.
- Accommodation services are for the most vulnerable (for people who can't benefit from Home Works) so should be a priority.
- Loss of experienced, skilled, trained staff who will be impossible to recruit back for future preventative services.
- Clients have to be given notice that meets the requirements of the legal occupancy agreement and assured short hold tenancies require 6 months' notice.

Inclusion Advisory Group 3rd November 2015

The Group discussed all the RPPR proposals and made the following key points and recommendations. Some of these are relevant to mental health and homelessness accommodation services.

Key points of the discussion:

Concern was expressed about the hardship that will be caused for individuals and their families by these proposals overall especially where services are likely to be removed: sense of being abandoned. There will be a high impact on informal carers and volunteers and some voluntary organisations may not survive.

The loss of informal support networks and the workforce, skills and premises and other resources in the voluntary and social enterprise sectors will be hard to replace.

Some people will be impacted multiply e.g. disabled people overall and especially people with mental health issues and those where housing options are being removed or reduced where there

is a high continuing demand e.g. mental health services, homelessness services, young people's services. A high likelihood of increasing numbers of people living on the streets.

Social isolation is a concern for older people where capacity is being taken out of supported housing and day support services. Likelihood of people needing more hospital care, safeguarding issues and this impact more on people in rural areas.

People on low incomes will also struggle to pay for services or manage to reach services if they live in rural areas.

Intervening when people are in crisis will be distressing for them and their families and costly for ASC and Health services. There will be an increase in people who need social care services and who are eligible for them. It is important not assume that people have family networks who can step in.

Risks

- Risk of removing services that offer early intervention and support choice and control for individuals
- Pushing people into crisis and then needing to meet their needs: this makes a crisis hard to recover from.
- Higher residential, hospital and crisis intervention costs than support in the community.
- Risk about social isolation in sheltered housing and escalating need.
- Risk about carers – not being able to meet the requirements of the Care Act about health and wellbeing
- Compromises people choice and control.
- Loss of voluntary sector capacity and services
- Big impact on mental health clients -loss of community based services now helping people learn independence and recovery skills
- Loss of buildings and staff- hard to replace once gone
- Hard to source other funds- loss of smaller more vulnerable organisations
- Increased homelessness and mental health issues- particular concerns about young people in need and risk of homelessness from SP reductions.
- Increase in hardship and poverty in rural areas, loss of support, increased social isolation. Increasing cost of living in ES.
- Multiple impact on people with mental health issues.
- Risk of loss of peer support networks and skills.
- Potential increase in suicide and complex problems
- Increase in substance misuse
- Risk about more people being on streets, risk around gender, mental health, mothers and children, rural areas, things that will combine e.g. people on low incomes in rural areas.
- Risk of assumptions about families stepping in and the impact this might have, e.g. on LGBT people and older people.
- Risk to volunteering -volunteers may be impacted by cuts and less able to carry out voluntary work

- Increased charges for voluntary organisations services.- risk to people on low incomes.

Recommendations

1. Organise drop in consultation events for full-time workers. Need to arrange evening sessions.
2. Communicate the changes carefully, precisely and clearly to clients and carers.
3. Inform and advise smaller organisations on how they can access alternative funding to maintain their service, even if not in the same way to help them survive.
4. Advise about becoming social enterprises.
5. Support the capacity of small organisations to draw on funding by encouraging organisations to work together to apply for funding as a larger organisation.
6. Monitor the delivery of the savings and the ESBT programme progress carefully.
7. Monitor the impact of the changes on existing clients and people whose needs escalate.

Public Consultation results

Full consultation results relating to these proposals can be found in 'Consultation Results: ASC Savings Proposals 2015' Report that can be found online, with copies in the Members' room and are available for public inspection at County Hall on request.

Many comments raise their objections to the savings in this area and describe concerns about the impact on individuals and the community of removing or reducing Supporting People funding. The speed and scale of the proposals is a big risk.

'Supporting people services are essential to many people who would otherwise find it very difficult to cope living independently. There are many people unable to access services without support, unable to engage within the community and who without housing support would be in a far worse position. I believe that this would trigger further decline in health and wellbeing that would mean that these people would then meet the 'essential' criteria. Therefore it would be a more sound idea to have a preventative strategy.'

Housing is seen as a basic need which should be met and which is fundamental to achieving good health. .

'' homeless people need their housing needs met as they will be more vulnerable and their mental health will deteriorate considerably. Everyone requires a roof over their head and housing needs are crucial. ''

Specifically many responses focused on the benefit accommodation services and floating support services provide to them or a family member and how hard, if not impossible, they would find it to cope without that support. People also talked about the help they've had and how it should be available to others. Many professionals explained the value services provide and how they've seen them permanently improve vulnerable people's lives. The services affect many other things, like the ability to sustain a basic standard of living, somewhere to live, ability to work and be part of the community. Comments about personal impact include:

''I would literally have no one to help me and I would be homeless. They are the only service that actually did anything when I needed housing and holistic support''

''I would feel lost, very vulnerable and helpless in my quest against homelessness''

''I would be made homeless and have no other living arrangements.''

''if you cut supporting peoples budget i will probably lose my home and support that i get both of which I need in my life.''

Other statutory services would all be affected, including health, the police and fire services. There would be cost pressures and more need for support from these services. Without a service people are likely to require more costly health, housing and statutory ASC services in a few years' time

''Many could end up becoming homeless and the social cost associated with losing their supported placements is likely to far outweigh any short term savings achieved. There will be increased risk of suicide, mental health breakdown, NHS bed blocking, antisocial behaviour and crime.''

''This will lead to even more vulnerable people sleeping rough or sofa surfing and will lead to increased mental health problems, substance and alcohol misuse, survival crime and deaths.''

''Please! These are not 'savings' they are future costs on Social Services, the NHS, local councils and worst of all the innocent disabled people these services are being taken from. The loneliness, isolation, mental health problems and loss to the communities is a fearful cost not to mention the unemployment of most of our (ESHRC) disabled staff and the external funding we brought into East Sussex. ''

There would also be an economic impact on the county, with jobs being lost at many providers, suitable housing more difficult to source and tourism being affected by the community impact of the proposals and an increase in deprivation. Savings in the short term will be offset by longer term costs.

''There is currently a crisis in housing with these services in place and I have severe concerns about the rise in homelessness amongst vulnerable people from all service groups. Inevitably, ESCC will end up paying for temporary accommodation under their duty of care to vulnerable adults, so will end up paying anyway.''

''These are essential services. Cuts to funding would result in further poverty, isolation and ultimately in death whether by suicide or through neglect''

Professionals who responded expressed concerns about the vulnerability of the people who will be affected. Comments include:

''My clients will become more chaotic requiring further support from already stretched services, the long term impact is that individuals will not receive the care they require and I am concerned that this will have fatal consequences.''

A small number of respondents support the proposed savings recognising the cost pressures facing the Council. However Supporting People services are recognised as preventative support that reduces people's reliance on statutory services, saving money within the Health and Social Care economy.

A number of comments note that the value of these services comes in part from the fact that they are often used at crisis point. As a result, any cuts to this area would have a short term effect in terms of making savings, as it will just lead to cost pressures elsewhere for the Council and for other statutory services. The impact on the community and pressure on police budgets is also recognised.

'Many could end up becoming homeless and the social cost associated with losing their supported placements is likely to far outweigh any short term savings achieved. There will be increased risk of suicide, mental health breakdown, NHS bed blocking, antisocial behaviour and crime.'

There would also be an economic impact on the county, with jobs being lost for many providers. The services for people with mental health issues and single homeless with complex needs would close as a result of the proposals. It is perceived that few other landlords will not be willing to

provide accommodation for the people affected. Floating support will not provide sufficient alternative support for people in great need.

''Supporting People Services fund staffing at the necessary levels in accommodation based services. Cutting or reducing this is a recipe for disaster. Housing providers will not allow their properties to be left unsupervised with the various resident client groups and will close them as they will be unsafe. Short daytime visits from other agencies simply will not meet the need nor will they carry out crisis intervention 24/7, plus they will actually cost more.''
Once these services close it would be very hard to start them up again. Services that support recovery and give people the skills to manage for themselves won't be available.

Services in this area have already been affected by previous budget reductions. In addition, many of the people who would be affected are experiencing pressures caused by other national and local cuts to statutory services. The lack of affordable housing in the county means that alternative accommodation isn't easily available.

'I live in supported accommodation and without this help I would have not been capable of accessing other support for when I move on. You are cutting some of these as well'

Reducing or removing funding would:

- Risk people's lives and lead to suicide attempts
- Shorten the life expectancy of many vulnerable people
- Have a negative impact on people's safety, health and wellbeing
- Lead to many people losing their homes (many of the survey respondents say they would be likely to lose their home or accommodation) which would significantly increase homeless and rough sleeping in the county
- Increase poverty and financial hardship in the county
- Make people more isolated and less independent
- Make people more dependent on acute services
- Have an impact on the community through increased anti-social behaviour, substance misuse and crime
- Increase the risk of vulnerable people being exploited and abused, particularly an issue for younger people
- Increase the risk of people experiencing mental health problems
- Affect employment and training opportunities for people being supported, making them more likely to need longer-term care and forcing young people to move out of the area and away from their support networks
- Increase hospital admissions and make people more dependent on acute services
- Increase the need for temporary accommodation and the use of Bed & Breakfast placements

Priory Avenue Homelessness Services and Sanctuary Supported Housing event 10th December 2015

The meeting with started with a summary and a detailed Q&A session covering people's concerns about the proposals and what options people would be left with if they went ahead. The group were clear that the alternative support that would be available is not adequate to meet people's

needs. People were concerned about not being able to find private accommodation, being force to move into temporary accommodation or even being force to move out of the area. One of the volunteers has carried out a landlord survey which showed that if the hostels are taken away the Council cannot rely on the private sector to meet demand. Estate Agents confirmed the demand is much greater than supply, for example, only one flat was available in Hasting and they would require a guarantor. Most homeless people are unable to get a guarantor. (Report included in Members Papers). Impacts raised by the group were: the high risk of deaths and suicides; more people becoming or being made homeless; increased self-harming; removing safe spaces that have saved lives; pressure on other budgets and health services; stopping people seeing their children; loss of an asset base if buildings close, and an economic impact on tourism. For ex-offenders in particular, the service is critical in keeping them from living on the streets and providing a safe place. It was also raised that the length of prison sentence is often influenced by whether you have stable accommodation to come back to.

Organisational responses

Sanctuary Supported Living

The email explains the services provided by the organisation and the impact of removing Supporting People funding. Services would close, with the loss of 55 jobs and the loss of 84 units of accommodation across mental health, homelessness and vulnerable young people. All the services help keep people out of higher cost services such as hospital, prison and registered care. The majority of the clients would be eligible for social care services, so without the Supporting People services there would still be a statutory responsibility to fund their care and support.

Homeless Link: The response recognises the difficult decisions local authorities have to make as a result of their funding reducing. It urges the Council to reconsider the proposed cuts to housing-related services because of the human and financial benefits of continued investment in them. The current proposals put a very heavy burden on Supporting People funding. The result would be that peoples' needs become more complex with associated higher costs for the authority and the health service. The responses set out the national and local context relating to homelessness and its significant increase in recent years. The services in East Sussex are already insufficient, while reducing floating support is likely to mean that more people end up on the street. Cuts to accommodation in Eastbourne and Hastings for single homeless people and people with mental health problems and young homeless is positively dangerous in this context. The response addresses the documented benefits of continued investment in services and the impact on people's health of being homeless. The cost to the health service of supporting homeless people is also significantly higher, which is important in the context of the work being done with the local health service through East Sussex Better Together. The proposed reduction in funding to young people's services would affect services that have a good reputation and achieve good outcomes. Savings made in adult social care will just shift to childrens' services or other statutory bodies. It is likely too that East Sussex would be able to meet its statutory obligations if this saving went ahead. Proposed savings to accommodation are also likely to have an impact on the street community and criminal justice services, particularly where people have needs that cross offending, drug and alcohol misuse and mental health. The ability to incorporate housing-related support services into a more holistic model will be vital in accessing new funding streams and in the work locally towards moving towards a model of fully integrated health and social care.

