



## LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

**DECISIONS** to be made by the Lead Member for Adult Social Care and Health,  
Councillor Carl Maynard

**TUESDAY 24 SEPTEMBER 2019 AT 12.30 PM**

**CC1 - COUNTY HALL, LEWES**

### **AGENDA**

- 1 Decisions made by the Lead Member on (*Pages 3 - 4*)
- 2 Disclosure of interests  
Disclosure by all Members present of personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
- 3 Urgent items  
Notification of any items which the Lead Member considers urgent and proposes to take at the appropriate part of the agenda.
- 4 Meals in the Community Subsidies (*Pages 5 - 90*)  
Report by the Director of Adult Social Care.
- 5 Changes in approach to supporting Working Age Adults (*Pages 91 - 150*)  
Report by the Director of Adult Social Care.
- 6 Any urgent items previously notified under agenda item 3

PHILIP BAKER  
Assistant Chief Executive  
County Hall, St Anne's Crescent  
LEWES BN7 1UE

16 September 2019

Contact: Hannah Matthews, Democratic Services Officer  
Telephone: 01273 335 138

Email: [hannah.matthews@eastsussex.gov.uk](mailto:hannah.matthews@eastsussex.gov.uk)

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## LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

DECISIONS made by the Lead Member for Adult Social Care and Health, Councillor Carl Maynard, on 26 June 2019 at County Hall, Lewes

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Councillor Angharad Davies spoke on item 4 (see minute 7)

### 4 DECISIONS MADE BY THE LEAD MEMBER ON 24 MAY 2019

4.1 The Lead Member approved as a correct record the decisions made on 24 May 2019.

### 5 DISCLOSURE OF INTERESTS

5.1 There were no disclosures of interest.

### 6 URGENT ITEMS

6.1 There were no urgent items.

### 7 UPDATE ON THE PROGRESS OF THE 2018/19 ADULT SOCIAL CARE AND HEALTH SAVINGS

7.1 The Lead Member considered an update on the progress of 2018/19 savings in relation to Adult Social Care and Health.

7.2 The Lead Member RESOLVED to:

1) Note the report;

2) commend staff for delivering the challenging scale of savings as planned and showing great adaptability during a challenging time;

3) agree that no further update reports are necessary now that the savings have been delivered in full; and

4) note that People Scrutiny Committee may wish to consider if further monitoring is required.

#### Reason

The savings proposals agreed by Cabinet on 26th June 2018 are proceeding in line with the decisions made by Cabinet, to deliver the required savings from the Adult Social Care budget in full in 2019/20.

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**Report to:** Lead Member for Adult Social Care and Health

**Date of meeting:** 24 September 2019

**By:** Director of Adult Social Care and Health

**Title:** Meals in the Community Subsidies

**Purpose:** To consider the proposed changes to the provision of Meals in the Community

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## RECOMMENDATIONS

**The Lead Member is recommended to:**

- 1) Agree to the changes to the Meals in the Community subsidy as outlined in the report**
  - 2) Agree to withdrawing the subsidy from the Lunch Clubs as outlined in the report; and**
  - 3) Delegate to the Director of Adult Social Care and Health authority to take all necessary actions to give effect to the implementation of the above recommendations.**
- 

## **1 Background**

1.1 On 5<sup>th</sup> February 2019, the Council agreed its budget for 2019/20. This included a savings proposal to remove the subsidy for Meals in the Community, which could deliver savings of £483,000. On 24<sup>th</sup> May the Lead Member for Adult Social Care and Health agreed to undertake a consultation on the proposals between 28<sup>th</sup> May and 6<sup>th</sup> August 2019.

1.2 Meals in the Community services enable residents to have hot, chilled or frozen meals delivered to their home on a daily or weekly basis. The Council has a contract framework agreement with a number of providers for these services, with the service also being provided directly to East Sussex residents on a private basis.

1.3 The need to ensure adults with needs arising from physical or mental impairments can manage and maintain their nutrition is identified through the assessment and care management process, in accordance with the Care Act 2014 (“the Care Act”) and the Care Act Care and Support (Eligibility Criteria) 2014.