Hastings Borough Council

The letter explains that the proposals would have a significant impact on clients in Hastings. The concentration of vulnerable and economically deprived households would mean a heavier impact on the town. In addition, the level of need in the area means that many of the accommodation

based services are located in Hastings. Some of the most vulnerable individuals and families would be affected. The letter references the effect of other central Government reductions in spending that affecting people, including welfare reform. It says that the most acute and obvious risk of the proposals is an increase in homelessness, which is already an issue. The possible withdrawal of services for those with significant support needs is likely to put pressure on other budgets and would also impact significantly on the wider community. The organisation is also concerned about the cumulative impact of the budget, particularly due to the pressure on the budgets of all statutory organisations including the borough council. The letter provides a detailed summary of what the proposed savings would mean to services in Hastings and the likely impact.

SHORE

The partnership explains it background and provides details on accommodation services it provides for rough sleeps and the homeless. It says that increases in rough sleeping are already worrying and the issue is predicted to get much worse. The complexity is also increasing, with significant increases in vulnerable women and young people on the streets. Provision in the county is already inadequate and there are existing capacity issues. The response recognises the need for the Council to make savings, but says this should be mitigated by introducing the social care precept for council tax. It urges the Council to improve work across the department and with partners to make the best use of public money. It says the proposals run the risk of increasing rough sleeping and homelessness. The impact of this would be increased cost, vulnerability, crime, poor health, and unattractive shopping areas. There would also be a risk that the number of looked after children would increase. The large cuts proposed for adult social care services run a significant risk of increasing costs elsewhere for the Council and partners, particularly for acute services. Members have grave concerns about the proposed cuts to Supporting People. They would lead to an increase in complex needs developing. This will put more pressure on acute services, particularly mental health services. The organisation is concerned that the cuts to the voluntary sector would be a false economy, removing services that reduce demand on more expensive services, risk organisations losing match funding and expertise. The organisation suggest that better understanding of the impact of cuts is needed to inform decisions. It suggests looking at partnership working to save money and reviewing how savings could be achieved by making better use of the Council's assets. Evidence of the equality impact assessments should be shared that clearly shows the impact on service areas and residents.

Eastbourne Homes

The letter says the proposals relating to supported accommodation for those with complex needs run the risk of removing specialist preventative services and putting the buildings they are run from at risk. This would put more pressure on social care and NHS budgets. The result would be a significant impact on individuals, increases in rough sleepers, anti-social behaviour and bed blocking. Young homeless people and care leavers are one of the highest risk groups. The letter says there is currently an effective pathway and good provision. The savings proposals could mean that this high risk group disengage and become revolving door clients. There would also be an impact on other budgets, increases in homelessness and loss of specialised buildings. The letter suggests that consideration is given to using the social care precept to mitigate the impact. It also references the need to meet the Council's statutory duties.

Hastings and St Leonards Local Strategic Partnership

The letter raises the organisation's strong concerns over the decision to reduce adult social care funding by £40 million and its deep concerns about the Supporting People and voluntary sector savings. It asks the Council to fully evaluation the impact of the proposal to reduce this funding. Supporting People allows some of the most vulnerable people to live independently, easing the

pressures faced by people with mental health problems and providing care for people with learning disabilities, homeless people and older people facing social isolation. The proposals would have a deeper impact in Hastings and St Leonards because of the deprivation in the area and the serious issues around child poverty, health inequalities and unemployment. Supporting People has been successful at providing early intervention which stops vulnerable adults falling further into poverty.

Full consultation results relating to these proposals can be found in 'Consultation Results: ASC Savings Proposals 2015' Report that can be found online, with copies in the Members' room and are available for public inspection at County Hall on request.

Part 4 – Assessment of impact

4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

Population estimates by age groups as in June 2014 in East Sussex and its districts (source: ONS Mid-Year Population Estimates): number and percentage

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Accommodation based services for people with mental health issues

A survey of age data of all clients entering the services between April 2014 and `September 2015 shows that:

- 38% are aged 16- 29
- 48% are aged 30 – 44
- 14% are aged 45 –64

Accommodation services for single homeless people

A survey of age data of all clients entering the services between April 2014 and `September 2015 shows that:

- 51% are aged 16- 29
- 27% are aged 30 – 44
- 22% are aged 45 –64

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Accommodation based services for people with mental health issues

17 % of East Sussex population are aged 16 – 29, 16% are 30- 44 and 28% 45 – 64 . This means that people between the ages of 16 and 44 who receive this service will be more affected than the general population.

Accommodation services for single homeless people

17 % of East Sussex population are aged 16 – 29, 16% are 30- 44 and 28% 45 – 64 . This means that people between the ages of 16 and 44 who receive this service will be more affected than the general population. The over representation is particularly stark for people aged 16 – 29. 51 % of the cohort are in this age range compared to the general population figure of 17%

d) What are the proposals' impacts on different ages/age groups?

The impact will be negative on all age groups living in both the homeless and mental health services. There is one 16 year old minor at Priory with a parent which will add complexity to the move on arrangements for this family. .

The following case study illustrates the outcomes achieved for an individual in one service.

"Prior to moving into Pathways C, a 22 year old man with a diagnosis of anxiety and depression with psychotic symptoms as well as a mild learning disability, was facing homelessness. C had left college due to peer bullying, was self harming and struggling to cope.

Over a period of twelve months the Pathway's intervention coached C to cook, budget, manage money and accrue savings to help him when he moved on and to believe in himself. The service gradually and gently coached C to engage with a local football club for people with a learning disability. As C's confidence grew he gradually overcame many negative feelings about college, and Pathways supported him to enrol for a college sports course, where he has also gained success in literacy, numeracy and IT skills. C was also supported by the service to overcome significant issues surrounding a physical attack

C now believes he can lead an independent life; his well being is much improved as he has developed confidence, independent living skills and coping strategies. C will now ask for help and knows what to do when he feels under pressure and at risk of self-harming. C now feels able to again go out after dark again. C is a Sports Ambassador at college and is looking forward to gaining employment and moving on to independent living."

e) What actions will be taken to avoid any negative impact or to better advance equality?

Accommodation based services for people with mental health issues

- Ensuring that people currently using the services are well informed about the proposals and consultation by providers and encouraged to give information about the impact on themselves and others.
- The provider will endeavour to move people on from the service to another housing solution and support solution with support from Home Works before the service closes. However, if clients had the necessary skills and resilience to live independently they would not be in the service The data at 2.2 indicates that many people need a care/ health solution and the provider would support the client to obtain appropriate assessment for ASC/ health services
- The provider will not take referrals into the service once plans are agreed by Council.
- For all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning
- For clients and carers who have a current assessment and support plan (which may or may not include the service), a letter will be offered to advise them to contact ASC for review if they are concerned that their eligible needs may no longer be manageable.

Accommodation services for single homeless people

- Ensuring that people currently using the services are well informed about the proposals and consultation by providers and encouraged to give information about the impact on themselves and others.
- The provider will endeavour to move people on from the service to another housing solution with support from Home Works before the service closes. However if clients had the necessary skills and resilience to live independently they would not be in the service
- The provider will not take referrals into the service once plans are agreed by Council.

- For all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning
- For clients of carers who have a current assessment and support plan (which may or may not include the service): a letter will be provided to advise them to contact their social worker or NHS support person for review if they are concerned that their eligible needs may no longer be manageable.

f) Provide details of the mitigation.

1. Ensuring as far as possible that current clients and carers are informed of the proposals and encouraged to take part in the consultation.

2. ESCC will work with partner housing authorities to ensure they have as much notice as possible of what will be a significant increase in single people looking for housing solutions over a short time period. This is particularly true of Hastings and Eastbourne where there will be 43 and 28 people respectively affected (and 12 in Rother) .In addition Home Works (the service that would provide move on support) is facing a significant reduction to its service as set out in the budget proposals.

3. Local NHS (CCGs) will be informed of increased risk of hospital admission or need for crisis intervention.

4. Providers will support clients to identify alternative services (where possible) and/ or support clients and carers to access these, as above.

5. Providers will provide information and advice and support clients to arrange independent advocacy if required.

6. Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

1. Supporting People will implement a decommissioning plan to be agreed with the Providers which will require the move on solutions or any issues arising, to be reported to Supporting People.
2. Monitor progress with the following:
    - with informing clients and carers
    - provision of communication support in the consultation process and during any planning process.
    - numbers of referrals for independent advocacy or assessment and support planning.
    - numbers of people found new housing and support solutions
    - number of people who need a care solution
    - numbers of people who do not achieve an accommodation and support solution

(Providers/Commissioning Team, during the notice period)

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care

support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)

- include impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)
- Work alongside the existing Safer Communities Street Communities Steering Group and East Sussex Better Together Housing and Health groups to identify and respond to issues arising from the street community following implementation of the proposals.

4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

Data from ESIF shows that 14% of people aged 16- 64 in East Sussex have a long term health problem or disability

Residents with limiting long-term illness in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Accommodation based services for people with mental health issues

100% of people receiving this service have a long term health problem or disability as they have a mental health issue. A number also have a Long Term Condition

Profile of current clients

Disability	Number of clients with the disability
Mental health	43
Physical disability	5
Sensory impairment	2

Clients have a number of identified mental illnesses including the following :

paranoid schizophrenia, schizophrenia, schizoaffective disorder, Tourette syndrome, bi-polar, autism, Asperger syndrome, alcoholism, substance misuse, depression, OCD, PTSD, paranoia and personality disorder. (see snapshot chart)

Long term Condition	Number of clients with the LTC
Hypertension	2
Asthma	6
Heart disease	3
Epilepsy	2
Arthritis	4
Respiratory	2
Parkinson's	1
Other	1

Accommodation services for single homeless people

The profile of current clients is as follow

St Aubyns

Clients	Mental health issues	Health/LTCs	Learning disability
9	Depression - 9 Also: schizophrenia, autism, OCD, personality disorder, ADHD, bi-polar	Physical dis 1 LTC = 9, including: Hypertension 2 Asthma 1 Heart disease 1 Respiratory 1	2

Priory Avenue

Clients	Mental health issues	Health/LTCs	Learning disability
	Depression 14 Autism 5 Also: Anxiety, OCD, Personality Disorder, Schizophrenia, Drug/ alcohol misuse, suicidal thoughts	LTC = 16 including: Asthma 8 Epilepsy 4 Arthritis 4 Sensory impaired 1 Physical dis 3 Liver disorder 5	12

Merrick House

Clients	Mental health issues	Health/LTCs	Learning disability
12	Depression 6 Stress& anxiety 3 self harm/suicidal 2 Bi-Polar 1 Asperger's 1 Autism 1 ADHD 1	Impaired mobility 2 Sclerosis of the liver 1 Diabetes 2 Sensory impaired 5 Hypertension 1 Hepatitis C 1 Chronic Arthritis1 Asthma 1 Chronic pain Arthritis 1 Respiratory problems 1	Dyslexia 3

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Yes. In the general population of people aged 16 – 64, 14% of people were identified as having a long term condition or disability.

In the service specific data provided it is clear that for both affected service types there is a highly significant over representation of this protected characteristic. .

d) What are the proposals' impacts on people who have a disability?

The removal of funding from these services will result in the closure of these services. This means this that the residents of both service types will be

- Needing to make a transition to new accommodation if that can be found
- Likely to be homeless if no new accommodation can be found.
- Likely to have increased needs including eligible needs in terms of the Care Act and well -being principles.
- Likely to need to access health and social care services.
- Loss of self worth
- Loss of support to achieve potential and move towards independent living
- Likely increases in self neglect and personal vulnerability
- Greater risk of harm from others, as well as self harm

<u>Mental Health Accommodation services</u>

Likelihood of increase in stress and further mental health problems for people already affected by ill health. There is an increased risk of depression and anxiety; possible suicide risks and self- harm; high risk of interrupted treatment and medicine regimes leading to further mental distress and psychosis; possible anti-social behaviour as a result; disruption of progress towards independent living; resulting negative impact on informal carers; impact on physical health. Admission to hospital becomes very likely, with negative impact on the likelihood of personal recovery, disrupted social networks and support.

In the event of homelessness all these possibilities become more acute and would include loss of income and potential for hunger, exposure and possible winter death.

The following case studies show the positive impact of these services on previous clients. It is unlikely that similar positive outcomes can be achieved for the current cohort of clients as services will be closing before people have completed of their rehabilitative support plans.

Example: Client A,

On referral: Diagnosed with a personality disorder; 3 or 4 acute admissions each year due to overdoses and self-harm. Alcohol problems, regular ambulance call outs and crisis. Lived in the Bal Edmund mental health service for 18 months.

Outcomes: Attended specialist Personality disorder support group programme, took up voluntary youth work and sustained this. Moved on to independent accommodation. Had no acute admissions whilst in service or since.

Example: Client B

On referral: Diagnosed with paranoid schizophrenia and ASD (aspergers) substance misuse. Had been in Bramble lodge acute care for 9 months prior to discharge to B&B where he was evicted. He stayed with family before accessing support at Bal Edmund. History of psychotic behaviour, compulsive obsessions, social isolation. Twice supported to prevent acute admission whilst in service.

Outcomes: Stabilised on medication to help manage voices and anti-social behaviour, sustained tenancy and significantly reduced cannabis use, accessed long term supported accommodation and ASC support, accessed training and education. Maintained stability and no further acute admissions since move on 12 months ago..

Single Homelessness Services

Likelihood of increased stress and further mental health problems for people already affected by ill health. There is an increased risk of depression and anxiety; possible suicide risks and self- harm; high risk of interrupted treatment and medicine regimes leading to further mental distress and psychosis; possible anti-social behaviour as a result; disruption of progress towards independent living; resulting negative impact on informal carers; impact on physical health and loss of informal support networks.

In the event of homelessness all these possibilities become more acute and would include loss of income and potential for hunger, exposure and possible winter death.

The following case studies show the positive impact of these services on previous clients. It is unlikely that similar positive outcomes can be achieved for the current cohort of clients as services will be closing before people have completed of their rehabilitative support plans.

Client A,

On referral: Alcoholic with 3 failed rehab admissions. Physically disabled due to suicide attempts. Weekly admissions to hospital via A&E.

Outcomes: No drinking for 3 years, No admissions to hospital

Has moved into council flat and is living independently without support from services.

Client B

Came into the service with COPD, Chronic Alcoholism, Neurological Disorder, and Depression. On entry into the service the gentleman had large amount of debts from a previous tenancy, and to HMRC. While in the service he was able to apply for and be granted the full benefits to which he had been entitled and receive a back payment. This was helpful in settling his outstanding debts, and some debt was written off. He was fully assessed by specialist services for his neurological disorder but it remained undiagnosed. He attended Health in Mind, and was supported by his Social Worker and staff to attend a daycentre. Whilst in the service he reduced his alcohol intake sufficiently that he was able to access long term Supported Accommodation with his own budget. He was supported to refuse power of attorney being given to a family member and to be instead supported with his personal finance.

e) What actions will be taken to avoid any negative impact or to better advance equality?

The issues of potential homelessness have been thoroughly highlighted to both DMT and East Sussex Better Together. All Heads of Housing are aware of the issues and extremely concerned.

Accommodation based services for people with mental health issues

- Ensuring that people currently using the services are informed about the proposals and consultation by providers and encouraged to give information about the impact on themselves and others.
- The provider will endeavour to move people on from the service to another housing solution with support from Home Works before the service closes. However if clients had the necessary skills and resilience to live independently they would not be in the service.
    - The provider will not take referrals into the service once plans are agreed by Council.
    - The data at 2.2 indicates that many people need a care/ health solution and the provider would support the client to obtain appropriate assessment for ASC/ health services
- For all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning
- For clients and carers who have a current assessment and support plan (which may or may not include the service), a letter will be offered to advise them to contact ASC for review if they are concerned that their eligible needs may no longer be manageable.

Accommodation services for single homeless people

- Ensuring that people currently using the services are informed about the proposals and consultation by providers and encouraged to give information about the impact on themselves and others.
- The provider will endeavour to move people on from the service to another housing solution with support from Home Works before the service closes. However if clients had the necessary skills and resilience to live independently they would not be in the service.
- The provider will not take referrals into the service once plans are agreed by Council.
- The data at 2.2 indicates that many people need a care/ health solution and the provider would support the client to obtain appropriate assessment for ASC/ health services
- For all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning
- For clients and carers who have a current assessment and support plan (which may or may not include the service), a letter will be offered to advise them to contact ASC for review if they are concerned that their eligible needs may no longer be manageable.

f) Provide details of the mitigation.

1. Ensuring as far as possible that current clients and carers are informed of the proposals and encouraged to take part in the consultation.

2. ESCC will work with partner housing authorities to ensure they have as much notice as possible of what will be a significant increase in single people looking for housing solutions over a short time period. This is particularly true of Hastings and Eastbourne where there will be 43 and 28 people respectively affected (and 12 in Rother) .In addition Home Works (the service that would provide move on support) is facing a significant reduction to its service as set out in the budget proposals.

3. Local NHS (CCGs) will be informed of increased risk of hospital admission or need for crisis intervention.

4. Providers will support clients to identify alternative services (where possible) and/ or support clients and carers to access these, as above.

5. Providers will provide information and advice and support clients to arrange independent advocacy if required.

6. Support will be provided to meet the individual's communication needs during all the above stages.

g) **How will any mitigation measures be monitored?**

Supporting People will implement a decommissioning plan to be agreed with the Providers which will require the move on solutions, or any issues arising, to be reported to Supporting People.

Monitor progress with the following:

- with informing clients and carers
- provision of communication support in the consultation process and during any planning process.
- numbers of referrals for independent advocacy or assessment and support planning.
- number of people who need a care solution
- Numbers of people found new housing and support solutions
- Numbers of people who do not achieve an accommodation and support solution

(Providers/Commissioning Team, during the notice period)

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- include impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)
- Work alongside the existing Safer Communities Street Communities Steering Group and East Sussex Better Together Housing and Health groups to identify and respond to issues arising from the street community following implementation of the proposals.

4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

Census data demonstrates ethnic diversity across the area as 8.3 % overall. The BME diversity in the relevant district and boroughs is:

- Hastings: 11%
- Eastbourne: 13%
- Rother: 6%

Population estimates by ethnic groups in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

Population estimates by ethnic groups and gender in 2011 in East Sussex and its districts (source: ONS Census 2011): number

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Accommodation based services for people with mental health issues

BME diversity across a profile of clients entering the 3 mental health services between April 2014 and September 2015 is 8.5% An ethnic profile of current clients is:

- Hyde Gardens : 19 White British
- Bal Edmund : 11 white British 1 White other
- Pathways: 9 White British 2 White other 1 Black or Black British Caribbean

Accommodation services for single homeless people

Ethnic Diversity across a profile of clients entering this service between April 2014 and September 2015 is 5% . An ethnic profile of current clients is:

- St Aubyns 9 White British
- Priory Ave 20 WB and 1 White other
- Merrick House 11 White British 1 White gypsy/ roma

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

No for both service types

d) What are the proposals' impacts on those who are from different ethnic backgrounds?

As in age and disability. In addition the one client with a a gypsy/ roma ethnicity will be closely monitored.

Clients or carers may have language/ communication needs that should be met during the consultation period and future support planning meetings should the proposals go ahead.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

The Providers will ensure that accessible communication is used to ensure all are able to participate.

Clients will be asked for their view of any cultural requirements they may have and if and how racial discrimination may have affected their ability to find suitable accommodation.

f) Provide details of any mitigation.

See above

g) How will any mitigation measures be monitored?

Supporting People will implement a decommissioning plan to be agreed with the Providers which will require the move on solutions, or any issues arising, to be reported to Supporting People.

Monitor progress with the following:

- with informing clients and carers
- provision of communication support in the consultation process and during any planning process.
- numbers of referrals for independent advocacy or assessment and support planning.
- Care and support needs
- Numbers of people found new housing and support solutions
- Numbers of people who do not achieve an accommodation and support solution

(Providers/Commissioning Team, during the notice period)

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- include impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)
- Work alongside the existing Safer Communities Street Communities Steering Group and East Sussex Better Together Housing and Health groups to identify and respond to issues arising from the street community following implementation of the proposals.

4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact

a) How is this protected characteristic reflected in the County /District/Borough?

Population estimates, 2001-2014 illustrate that across the county 48% of population is male and 52% female. This does vary slightly across district and boroughs.

Population estimates by **gender** as in June 2014 in East Sussex and its districts (source: ONS Mid-Year Population Estimates): number and percentage.

Gender Identity: There is no impact evidenced for gender re-assignment

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Accommodation based services for people with mental health issues

A gender profile of clients entering this service between April 14 and October 15 shows 62% male and 38% female

A profile of current clients is :

Service	Male	Female	Transgender
Bal Edmond	8	4	
Hyde Gardens	11	8	
Pathways	10	2	

Accommodation services for single homeless people

A gender profile of clients entering this service between April 14 and October 15 shows 64% male and 36% female.

A profile of current clients is:

Service	Male	Female	Transgender
St Aubyns	7	2	
Merrick House	11	1	
Priory Ave	13	8	

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Yes - males are disproportionately more affected than females in both service types.

d) What is the proposal, project or service's impact on different genders?

The impact means there will be more males affected by the service closure than females. There will be more males looking for move on accommodation than females. Also it means that it is more likely that males will become street homeless than females. However there are particular safety issues in respect of women and homelessness that need to be addressed.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Accommodation based services for people with mental health issues

- Ensuring that people currently using the services are informed about the proposals and consultation by providers and encouraged to give information about the impact on themselves and others.
- The provider will endeavour to move people on from the service to another housing solution with support from Home Works before the service closes. However if clients had the necessary skills and resilience to live independently they would not be in the service.
- The provider will not take referrals into the service once plans are agreed by Council.
- The data at 2.2 indicates that many people need a care/ health solution and the provider would support the client to obtain appropriate assessment for ASC/ health services.
- Ensuring due regard is had to the particular risks faced by homeless women.
- For all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning
- For clients and carers who have a current assessment and support plan (which may or may not include the service), a letter will be offered to advise them to contact ASC for review if they are concerned that their eligible needs may no longer be manageable.