## **2 Supporting Information**

2.1 In August 2019, 679 people were receiving a subsidy of £4.10 per meal based on a full cost of between £4 and £8 per meal. In addition, two lunch clubs (totalling 28 clients) in the county receive the subsidy.

2.2 Under the Care Act, the Council is required to provide information about meal services and to ensure people who are eligible for support can achieve the nutrition outcome described at paragraph 1.3. The Council is not required to pay for or subsidise people’s meals. Many other local authorities have moved away from providing meal subsidy services.

2.3 Government rules on financial assessments set out how much of someone's income the Council can take into account when working out what they should pay towards the cost of their social care support. Everyone has a set protected amount within the assessment to make sure they are still able to pay for their food, electricity, gas, water, and household insurance, plus day-to-day items such as groceries.

### **3. Consultation Summary**

3.1 We wrote to people currently receiving the subsidy to tell them about our proposal to stop paying a subsidy for meals in the community, and to ask them to fill in the survey. Where people didn't have capacity to take part, or contacting them would be inappropriate, we wrote to their families and carers where this was possible.

3.2 We received over 500 responses to the consultation from organisations, groups and individuals, with nearly half coming from people receiving the subsidy and their families and carers. The responses received during the public consultation are in the Members and Cabinet Rooms for Members consideration. Appendix 1 outlines the consultation process and responses and Members must have regard to this.

3.2 Overall themes from the consultation included:

- The majority of respondents disagree with the proposal to withdraw the subsidy, although there are a reasonable number who agree with the proposal;
- The results suggest that a good percentage of people who are currently receiving the subsidy would choose to pay the full cost themselves in order to keep receiving meals (39%);
- There are a similar number of people who say that they would be unlikely to continue using the service if they had to pay the full cost (43%);
- Some people told us that it would not be a viable option to cook for themselves, or even heat up microwave meals, due to an illness, disability or impairment;
- Respondents are concerned that if the subsidy is stopped it could lead to people eating less food, having few or no hot meals, and eating a much less nutritious diet, all of which could have an impact on their health and wellbeing. This could make it harder for people to maintain their independence at home and may mean they end up needing more costly support from adult social care;
- Lunch clubs would be likely to see a reduction in numbers if the subsidy stopped, which would make them less viable and could force them to close;
- There was strong support across all the surveys for additional support being offered to certain groups of people, with most people saying that the focus should be on those with mobility issues, a physical disability, cognitive impairment, and those on a low income;
- There was strong support for making the subsidy means tested, rather than stopping it completely. Although some people are concerned about the administrative costs of means testing.

3.3 Discussions and consultation has also taken place with current providers Presto (formerly Licence to Freeze), Mother Theresa's Meals, Oakhouse Foods and Wiltshire Farm Foods. Providers have indicated they are confident that the changes proposed will allow for the continuation of their services and that they will consider offering deals over a transitional period thereby supporting work to reduce the impact of the change.

### **4 Equalities Impact Assessment**

4.1 In considering the proposals in this report, the Lead Member is required to have 'due regard' to the duties set out in Section 149 of the Equality Act 2010 (the Public Sector Equality Duty). Equality Impact Assessments (EqlAs) are carried out to identify any adverse

impacts that may arise as a result of the proposals for those with protected characteristics and to identify appropriate mitigations. The EqIA is attached at Appendix 2. The Lead Member must read the full version of the EqIA and take its findings into consideration when determining these proposals.

4.2 In summary the key outcomes from the assessment are:

- The majority of clients who receive subsidy are older and data shows that nearly half of those are aged 85 years plus;
- For some of these older people with reduced mental capacity and physical capabilities, the removal of the subsidy will have a disproportionately negative impact, particularly if they feel unable or unwilling to pay to continue to receive the service owing to reasons of financial unaffordability;
- The majority of people who access the service have either a physical or mental disability, including dementia and frailty. The proposals will have a significant negative impact on those of the disabled people who are unable to prepare meals and require assistance to manage their own nutrition and cannot afford to purchase the service.