Accommodation services for single homeless people

- Ensuring that people currently using the services are informed about the proposals and consultation by providers and encouraged to give information about the impact on themselves and others.
- The provider will endeavour to move people on from the service to another housing solution with support from Home Works before the service closes. However if clients had the necessary skills and resilience to live independently they would not be in the service.
- The provider will not take referrals into the service once plans are agreed by Council.
- The data at 2.2 indicates that many people need a care/ health solution and the provider would support the client to obtain appropriate assessment for ASC/ health services
- Ensuring due regard is had to the particular risks faced by homeless women and to the one client with a 16 year old dependent
- For all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning
- For clients and carers who have a current assessment and support plan (which may or may not include the service), a letter will be offered to advise them to contact ASC for review if they are concerned that their eligible needs may no longer be manageable.

f) Provide details of the mitigation.

1. Ensuring as far as possible that current clients and carers are informed of the proposals and encouraged to take part in the consultation.

2. ESCC will work with partner housing authorities to ensure they have as much notice as possible of what will be a significant increase in single people looking for housing solutions over a short time period. This is particularly true of Hastings and Eastbourne where there will be 43 and 28 people respectively affected (and 12 in Rother) .In addition Home Works (the service that would provide move on support) is facing a significant reduction to its service as set out in the budget proposals.

3. Local NHS (CCGs) will be informed of increased risk of hospital admission or need for crisis intervention.

4. Providers will support clients to identify alternative services (where possible) and/ or support clients and carers to access these, as above.

5. Providers will provide information and advice and support clients to arrange independent advocacy if required.

6. Support will be provided to meet the individual's communication needs during all the above stages.

g) **How will any mitigation measures be monitored?**

Supporting People will implement a decommissioning plan to be agreed with the Providers which will require the move on solutions, or any issues arising, to be reported to Supporting People.

Monitor progress with the following:

- informing clients and carers
- provision of communication support in the consultation process and during any planning process.
- numbers of referrals for independent advocacy or assessment and support planning.
- number of people who need a care solution
- Numbers of people found new housing and support solutions
- Numbers of people who do not achieve an accommodation and support solution

(Providers/Commissioning Team, during the notice period)

1. Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
2. include impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
3. Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

4. Work alongside the existing Safer Communities Street Communities Steering Group and East Sussex Better Together Housing and Health groups to identify and respond to issues arising from the street community following implementation of the proposals.

4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.

Not relevant to this assessment

4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the population of those impacted by the proposals?

There is one pregnant client under the age of 25 at Bal Edmund and the mitigation will be that the provider works with the housing authority and mental health services to ensure she is moved on to appropriate housing with appropriate support and engagement from Home Works as soon as possible or moves to specialist provision for young mothers if her assessed needs require this solution.

b) **How is this protected characteristic reflected in the County /District/Borough?**

Teenage pregnancy by three year periods in East Sussex and its districts (source: ONS): number and rate per 1,000 females aged 15-17

Live births by mothers born in the UK in 2012 in East Sussex and its districts (source: ONS, Vital Statistics): number and percentage

c) How is this protected characteristic reflected in the population of those impacted by the proposals?

This characteristic is reflected in one client

d) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Yes

e) What is the proposal impact on pregnant women and women within the first 26 weeks of maternity leave?

f) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

- Ensuring that the client is informed about the proposals and consultation by providers and encouraged to give information about the impact on herself and others.
- The provider will endeavour to move the client on from the service to another housing solution with either on site support or support from Home Works before the service closes.
- The provider would work with the housing authority in respect of a homelessness assessment
- The provider will not take referrals into the service once plans are agreed by Council.
- The provider would support the client to obtain appropriate assessment for ASC/ health services/ Children Services
- Ensuring due regard is had to the particular risks faced by this woman if facing homeless
- As for all clients information and advice about alternative services and advocacy will be supplied. Where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or if they require advocacy, providers will be asked to discuss referral to ASC for assessment and support planning

- If the client has a carer who has a current assessment and support plan (which may or may not include the service), a letter will be offered to advise them to contact ASC for review if they are concerned that their eligible needs may no longer be manageable.

f) Provide details of the mitigation

1. Ensuring as far as possible that current client and carers are informed of the proposals and encouraged to take part in the consultation.

2. ESCC will work with partner housing authorities to ensure they have as much notice as possible of what will be a significant increase in single people looking for housing solutions over a short time period. This is particularly true of Hastings and Eastbourne where there will be 43 and 28 people respectively affected (and 12 in Rother) .In addition Home Works (the service that would provide move on support) is facing a significant reduction to its service as set out in the budget proposals.

3. Ensure the housing authority and Children Services are aware of this client and her needs

3. Local NHS (CCGs) will be informed of increased risk of hospital admission or need for crisis intervention.

4. Provider will support the client to identify alternative services (where possible) and/ or support clients and carers to access these, as above.

5. Providers will provide information and advice and support client to arrange independent advocacy if required.

6. Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Supporting People will implement a decommissioning plan to be agreed with the Providers which will require the move on solutions, or any issues arising, to be reported to Supporting People. Particular regard will be paid to the needs of this pregnant young woman within all reporting and this includes monitoring progress with the following:

- informing client and carers
- provision of communication support in the consultation process and during any planning process.
- referrals for independent advocacy or assessment and support planning.
- Housing solution
- Care/ support solution

(Providers/Commissioning Team, during the notice period)

1. Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)

2. include impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
3. Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)
4. Work alongside the existing Safer Communities Street Communities Steering Group and East Sussex Better Together Housing and Health groups to identify and respond to issues arising from the street community following implementation of the proposals.

4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.

Not relevant to this assessment

4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.

Not relevant to this assessment

4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.

4.9.1 Rural population

None of these services are in rural settings but do accommodate people who come from rural settings. Move on accommodation may need to be agreed across areas through reciprocal arrangements but this sits with the District and Boroughs and is outside of our control

4.9.2 Carers

a) How are these groups/factors reflected in the County/District/ Borough?

County wide data shows that 11% of population provide unpaid care.

Population by provision of unpaid care in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

b) How is this group/factor reflected in the population of those impacted by the proposal?

Accommodation based services for people with mental health issues

We do not systematically collect this data however a profile of residents living in Pathways shows that 75% have a carer.

Accommodation services for single homeless people

We do not collect this data.

c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?

Accommodation based services for people with mental health issues

If the profile above is indicative of all mental health clients there will be an impact on their carer

d) What is the proposal impact on the factor or identified group?

It is likely that carers will be needed to support clients to manage the impact of the proposal. This could be about managing their mental health as well as move on arrangements and support to sustain any alternative living solution that is found. It can lead to an increase in carers assessments

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

See earlier sections .There will be communication with and involvement of carers early on in a moving on plan.

f) Provide details of the mitigation.

See above

g) How will any mitigation measures be monitored?

Via the decommissioning protocol as set out in previous sections

4.9.3 People on low incomes

a) How are these groups/factors reflected in the County/District/ Borough?

Households in poverty in 2015 in East Sussex and its districts (source: CACI): number and percentage

b) How is this group/factor reflected in the population of those impacted by the proposal?

We do not collect this data but all clients will be living on low incomes. Many will be in receipt of sickness and/or disability benefits and a percentage of single homeless clients will be in receipt of work related benefits.

c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?

People on low incomes will find an additional difficulty in locating move on accommodation in the private sector as they will have no money for a deposit or rent in advance. See below for additional information.

d) What is the proposal impact on the factor or identified group?

The impact is negative and includes:

- inability to afford to acquire accommodation,
- inability to manage money to retain accommodation,
- fuel poverty,
- food poverty; and
- a general increase in health inequalities for this cohort of people

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

The only impact is for the provider to work with this cohort to ensure they have the skills to achieve and retain economic well-being before move on and to ensure they have the knowledge and confidence to access the Welfare Reform Project and understand the Winter Home Check Service and how to access it.

f) Provide details of the mitigation.

See earlier sections

g) How will any mitigation measures be monitored?

See earlier sections

4.9 **Human rights -** Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

We consider article 5 and article 8 apply

Articles	
A2	**Right to life (e.g. pain relief, suicide prevention)**
A3	**Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)**
A4	**Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)**
A5	**Right to liberty and security (financial abuse)**
A6 &7	**Rights to a fair trial; and no punishment without law (e.g. staff tribunals)**
A8	**Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)**
A9	**Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)**
A10	**Freedom of expression (whistle-blowing policies)**
A11	**Freedom of assembly and association (e.g. recognition of trade unions)**
A12	**Right to marry and found a family (e.g. fertility, pregnancy)**
Protocols	
P1.A1	**Protection of property (service users property/belongings)**
P1.A2	**Right to education (e.g. access to learning, accessible information)**
P1.A3	**Right to free elections (Elected Members)**

Part 5 – Conclusions and recommendations for decision makers

5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups

  The advancing equality duty is not being met. The impact assessment demonstrates the proposal is likely to have a negative impact on the people who are affected. This cohort of people has low incomes and poor mental health and it is likely they will suffer an increase in anxiety, depression and associated health disorders. The safety of this cohort is likely to be put at risk if alternative accommodation and support cannot be sourced, many will face street homelessness, food poverty and a risk to their safety which it is likely will result in an exacerbation of their physical and mental health needs.

- Foster good relations between people from different groups

  The proposal does not foster good relations as there is a risk of increasing the street and rough sleeping community; the number of mentally unwell people living unsettled lives in the community; the incidence of substance misuse; crime rates and inappropriate use of health services.

5.2 Impact assessment outcome Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	Greater potential for adverse effect on vulnerable people with severe and complex mental health needs and substance misuse issues. This applies to both mental health accommodation and to homelessness accommodation. Many will be eligible in terms of the Care Act. Individual circumstances are detailed in the EqIAS and the assessment of impact should be applied to individuals. There may be a risk of **serious adverse impact for** certain individuals e.g. if they are disabled people or older/younger people who become more seriously at risk or vulnerable as a result of the proposals. This needs to be carefully considered and action taken to resolve the negative impact/mitigate- or apply D. The current users are more likely to be people on low incomes (and unable to source alternative accommodation in the private sector as a result; with illness and long-term conditions; experience anxiety, depression or dual diagnosis; substance misuse issues. Greater risk of suicide, food and fuel poverty, increased ill-health. Increased risk of hospitalisation and possibility of offending for some individuals. In addition, the requirement to foster good relations maybe
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
x	**C Continue the policy/strategy** - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself	

	that it does not unlawfully discriminate.	compromised by increasing the number of people living on the streets where drug and alcohol use and crime may be associated.
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it *must* be removed or changed.	

5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

We will work to the agreed Decommissioning Protocol. For further details, see Action Plan.

5.6 When will the amended proposal, proposal, project or service be reviewed?

January 2017

Date completed:	**January 2016**	**Signed by (person completing)**	**Sue Dean**
		Role of person completing	**Head of Supporting People**
Date:		**Signed by (Manager)**	

Part 6 – Equality impact assessment action plan

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report. ☐

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
De-commissioning	Implement the de-commissioning protocol	Sue Dean / Jude Davies	3 months from notice to providers date	Supporting People (SP) Team	Departmental Management Team (DMT)
Move on arrangements	Support providers to consider options for move on for existing tenants before service closes	Sue Dean / Jude Davies	3 months from notice to providers date	SP Team, District and borough colleagues	DMT, East Sussex Chief Housing Officers Group (ESHOG), Strategic Forum, East Sussex Better Together (ESBT) housing sub group
	Support providers to consider options for meeting client's support needs when move	As above	As above	SP Team, Home Works	DMT, ESHOG. Strategic Forum, ESBT housing sub group

		Lead	TIMESCALE	RESOURCE	WHERE INCORPORATED
	Providers communicate notice period to clients	As above	3 months. Some clients have a 6 month tenancy but contract break cause is 3 months	Providers	Within Equality Impact Assessment (EIS) and SP work plan
	Providers inform clients of available advocacy where required	As above plus commissioner lead for Advocacy	Once Notice is issued	SP Team, Provider Adult Social Care (ASC). Powher	EIA and SP work plan
	Information is provided to clients re potential alternative services, where available	Sue Dean/ Jude Davies/	Move on plans will ensure consideration of client support needs and potential available services within given Notice period	Providers	EIA and De commissioning Plan
	Providers determine whether assessment is needed from ASC for people who may be eligible for support	As above	Within 3 weeks of Notice	Providers, ASC	EIA and De commissioning plan
	Ensure carers affected are aware of potential for their needs to be reviewed by ASC	As above	Within 3 weeks of Notice	Providers, ASC	EIA and De commissioning plan

	Ensure clients are well informed by providers about proposals and consultation	As above	On going	SP Team, ASC, Providers	Consultation documents, EIA , Consultation events
	Agree with provider a date to cease taking referrals	As above	Post 9th February	Lead managers and Provider	DMT, EIA, Housing authorities
	Supporting People (SP) work with housing authorities to highlight increased demand on services	As above	On going	Lead managers	DMT, ESHOG. Strategic Forum, ESBT housing sub group
	SP ensure health colleagues are aware of the risk for deterioration in people's health and greater demand on acute services.	As above	On going	Lead Managers	EIA, ESBT and CMHT
	Ensure provider meets individual communication needs	As above	On going	Providers and SP Team, ASC Equalities Team	Decommissioning Plan
	Consider with housing colleagues any issues in terms of rurality and reciprocal arrangements	As above	February 2016	Lead Managers	Strategic Forum Steering Group
	Ensuring providers assist clients to access advice and support through the Welfare Reform project	As above	March / April 2016	Providers	Decommissioning Plan

	Ensure appropriate arrangements are in place for 16 year old living with parent at Priory	As above	Move on plan for this family will ensure consideration of client housing and support needs	Providers ,Children's services and Housing authority	EIA, Decommissioning Plan and Strategic Forum Steering Group
	Ensure arrangements are in place for the 1 pregnant client	As above	Move on plan for this woman will ensure consideration of client housing and support needs	Providers ,Children's services and Housing authority	EIA , Decommissioning Plan and Strategic Forum Steering Group
Monitoring	and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning) include impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that	ASC; ESBT Programme Safer Communities	From February 10th	ASC and ESBT Programme	EIA / Cabinet report

	ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team) Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning Work alongside the existing Safer Communities Street Communities Steering Group and East Sussex Better Together Housing and Health groups to identify and respond to issues arising from the street community following implementation of the proposals. (ASC)				

6.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Homelessness if not deemed to be in priority need	Homelessness	No as 100% reduction in support funding is likely to result in closure of building.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	Sue Dean/Jude Davies	Not applicable
Lack of suitable alternative accommodation	Homelessness	No as the need will be within the Notice period and there is currently very little private or social housing available to this cohort.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	As above	Not applicable
Lack of suitable support for clients to maintain independent living	Vulnerability	No as the need will be within the Notice period.	EIA Reconciling Policy, Performance and Resources,	As above	Not applicable

			(RPPR) DMT ESBT Programme Board Supporting People Steering Group		
Increased risk of harm from others	Safeguarding	No as this risk is present once the project closes. Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	As above Safeguarding Lead Officers	Not applicable
All areas of abuse	Safeguarding	No as this risk is present once the project closes. Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	As above Safeguarding Lead Officers	Not applicable
Increase in safeguarding alerts	Financial	No as this risk is present once the project closes. Future initiatives may be developed subject to available funding to address identified need but none	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT	Safeguarding Lead Officers	Not applicable

		identified at this time.	ESBT Programme Board Supporting People Steering Group		
Increase in A and E presentation and hospital admissions	Financial and client vulnerability	Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together	Not applicable
Increased risk of suicide and/or self harm	Vulnerability and Safeguarding	Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together	Not applicable
Increase anti social behaviour in communities	Moral	Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering	Louisa Havers, Safe in East Sussex Police	Not applicable

			Group		
Deteriorating mental health	Moral, Financial and client vulnerability	Future initiatives may be developed subject to available funding to address identified need but none identified at this time.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together	Not applicable
Increasing costs to the Trust	Financial	No as costs are likely to be incurred soon after the project closes. Future initiatives may be developed for cohort of people unable to access services in the future but none identified at present and no funding identified for this	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together	Not applicable
Increased costs to NHS via section 136 presentations	Financial Client vulnerability	As above	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together	Not applicable

Negative impact on hospital discharge pathway	Reputational Financial Client vulnerability	This risk is present as soon as the project stops taking referrals and then closes.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together	Not applicable
Severe negative impact of closures as an integral part of rehabilitation pathway	Reputational and financial. Client vulnerability	No as this risk is present as soon as the project stops taking referrals and then closes	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	East Sussex Better Together	Not applicable
Increased demands from carers	Financial Carer well being	No as this risk is present as soon as the project stops taking referrals and then closes	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	Barry Atkins	Not applicable
Increased costs to ASC in respect of Safeguarding and	Financial	No as this risk is present once the project stops taking referrals and then	EIA Reconciling Policy,	Safeguarding Lead Officers	Not applicable

carers assessments		closes.	Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group		
Loss of publically funded buildings	Moral and Financial	No, as the Provider owns the property and once it is no longer used by ASC the Provider will make its own decisions about the use of this asset	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	Sue Dean/Jude Davies	Not applicable
Some clients legally require 6 month notice so there is a risk to achieving budget proposal for this cohort	Legal Financial	No – impacts once notice is given on the projects	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT SP Steering Group	Sue Dean/ Jude Davies	Not applicable
Risk to landlord if ESCC end funding before the tenant leaves due to notice complexity	Financial Contractual challenge	As above	RPPR DMT EIA	Sue Dean/ Jude Davies	Not applicable
Reputational risk to ESCC if ceasing funding	Reputational	As above	RPPR DMT	Sue Dean/ Jude Davies	Not applicable

whilst tenants are on notice periods			EIA		
Home Works will not have the capacity or skills to support this client group who require onsite staff intervention due to complex needs	Reputational Client vulnerability	This could be mitigated through additional funding for Home Works or another specialist service being funded to develop an intensive long term floating support service but no funding is identified and alternative would be more expensive than current provision	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	Sue Dean/ Jude Davies	Not applicable
Community will not cope with the impact of closure all the same time	Safeguarding and Moral	No – this will be an immediate impact of closure of these services.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	Louisa Havers	Not applicable
Negative impacts on individuals in all areas of poverty , health and well being	Moral Client vulnerability	No – this will be an immediate impact of closure of these services.	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering	Sue Dean/ Jude Davies	Not applicable

			Group		
Negative impact on District and Borough of significant increase in single people seeking accommodation in short timeframe	Financial Client vulnerability Relationships with partner agencies	No – this will be an immediate impact of closure of these services at a time when homelessness is already outstripping available resources	EIA Reconciling Policy, Performance and Resources, (RPPR) DMT ESBT Programme Board Supporting People Steering Group	Sue Dean/ Jude Davies Heads of Housing	Not applicable
Additional risk to women of street homelessness	Moral Client vulnerability	No – this will be an immediate impact of closure of these services at a time when homelessness is already outstripping available resources	RPPR DMT EIA	District and Boroughs	Not applicable
Increased homeless and community safety issues during transition pre-closure.	Moral Reputational	No – this will impact during the notice period as we stop taking new referrals	RPPR DMT EIA	District and Boroughs and Louisa Havers	Not applicable
Staff leave before service closes and unable to recruit new staff.	Business	No – once decision is made to remove funding staff will seek alternatives prior to service closure. Use of bank staff will be the only option which will not meet the needs of this cohort at the time of transition	RPPR DMT EIA	Sue Dean/ Jude Davies	Not applicable

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East Sussex County Council

Equality Impact Assessment

Project or Service Template

Name of the proposal, project or service
Reduction to Supporting People Young Peoples accommodation services and Young Mothers service

File ref:		Issue No:	
Date of Issue:		Review date:	

Contents

Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)

1.1 The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.

1.3 The Public Sector Equality Duty (PSED)

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have "due regard" to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.

- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for "protected characteristics"

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21stCentury Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

1.6 Advancing equality (the second of the equality aims) involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation in disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision,this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

Part 2 – Aims and implementation of the proposal, project or service

2.1 What is being assessed?

a) Proposal or name of the project or service.

Savings proposals to reduce funding from accommodation based schemes for vulnerable young people.

b) What is the main purpose or aims of proposal, project or service?

Housing support services are in place to help vulnerable young people who are at risk of homelessness live in a supported environment. This service provides support for young people with complex needs, Care Leavers, young mothers, those at risk of domestic violence and those with special educational needs or disabilities. In order to deliver savings the proposal is to reduce or remove support where the need is not statutory.

c) Manager(s) and section or service responsible for completing the assessment

Samantha Williams and Lou Carter

2.2 Who is affected by the proposal, project or service? Who is it intended to benefit and how?

Vulnerable young people are affected by this proposal.

2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?

The proposal is to make savings of £4,557,000 through service reductions. These will take place in 2016/17 and further savings may follow on from a review of services in 2017/16.

2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?

The accommodation services are managed by a number of different providers.

2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?

The Southwark Judgement (2009) places an obligation on Children's Services to provide housing for vulnerable homeless young people, 16-17. In addition the Children Act (1989) obliges Councils to provide support to children assessed to be either In Need or in Need of Protection and the Children (Leaving Care) Act (2000) places an obligation on Councils to act as Corporate Parents to young people as they leave the care system, which will include meeting their accommodation needs.

2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.

Referrals are received through 2 routes:

- Direct referrals from Children's Services in respect of Looked After Children.
- Referrals are made by the homelessness teams in the District and Boroughs – this includes 16/17 yr olds assessed as homeless (under the Southwark judgement) as well as other young homeless people aged 18-25.

2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.

The initial assessment is undertaken by the Housing authority or Children's Services to determine whether the young person is homeless or at risk of homelessness. Assessment includes:

- Establishing whether the client is a risk to themselves or others
- complexity of needs including challenging behaviour which would require onsite staffed support
- ability to live with family (if so, not referred to projects)

If a young person has the ability to live independently with support they can receive a service from Home Works and not access one of these specialist services with onsite staff.

For young mother's provision, assessment will include:

- determination of whether or not the young person can parent their child without accommodation based support
- Establishing whether the client is a risk to themselves or others
- complexity of needs including challenging behaviour which would require onsite staffed support
- ability to live with family (if so, not referred to projects)

If a young mum has the ability to live independently with support they can receive a service from Home Works and not access one of these specialist services with onsite staff.