4.3 Given the nature of these proposals and the potential for the changes to impact upon those with protected characteristics (most notably those who are in older age groups and those disabled people who receive this service and subsidy) the regard that must be given to the public sector equality duty is high.

4.4 Prior to the consultation the Council identified that a proportion of clients currently in receipt of the meal subsidy may be eligible for additional support due to their disability, reduced capacity and because they are particularly vulnerable. The consultation and the EqIA confirmed that the social care assessment process needs to allow the flexibility and option for a subsidised meal service to be available for vulnerable residents who are at risk of harm. Based on feedback received for those currently in receipt of the subsidy, this is likely to be in the region of 100 to 150 people.

## **5. Proposal**

5.1 The recommendation is not to withdraw the meal subsidy in all cases. Where the provision of a subsidised meal service is the most cost-effective intervention which meets needs, supports independence and the withdrawal would result in more expensive service provision elsewhere, it will continue to be available.

5.2 For existing clients, on a case by case basis, we would:

- Inform them and/ or their carer when the subsidy will be stopping in plenty of time for them to make an informed decision about what they wish to do next;
- Review client records and work with the providers to identify the most vulnerable people and identify suitable alternative options;
- Carry out telephone and face-to-face assessments as appropriate. With the focus being on understanding the strengths and needs of individuals and identifying appropriate support;
- Provide support and specialist advice from key voluntary sector providers to ensure current clients are in receipt of all eligible benefits to maximise their income;
- Where there is an identified risk we will not withdraw the subsidy until alternatives have been agreed as part of the person's care and support plan; and

- Where the provision of a subsidised meal service is the most cost-effective intervention, supports independence and the withdrawal would result in more expensive service provision elsewhere, it will continue to be available.

5.3 For new clients, from October 2019 the option for a subsidised meal service will continue to be available, as determined by the Care Act and Financial Assessment process.

5.4 In line with the Care Act, information to all residents will continue to be offered and people will be supported to access services if they are eligible to receive support from Adult Social Care. In addition, anyone can access community meals services directly from providers. There are a number of alternative options available for delivery in the community with a range of prices. Most people will be required to pay the full charge for the service they choose.

5.5 This proposal will mean that people most at risk and unable to afford a meals service will be able to access hot meals and a welfare check as part of the meals delivery service.

5.6 The subsidy for lunch clubs will be withdrawn. Support will be provided to seek alternative funding to continue if this is required. Individuals who attend the clubs will be given advice and offered assessments if appropriate.

## **6. Conclusion and reasons for recommendations**

6.1 This report has set out the rationale for a significant change in the approach to how the Meals in the Community subsidy will be used. If agreed, the new arrangements will be reviewed to ensure the revised approach is being properly implemented and the savings achieved will be monitored through the Council Plan.

6.2 There is a strong rationale for the changes proposed based upon the outcome of the consultation and EQIA.

**KEITH HINKLEY**

**Director of Adult Social Care & Health**

Contact Officer: Tom Hook, Assistant Director

Tel. No. 07895 331141

Email: tom.hook@eastsussex.gov.uk

## **APPENDICES**

Appendix 1 - Consultation Report

Appendix 2 - Equality Impact Assessment



**Appendix 1**

# ASC savings consultation 2019

## Subsidy for meals in the community



**Date:** August 2019

### Document summary

Results from the ASC savings consultation on the meals subsidy carried out between May and August 2019.

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## About this document:

<p><b>Enquiries:</b> Author: Community Relations Team Telephone: 01273 481 242 Email: <a href="mailto:consultationASC@eastsussex.gov.uk">consultationASC@eastsussex.gov.uk</a></p> <p><b>Download this document</b> From: <a href="http://www.eastsussex.gov.uk/mealsubsidy">www.eastsussex.gov.uk/mealsubsidy</a></p>	<p><b>Version number: 1</b></p> <p><b>Related information</b></p>
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## Background

### **We are proposing to stop paying a subsidy for meals in the community.**

Meals services enable people to have hot, chilled or frozen meals delivered to their home on a daily or weekly basis. We have a good range of service providers in East Sussex, which allow people to access high quality, nutritious food.