2.8 How, when and where is your proposal, project or service provided? Please explain fully.

There are **six young people** services that include a pathway with additional units:

1. **BHT Hastings**: This includes Brittany Road, Southwater Road and Milward Road

   Provider: BHT, 19 units in total

2. **Newhaven Foyer Newhaven**

   Provider: SAHA, 37 units

3. **Eastbourne Foyer Eastbourne :** this includes Highland House

   Provider: Stonaham (part of Home Group) 41 units

4. **YMCA residential Centre Eastbourne :** this includes Barnabus

   Provider: Eastbourne YMCA 26 units

5. **YMCA residential centre Wealden**

   Provider: Eastbourne YMCA 10 units also includes Stepping Stones

6. **Rother Pathway Bexhill :** this includes 181a London Road and 181b London road

   Provider: Sanctuary Supported Living 13 units

There are three young mothers services

1. **Eastbourne Young Mums service**

   Provider: SAHA 5 units

2. **Lewes Young Mums service**

   Provider: SAHA 5 units

3. **Turner House Hastings**

4. Provider: Chapter 1 11 units

Other units

1. **Priory Avenue**

   Homeless service for families

2. **Bal Edmonds**

   Supported living for those with mental health needs – currently one young pregnant woman being support there. Plan is to close the Unit.

Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have **X** marked against them			
	Employee Monitoring Data		Staff Surveys
X	Service User Data	**X**	Contract/Supplier Monitoring Data
	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
	Complaints		Risk Assessments
X	Service User Surveys		Research Findings
X	Census Data	**X**	East Sussex Demographics
	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

Public consultation feedback on ASC savings proposals.

3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.

Adult Social Care has run a consultation on the savings proposals. It ran for 8 weeks from 23rd October to 18th December 2015. 949 people and organisations completed an online or paper survey. Over 400 people attended a drop-in event to give feedback.

There were a number of ways to take part: Online survey, paper copy, attending a drop in event, emailing or writing in with comments.

Young People, currently housed in Foyers, were also asked to comment as part of Takeover Day on the impact of the proposal.

3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?

Young people are likely to be negatively affected by the proposal.

Women, pregnant women or women with children up to 28 weeks will be affected.

Young children will be affected by these proposals.

Disabled young people and young mothers are likely to be negatively affected by the proposal.

BME young people and young mothers are likely to be negatively affected by the proposal.

LGBT young people are likely to be negatively affected by the proposal.

Care leavers are likely to be negatively affected by the proposal.

The public consultation that adult social care completed told us the proposal to reduce funding to supported accommodation would impact in the following ways:

- putting lives at risk, through increased suicides or increases in behaviour that put lives at risk
- shorten the life expectancy of many vulnerable people
- pushing people into homelessness and rough sleeping
- Make people more isolated and less independent
- pushing people into temporary accommodation and sofa surfing
- negatively affecting the live chances of children of people who would lose services
- have an impact on the community through increased anti-social behaviour, substance misuse and crime
- putting ex-offenders at risk or reoffending or receiving longer sentences
- Increase risk of people being exploited and abused
- have a negative impact on people's safety, health and wellbeing
- Increase hospital admissions and make people more dependent on acute services
- Force young people to move out of the area away from support networks
- Increase the risk of people experiencing mental health problems

Feedback from young people on Takeover day regarding the proposals highlighted that reduction to supported accommodation will impact in the following ways:

- Increases in young homeless people.
- Increasing drug and alcohol use on streets and increased demand on drug and alcohol services.
- Increased crime
- Increase in suicide rates
- Increased risk of death for young people
- Increased risk of CSE and organised prostitution

Further they noted that cuts to young mothers services would impact as follows:

- young mothers unable to cope
- Increase in postnatal depression
- Increase in children in care

See **Appendix 1** for case studies for young people who have received support from The Foyer, Newhaven.

See **Appendix 2** for a case study about the Young Mothers service.

Part 4 – Assessment of impact

4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

These services are provided for young people between the ages of 16-25 years old. Most young people who access the support are between 16-21.

According to the last Census in 2011 there were 27,414 young people between the ages of 15-19 and 20,492 between 20-24 years old. Approximately 47,906 young people living in East Sussex would meet the age criteria to be eligible to access the services.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Between April 1st 2014 and September 2015 352 young people accessed accommodation based services.

Client Group	15-29
Young Mums	47
Young People	305
Grand Total	**352**

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

This proposal will negatively affect young people between the ages of 16-25. There are currently 19 babies living in supported accommodation. Of these, 9 have Child Protection Plans, 2 have family support plans, and 1 mother and baby are being investigated under section 47 at present.

d) What is the proposal, project or service's impact on different ages/age groups?

There will be less accommodation based support available for young people between the ages of 16-25.

Removal or reduction of this support will mean vulnerable young people with complex needs who are at risk of homelessness will not be able to live in a supported environment.

Fewer vulnerable young people will receive help to live independently or communally and they are less likely to develop the life skills to move to independent accommodation. There is an increased risk of vulnerable young people being placed in B&B accommodation, sofa surfing or becoming homeless. This is likely to increase safeguarding concerns.

Young people who are not 16/17 years old or LAC are likely to be deemed not to be in 'priority need' by the housing authorities and are at risk of becoming street homeless or living in unsafe environments.

More young people will be placed in B&B accommodation and the quality of B&B accommodation is poor which is likely to increase safeguarding concerns.

Young children currently living with their mothers in the young mother's settings will be negatively affected. Removal or reduction of this support may lead to more young mothers unable to cope and, increased rates of postnatal depression, which may lead to these children being at greater risk and therefore increased safeguarding concerns, and ultimately more children looked after.

See **Appendix 1** for case studies for young people who have received support from The Foyer, Newhaven.

See **Appendix 2** for a case study about the Young Mothers service.

e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?

There will be service reductions and closures. Where the clients referred are either 16/17 or LAC the mitigation will be that ESCC will be responsible for finding them alternative accommodation. With the lack of available services this will be either Bed and Breakfast (B&B) or supported lodgings placements if available. However it is already very challenging to recruit sufficient Supported Lodgings carers and the behaviour of some vulnerable and chaotic young people makes placement in a family home inappropriate and/or unachievable. Supported lodgings often have vacancies, but many providers will not take the more vulnerable young people.

The remaining 50% of supported accommodation will be prioritised for the most vulnerable where possible in consultation with Districts and Boroughs.

Risk assessments will be completed on any young people/mothers placed in B&B accommodation.

For young people placed in B&B accommodation packages of support will be provided by Children's Services as at present.

For some particularly vulnerable young mothers, placement within a foster home may be offered. This will be a much more expensive option. In addition it is also likely to impact the capacity to provide other parent and baby foster placements to those young mothers who really need that increased level of support which might result in the need to make agency rather than in-house placements. These proposals therefore have a risk of increasing costs for Children's Services.

Babies at greater risk will be kept safe by being taken into care.

f) Provide details of the mitigation.

Supporting People will work with providers and housing colleagues to support existing young people living in schemes to try and find an appropriate 'move on' solution but there is no mitigation to address future demand. The number of clients potentially requiring 'move on' at the same time will place a high level of pressure on housing authorities who are unlikely to be able to meet demand.

g) How will any mitigation measures be monitored?

Teams will complete a Risk Assessment for any child placed in Bed and Breakfast, which is signed off by the Operational Manager and Assistant Director. It is uploaded onto the young person's e-casefile, and the placement monitored regularly A log is kept of all young people in Bed and Breakfast so that the Director of Children's Services can maintain oversight.

4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

There were 7,989 East Sussex children/young people with special educational needs enrolled in East Sussex schools in the 0-19 age range as of January 2015, which equates to 12.4% of the population of East Sussex.

b) How is this protected characteristic reflected in the reflected in the population of those impacted by the proposal, project or service?

Between April 1st 2014 and September 2015 352 young people accessed accommodation based services. The number of clients who have a disability is shown in the data below:

Client Group	Yes	No	Dont Know	Grand Total
Young Mums	13	34	0	47
Young People at Risk	60	244	1	305
Grand Total	**73**	**278**	**1**	**352**

Number of clients and disability by client group

Client Group	Number of clients identified with a disability	Number of disabilities
Young Mums	13	16
Young People	60	78
Grand Total	**73**	**94**

Client Group	Disability	Grand Total
Young Mums	Autistic Spectrum Condition	0
	Hearing Impairment	0
	Learning difficulty	1
	Learning Disability	1
	Long Term Condition (LTC)	0
	Mental Health	14
	Mobility	0
	Other	0
	Visual Impairment	0
	Does not wish to disclose	0
	Not recorded	10
Young Mums Total		**26**
Young People	Autistic Spectrum Condition	9
	Hearing Impairment	1
	Learning difficulty	4
	Learning Disability	10
	Long Term Condition (LTC)	2
	Mental Health	41
	Mobility	4
	Other	4
	Visual Impairment	2
	Does not wish to disclose	1
	Not recorded	37
Young People Total		**115**
Grand Total		**141**

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Yes, disabled young people are over represented amongst those who access these accommodation services. Of this cohort 20% have a disability compared with the county figure of 12.4%

Young mothers who are disabled (particularly those with mental health issues) are over represented in the young mums service. 28% of the young mothers who access this service have a disability.

d) What is the proposal, project or service's impact on people who have a disability?

There will be less accommodation based support available for disabled young people between the ages of 16-25.

Removal or reduction of this support will mean fewer disabled young people will receive help to live independently or communally and are they are less likely to develop the life skills to move to independent accommodation. There is an increased risk of vulnerable young people being placed in unsuitable B&B accommodation, sofa surfing or becoming homeless. This is likely to increase safeguarding concerns.

Disabled young mothers will be negatively affected. Removal or reduction of young mother's support will lead to more disabled young mothers unable to cope, increased rates of postnatal depression, which may lead to their children being at greater risk and therefore increased safeguarding concerns, and ultimately more children looked after.

Disabled young people who are not 16/17 years old or LAC are likely to be deemed not to be in 'priority need' by the housing authorities and are at risk of becoming street homeless or living in unsafe environments.

See **Appendix 1** for case studies for young people who have received support from The Foyer, Newhaven.

See **Appendix 2** for a case study about the Young Mothers service.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

There will be service reductions and closures. Where the clients referred are either 16/17 or LAC the mitigation will be that ESCC will be responsible for finding them alternative accommodation. With the lack of available services this will be either Bed and Breakfast or supported lodgings placements. However it is already very challenging to recruit sufficient Supported Lodgings carers and the behaviour of some vulnerable and chaotic young people makes placement in a family home inappropriate and/or unachievable. Supported lodgings sometimes have vacancies, but many providers will not take the more vulnerable young people.

For young people placed in B&B accommodation packages of support will be provided by Children's Services as at present.

For some particularly vulnerable young mothers, placement within a foster home may be offered. This will be a much more expensive option. In addition it is also likely to impact the capacity to provide other parent and baby foster placements to those young mothers who really need that increased level of support which might result in the need to make agency rather than in-house placements. These proposals therefore have a risk of increasing costs for Children's Services.

The remaining 50% of supported accommodation will be prioritised for the most vulnerable where possible in consultation with Districts and Boroughs.

Risk assessments will be completed on any young people/mothers placed in B&B accommodation.

Babies at greater risk will be kept safe by being taken into care.

f) Provide details of any mitigation.

Supporting People will work with providers and housing colleagues to support existing young people living in schemes to try and find an appropriate 'move on' solution but there is no mitigation to address future demand. The number of clients potentially requiring 'move on' at the same time will place a high level of pressure on housing authorities who are unlikely to be able to meet demand.

g) How will any mitigation measures be monitored?

Teams will complete a Risk Assessment for any child placed in Bed and Breakfast, which is signed off by the Operational Manager and Assistant Director. It is uploaded onto the young person's e-casefile, and the placement monitored regularly A log is kept of all young people in Bed and Breakfast so that the Director of Children's Services can maintain oversight.

4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

5.7% of young people in East Sussex between the ages of 15-29 are BME according to the Census 2011.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Between April 1st 2014 and September 2015 352 young people accessed accommodation based services. The clients' ethnicity is shown in the data below:

Client Group	Ethnicity	Number of clients
Young Mums	Mixed: White & Asian	2
	Mixed: White & Black Caribbean	1
	White: British	42
	White: Other	2
Young Mums Total		**47**
Young People	Asian/Asian British: Other	2
	Black/Black British: African	3
	Black/Black British: Caribbean	1
	Black/Black British: Other	3
	Did not wish to disclose	2
	Gypsy/Romany/Irish Traveller	3
	Mixed: Other	1
	Mixed: White & Asian	2
	Mixed: White & Black African	3
	Mixed: White & Black Caribbean	9
	Other ethnic group: Other	2
	White: British	266
	White: Irish	4
	White: Other	4
Young People		**305**
Grand Total		**352**

12.5% of young people accessing accommodation support services are BME.

10.6% of the young mothers in supported accommodation are BME.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Yes, there is an over representation of BME young people within the group that will be affected by these service changes.

d) What is the proposal, project or service's impact on those who are from different ethnic backgrounds?

There will be less accommodation based support available for BME people between the ages of 16-25.

Removal or reduction of this support will mean fewer vulnerable BME young people, young mothers and their babies will receive help to live independently or communally and are they are less likely to develop the life skills to move to independent accommodation. There is an increased risk of these vulnerable young people being placed in unsuitable B&B accommodation, sofa surfing or becoming homeless. This is likely to increase safeguarding concerns.

Young BME people who are not 16/17 years old or LAC are likely to be deemed not to be in 'priority need' by the housing authorities and are at risk of becoming street homeless or living in unsafe environments.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

There will be service reductions and closures. Where the clients referred are either 16/17 or LAC the mitigation will be that ESCC will be responsible for finding them alternative accommodation. With the lack of available services this will be either Bed and Breakfast or supported lodgings placements. However it is already very challenging to recruit sufficient Supported Lodgings carers and the behaviour of some vulnerable and chaotic young people makes placement in a family home inappropriate and/or unachievable. Supported lodgings sometimes have vacancies, but many providers will not take the more vulnerable young people.

For young people placed in B&B accommodation packages of support will be provided by Children's Services as at present.

For some particularly vulnerable young mothers, placement within a foster home may be offered. This will be a much more expensive option. In addition it is also likely to impact the capacity to provide other parent and baby foster placements to those young mothers who really need that increased level of support which might result in the need to make agency rather than in-house placements. These proposals therefore have a risk of increasing costs for Children's Services.

The remaining 50% of supported accommodation will be prioritised for the most vulnerable where possible in consultation with Districts and Boroughs.

Risk assessments will be completed on any young people/mothers placed in B&B accommodation.

Babies at greater risk will be kept safe by being taken into care.

f) Provide details of any mitigation.

Supporting People will work with providers and housing colleagues to support existing young people living in schemes to try and find an appropriate 'move on' solution but there is no mitigation to address future demand. The number of clients potentially requiring 'move on' at the same time will place a high level of pressure on housing authorities who are unlikely to be able to meet demand.

g) How will any mitigation measures be monitored?

Teams will complete a Risk Assessment for any child placed in Bed and Breakfast, which is signed off by the Operational Manager and Assistant Director. It is uploaded onto the young person's e-casefile, and the placement monitored regularly A log is kept of all young people in Bed and Breakfast so that the Director of Children's Services can maintain oversight.

4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact

a) How is this protected characteristic target group reflected in the County/District/Borough?

The gender split amongst young people aged between 16-24 in 2015 is calculated to be :

Female: 24, 245

Male: 24, 980

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Client Group	Female	Male	Transgender	Grand Total
Young Mums	46	1	0	**47**
Young People	123	181	1	**305**
Grand Total	**169**	**182**	**1**	**352**

There is no data available on transgender numbers in East Sussex.

Between April 2015 and September 2015, 1 client identified themselves as transgender. Between April 2014 and March 2015, 4 clients were recorded as 'don't know' to the St Andrews question 'does the client consider themselves transgender?'

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

There appears to be no significance between the numbers of male or female young people who access young people's supported accommodation. However females will be disproportionally affected by removal or reduction in young mother's provision.

National and local figures for the number of transgender young people are not available. However, there is anecdotal evidence to suggest that this group are more likely to be at risk of homelessness due to rejection by family members.

d) What is the proposal, project or service's impact on different genders?

There will be less accommodation based support available for both male, female and transgender young people between the ages of 16-25.

Removal or reduction of this support will mean fewer young people will receive help to live independently or communally and are they are less likely to develop the life skills to move to independent accommodation. There is an increased risk of these vulnerable young people being placed in unsuitable B&B accommodation, sofa surfing or becoming homeless. This is likely to increase safeguarding concerns.

Females will be negatively affected. Removal or reduction of young mother's services will lead to more young women unable to cope, increased rates of postnatal depression, which may lead to their children being at greater risk and therefore increased safeguarding concerns, and ultimately more children looked after.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

There will be service reductions and closures. Where the clients referred are either 16/17 or LAC the mitigation will be that ESCC will be responsible for finding them alternative

accommodation. With the lack of available services this will be either Bed and Breakfast or supported lodgings placements. However it is already very challenging to recruit sufficient Supported Lodgings carers and the behaviour of some vulnerable and chaotic young people makes placement in a family home inappropriate and/or unachievable. Supported lodgings sometimes have vacancies, but many providers will not take the more vulnerable young people.

For young people placed in B&B accommodation packages of support will be provided by Children's Services as at present.

For some particularly vulnerable young mothers, placement within a foster home may be offered. This will be a much more expensive option. In addition it is also likely to impact the capacity to provide other parent and baby foster placements to those young mothers who really need that increased level of support which might result in the need to make agency rather than in-house placements. These proposals therefore have a risk of increasing costs for Children's Services.

The remaining 50% of supported accommodation will be prioritised for the most vulnerable where possible in consultation with Districts and Boroughs.

Risk assessments will be completed on any young people/mothers placed in B&B accommodation.

Babies at greater risk will be kept safe by being taken into care.

f) Provide details of any mitigation.

Supporting People will work with providers and housing colleagues to support existing young people living in schemes to try and find an appropriate 'move on' solution but there is no mitigation to address future demand. The number of clients potentially requiring 'move on' at the same time will place a high level of pressure on housing authorities who are unlikely to be able to meet demand.

g) How will any mitigation measures be monitored?

Teams will complete a Risk Assessment for any child placed in Bed and Breakfast, which is signed off by the Operational Manager and Assistant Director. It is uploaded onto the young person's e-casefile, and the placement monitored regularly A log is kept of all young people in Bed and Breakfast so that the Director of Children's Services can maintain oversight.

4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic target group reflected in the County/District/Borough?

Not relevant to this service change.

4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic target group reflected in the County/District/Borough?

There is no accurate pregnancy and maternity data available for the whole of the County.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

One of the accommodation based schemes is specifically for young mothers and their babies.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Yes. The proposal is to remove 24% of the funding from the scheme so fewer pregnant young women, young mothers and their babies will be able to access this accommodation.

d) What is the proposal, project or service's impact on pregnant women and women within the first 26 weeks of maternity leave?

There are currently three young mothers' services with the units available as set out below.

1. **Eastbourne Young Mums service**

   Provider: SAHA 5 units

2. **Lewes Young Mums service**

   Provider: SAHA 5 units

3. **Turner House Hastings**

4. Provider: Chapter 1 11 units

The change to the service will result in a 24% reduction in funding for the scheme.

Reduction of this support will mean fewer young women with babies of less than 28 weeks will receive help to develop the life skills and skills to look after their baby to move to independent accommodation. It will lead to more young women unable to cope, increased rates of postnatal depression, which may lead to their children being at greater risk and therefore increased safeguarding concerns, and ultimately more children looked after.

There are currently 19 babies living in supported accommodation. Of these, 9 have Child Protection Plans, 2 have family support plans, and 1 mother and baby are being investigated under section 47 at present.

See **Appendix 2** for a case study about the Young Mothers service.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

There will be service reductions and closures. Where the clients referred are either 16/17 or LAC the mitigation will be that ESCC will be responsible for finding them alternative accommodation. With the lack of available services this will be either Bed and Breakfast or supported lodgings placements. However it is already very challenging to recruit sufficient Supported Lodgings carers and the behaviour of some vulnerable and chaotic young people makes placement in a family home inappropriate and/or unachievable. Supported lodgings

sometimes have vacancies, but many providers will not take the more vulnerable young people.

For young people placed in B&B accommodation packages of support will be provided by Children's Services as at present.

For some particularly vulnerable young mothers, placement within a foster home may be offered. This will be a much more expensive option. In addition it is also likely to impact the capacity to provide other parent and baby foster placements to those young mothers who really need that increased level of support which might result in the need to make agency rather than in-house placements. These proposals therefore have a risk of increasing costs for Children's Services.

The remaining 50% of supported accommodation will be prioritised for the most vulnerable where possible in consultation with Districts and Boroughs.

Risk assessments will be completed on any young people/mothers placed in B&B accommodation.

Babies at greater risk will be kept safe by being taken into care.

f) Provide details of the mitigation

Supporting People will work with providers and housing colleagues to support existing young people living in schemes to try and find an appropriate 'move on' solution but there is no mitigation to address future demand. The number of clients potentially requiring 'move on' at the same time will place a high level of pressure on housing authorities who are unlikely to be able to meet demand.

g) How will any mitigation measures be monitored?

Teams will complete a Risk Assessment for any child placed in Bed and Breakfast, which is signed off by the Operational Manager and Assistant Director. It is uploaded onto the young person's e-casefile, and the placement monitored regularly A log is kept of all young people in Bed and Breakfast so that the Director of Children's Services can maintain oversight.

4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

Not available for this group of service users.

4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

Figures from the Integrated Household Survey 2012 indicate that nationally 2.6% of people aged 16 to 24 identify themselves as gay, lesbian or bisexual.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

All 47 of the young mums have identified themselves as heterosexual.

Of the 305 young people accessing services for young people at risk aged 16-25, 21 identify themselves as bi-sexual, 3 gay men, 6 lesbian, 12 do not wish to disclose, 1 other, 262 heterosexual.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Yes, approximately 6.8% of service users identified as gay, lesbian or bi-sexual which is an over representation.

A quarter of the UK's homeless youth are LGBT, according to a survey carried out by the Albert Kennedy Trust in 2015.

d) What is the proposal, project or service's impact on people with differing sexual orientation?

There will be less accommodation based support available for LGB young people between the ages of 16-25.

Removal or reduction of this support will mean fewer young people will receive help to live independently or communally and are they are less likely to develop the life skills to move to independent accommodation. There is an increased risk of these vulnerable young people being placed in unsuitable B&B accommodation, sofa surfing or becoming homeless. This is likely to increase safeguarding concerns.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

There will be service reductions and closures. Where the clients referred are either 16/17 or LAC the mitigation will be that ESCC will be responsible for finding them alternative accommodation. With the lack of available services this will be either Bed and Breakfast or supported lodgings placements.

However it is already very challenging to recruit sufficient Supported Lodgings carers and the behaviour of some vulnerable and chaotic young people makes placement in a family home inappropriate and/or unachievable. Supported lodgings sometimes have vacancies, but many providers will not take the more vulnerable young people.

For young people placed in B&B accommodation packages of support will be provided by Children's Services as at present.

For some particularly vulnerable young mothers, placement within a foster home may be offered. This will be a much more expensive option. In addition it is also likely to impact the capacity to provide other parent and baby foster placements to those young mothers who really need that increased level of support which might result in the need to make agency

rather than in-house placements. These proposals therefore have a risk of increasing costs for Children's Services.

The remaining 50% of supported accommodation will be prioritised for the most vulnerable where possible in consultation with Districts and Boroughs.

Risk assessments will be completed on any young people/mothers placed in B&B accommodation.

Babies at greater risk will be kept safe by being taken into care.

f) Provide details of the mitigation

Supporting People will work with providers and housing colleagues to support existing young people living in schemes to try and find an appropriate 'move on' solution but there is no mitigation to address future demand. The number of clients potentially requiring 'move on' at the same time will place a high level of pressure on housing authorities who are unlikely to be able to meet demand.

g) How will any mitigation measures be monitored?

Teams will complete a Risk Assessment for any child placed in Bed and Breakfast, which is signed off by the Operational Manager and Assistant Director. It is uploaded onto the young person's e-casefile, and the placement monitored regularly A log is kept of all young people in Bed and Breakfast so that the Director of Children's Services can maintain oversight.

Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.

Care leavers

a) How are these groups/factors reflected in the County/District/ Borough?

Snapshot as at end quarter/ month

	Q2	Q3	Q4	Q1	Q2	Nov-15
Indicator	**Sep-14**	**Dec-14**	**Mar-15**	**Jun-15**	**Sep-15**	
Number of Care Leavers	208	205	209	208	211	216

b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?

Snapshot as at end quarter/ month

	Q2	Q3	Q4	Q1	Q2	Nov-15
Indicator	**Sep-14**	**Dec-14**	**Mar-15**	**Jun-15**	**Sep-15**	
Number of Care Leavers	208	205	209	208	211	216
Care Leavers in Supported People Accommodation	6	8	10	10	9	10
% Care Leavers in Supported People Accommodation	2.9%	3.9%	4.8%	4.8%	4.3%	4.6%
Number of Looked After 16-17 Year Olds	87	94	98	98	104	102
LAC 16/17 Year Olds in Supported People Accommodation	3	5	4	6	8	9
% LAC 16/17 Year Olds in Supported People Accommodation	3.4%	5.3%	4.1%	6.1%	7.7%	8.8%

Referrals

	2014-15	2015-16 YTD
Homeless Presentations (16-17 Year olds)	188	139
Successful Referrals to Supported Accommodation	40	23
% Homeless Presentations successfully referred to SA	21.3%	16.5%
Care Leaver Referrals to SA	7	18 (9 with Outcome)
Successful	5	4
% Successful	71.4%	44.4%

Current SA Placements (Nov-15)

	Number	%
LAC	9	11.4%
Care Leavers	10	12.7%
Homeless 16-17 Year Olds*	60	75.9%

** This is an estimated minimum*

A snapshot of young mothers currently in supported accommodation shows that 1 young mother was in Kinship Care as a child. And 1 young mother was LAC.

c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?

Yes, there is an over representation of care leavers within the group that will be affected by these service changes.

d) What is the proposal, project or service's impact on the factor or identified group?

There will be less accommodation based support available for Care Leavers between the ages of 16-25.

Removal or reduction of this support will mean fewer Care Leavers will receive help to live independently or communally and are they are less likely to develop the life skills to move to independent accommodation. There is an increased risk of these vulnerable young people being placed in unsuitable B&B accommodation, sofa surfing or becoming homeless. This is likely to increase safeguarding concerns.

See **Appendix 1** for case studies for young people who have received support from The Foyer, Newhaven.

See **Appendix 2** for a case study about the Young Mothers service.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

There will be service reductions and closures. Where the clients referred are either 16/17 or LAC the mitigation will be that ESCC will be responsible for finding them alternative accommodation. With the lack of available services this will be either Bed and Breakfast or supported lodgings placements.

However it is already very challenging to recruit sufficient Supported Lodgings carers and the behaviour of some vulnerable and chaotic young people makes placement in a family home inappropriate and/or unachievable. Supported lodgings sometimes have vacancies, but many providers will not take more vulnerable young people.

For young people placed in B&B accommodation packages of support will be provided by Children's Services as at present.

For some particularly vulnerable young mothers, placement within a foster home may be offered. This will be a much more expensive option. In addition it is also likely to impact the capacity to provide other parent and baby foster placements to those young mothers who really need that increased level of support which might result in the need to make agency rather than in-house placements. These proposals therefore have a risk of increasing costs for Children's Services.

The remaining 50% of supported accommodation will be prioritised for the most vulnerable where possible in consultation with Districts and Boroughs.

Risk assessments will be completed on any young people/mothers placed in B&B accommodation.

Babies at greater risk will be kept safe by being taken into care.

f) Provide details of the mitigation.

Supporting People will work with providers and housing colleagues to support existing young people living in schemes to try and find an appropriate 'move on' solution but there is no mitigation to address future demand. The number of clients potentially requiring 'move on' at the same time will place a high level of pressure on housing authorities who are unlikely to be able to meet demand.

How will any mitigation measures be monitored?

Teams will complete a Risk Assessment for any child placed in Bed and Breakfast, which is signed off by the Operational Manager and Assistant Director. It is uploaded onto the young person's e-casefile, and the placement monitored regularly A log is kept of all young people in Bed and Breakfast so that the Director of Children's Services can maintain oversight.

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4.10 Human rights - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

Articles	
A2	**Right to life (e.g. pain relief, suicide prevention)**
A3	**Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)**
A4	**Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)**
A5	**Right to liberty and security (financial abuse)**
A6 &7	**Rights to a fair trial; and no punishment without law (e.g. staff tribunals)**
A8	**Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)**
A9	**Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)**
A10	**Freedom of expression (whistle-blowing policies)**
A11	**Freedom of assembly and association (e.g. recognition of trade unions)**
A12	**Right to marry and found a family (e.g. fertility, pregnancy)**
Protocols	
P1.A1	**Protection of property (service users property/belongings)**
P1.A2	**Right to education (e.g. access to learning, accessible information)**
P1.A3	**Right to free elections (Elected Members)**

Part 5 – Conclusions and recommendations for decision makers

5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

5.2 Impact assessment outcome Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	Young children, young people, females, pregnant women or women with children up to 28 weeks, BME, Disabled, LGBT and care leavers are all likely to be negatively affected by the proposal to reduce supported accommodation and young mothers accommodation as they are all over represented as users of these services. These groups are already vulnerable and this proposal places them at greater risk. Removal or reduction of supported accommodation for young people will mean fewer young people will receive help to live independently or communally and are they are less likely to develop the life skills to move to independent accommodation. There is an increased risk of these vulnerable young people being placed in unsuitable B&B accommodation, sofa surfing or becoming homeless. This is likely to increase safeguarding concerns. Removal or reduction of young mother's support will lead to more young mothers unable to cope, increased rates of postnatal depression, which may lead to their children being at greater risk and therefore increased safeguarding concerns, and ultimately more children looked after. Those young people that the local authority have a duty to will be
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
X	**C Continue the policy/strategy -** This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it *must* be removed or changed.	

		supported to find alternative accommodation. With the lack of available alternatives this is likely to be Bed and Breakfast with packages of support provided by Children's Services or Adult Social Care (if eligible). The quality of Bed and Breakfast accommodation available locally is poor and placement there is likely to increase safeguarding concerns. There is a risk of legal challenge from the Howard League for Penal Reform which may lead to a judicial review. For some vulnerable young mothers, placement within a foster home may be offered which will increase costs. The remaining 50% of supported accommodation will be prioritised for the most vulnerable where possible in consultation with Districts and Boroughs. Babies at greater risk will be kept safe by being taken into care.

5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

Teams will complete a Risk Assessment for any child placed in Bed and Breakfast, which is signed off by the Operational Manager and Assistant Director. It is uploaded onto the young person's e-casefile, and the placement monitored regularly. A log is kept of all young people in Bed and Breakfast so that the Director of Children's Services can maintain oversight.

5.6 When will the amended proposal, proposal, project or service be reviewed?

Date completed:	**January 2016**	**Signed by (person completing)**	Lou Carter
		Role of person completing	Assistant Director (Communication, Planning and Performance)
Date:		**Signed by (Manager)**	

Part 6 – Equality impact assessment action plan

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report. Yes

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

6.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)

Appendix 1

CASE STUDIES NEWHAVEN FOYER

SUSIE

Susie came to the Foyer in December 2011. Susie grew up in Eastbourne. Susie was referred by the Youth Support Team as she is 17yrs old. Susie had lived in another supported accommodation but this had broken down owing to her extreme behaviour. YST had difficulties placing Susie as other providers refused to interview her. Susie was engaged with CAMHS and several other services when she commenced her placement. It is suspected that Susie has borderline personality disorder but her age makes this diagnosis difficult. Susie presented as chaotic with consistent suicidal ideation and extreme self harm. At interview it became apparent that there were a lot of positives with Susie and the Foyer believed we could work with partner agencies to offer her a service and support her to independent living. Susie had a challenging childhood with maternal mental health issues, paternal substance misuse issues and suspected but unproved abuse. At commencement Susie exhibited some extreme behaviour through self harm and suicide attempts. The Foyer undertook an extensive review of all the agencies involved in Susie's support and through Foyer led multi disciplinary meetings it was agreed that Susie's attention seeking behaviour was escalating owing to the amount of agency involvement which facilitated this. The Foyer Manager suggested the only point of contact for Susie be the service and mental health services, with the other agencies sitting in the back ground and being called upon if required. This plan became the foundation for Susie's support. The Service has a very boundaried working practice with Susie which incorporates all the team and is mirrored and supported by CAMHS. Susie has daily support from CAMHS. Susie significantly self harmed within the service several times a week at point of entry often engaging other residents within this process. This has now lessened significantly. The service sought to concentrate on the talents Susie has and has used positive solution focused practice to lessen negative behaviour choices. Susie has engaged in our life skills programme, drama workshops and holistic therapy practices. The Foyer is currently agreeing a multi agency plan which will include CAMHS, Youth Support team, mental health help lines, Sussex Police and Emergency admission services in Eastbourne and Brighton. The plan will ensure a consistent boundaried approach from all services involved in Susie's life and offer a structured, clear and transparent pathway for her. Susie has agreed this process. Susie has resided in the service for four months longer than any other placement. It is still early days in her Foyer journey but the service has been honest with Susie that we accept her for who she is and do not make judgements. We work our way through challenges with her and the support team. She is a bright, talented young woman who can achieve and has great things. The service has nominated Susie for a SAHA Foyer Open Talent award for personal development as another method for Susie to recognise that we all see her unique qualities and as an impetus for her to build upon the positive choices she has made.

Appendix 2

CASE STUDIES YOUNG MOTHER'S SERVICE

S moved into the Eastbourne Young Mothers Service in September 2013 with her baby daughter who was on a Child Protection Plan under the category 'at risk of neglect'. S herself had experienced a similar history of neglect as a child.

She was living at home when she became pregnant and Children's Services decided she needed to be housed with on-site intensive housing support to achieve long-term positive outcomes and independence .

Staff worked closely with Children's Services and supported S to address their concerns. The service supported S to learn independent living skills and to gain insight into positive parenting and role modelling. They helped her understand how to keep herself and her child safe and supported her to attend college and engage with a course in customer service. This encouraged her to achieve employment opportunities.

S completed her "passport to independence", with improved confidence and a belief that she could successfully provide for and parent her child. Children's Services closed the case as there was no longer a "risk" and S moved to independent accommodation with her partner. The family continues to receive floating support from HomeWorks.

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