At the moment, the subsidy is £4.10 per meal and it is not means tested. The full cost of a meal is between £4 and £8. Our proposal would mean that people would need to pay the full cost of their meals if they wanted to carry on receiving them.

The majority of people currently receiving the subsidy have 7 meals a week and three quarters also receive another service. Most are older people and nearly half are aged 85 and over.

### **Why we consulted**

We think it is reasonable to ask people to pay for their meals given the budget pressures we face. Most other local authorities have already moved away from subsidising this sort of service. Stopping the subsidy could see savings of £483,000.

In line with the Care Act, we would continue to offer information about meals services and help people to access services if they were eligible to receive support from us. It's also possible that a small group of people may need additional support with their meals due to a disability or because they are particularly vulnerable.

### **What we did**

We consulted on the meals subsidy between 28 May and 6 August 2019.

We wrote to people currently receiving the subsidy to tell them about our proposal and ask them to fill in the survey. Where people didn't have capacity to take part, or contacting them would be inappropriate, we wrote to their families and carers where this was possible.

The consultation was promoted through a press release, via social media, in email briefings, in our enewsletters to staff and the public, in enewsletters run by other organisations, and at relevant groups and forums.

We targeted the following stakeholders:

- people receiving the subsidy and their families and carers.
- organisations such as partners, providers, voluntary organisations, and groups,
- people working at the Council and working in social care and health for other organisations, and
- members of the public.

Everyone had the option of completing an online or paper survey, or giving us their feedback over the phone, by email, or by letter.

## Respondent numbers and response methods

The table below shows the different ways that respondents shared their views. In some cases people may have taken part using more than one response method.

How they took part	Total respondents
Survey for people who receive the subsidy and their family and carers	228
Survey for members of the public and people working in health and social care	224
Survey for East Sussex County Council staff	27
Survey for organisation and group responses	1
Other feedback (Email, letter, call, video, feedback form)	Individuals: 21 Organisations or groups: 3
Lunch clubs	Survey: 7 Organisations or groups: 1
<b>Total responses</b>	<b>512</b>

## About this report

The main report covers key messages from across the consultation and the top themes covered in each of the various response methods. The appendices provide the full results, including data and comment themes for each of the different response methods.

Please note that comments may cover multiple themes, so the number of people answering a question won't reflect the number of respondents for the identified comment themes.

## What happens next

The Council's Lead Member for adult social care will consider the recommendations, the consultation results and the Equality Impact Assessment on 24 September 2019. The raw responses received in the consultation will be made available to Councillors in Members Papers.

## Key messages

This section provides a summary of the key messages from the consultation. These reflect the feedback received from organisations, groups and individuals across surveys and other feedback such as emails and letters.

- The majority of people disagree with the proposal that we should stop offering a subsidy for meals in the community, although there are a reasonable number across all response methods who agree with the proposal.
- People tended to disagree because the proposal would impact most on certain groups of people (particularly the vulnerable, older people, those with a disability and people living in rural areas), and because meals, which is a vital service, would be unaffordable for many without the subsidy.
- Some people were angry and disgusted that the proposal was even being considered. They felt that the proposal targets vulnerable people who don't have a voice.
- People tended to agree because everyone else has to pay for their food and they think that those who can afford to should pay the full cost.
- The meals service is an important one for vulnerable people, often offering a much needed lifeline that enables them to stay living safely in their own home.
- Good nutrition is important for mental and physical health and examples were often provided of the difference that meals services have made to an individual's health and quality of life.
- There is a fairly even split between those who say they would be likely to continue using the service if they had to pay the full cost and those who say they would be unlikely to do so.
- There are people receiving the subsidy, and their families and carers, who are clear that they would be unable to afford the meals without the subsidy, with some saying that they are already struggling financially.
- Some say that they have very little spare money and would be forced to make difficult budgeting decisions if the proposal went ahead. This was particularly the case for people who qualify for pension credit and disability benefits.
- If people are unable or unwilling to pay the full cost themselves this could increase the pressure on carers, family and friends.
- Many of those who wouldn't personally be affected are concerned about the financial impact on those receiving the subsidy if it was stopped and the risk that it could cause real hardship for those who are managing on a low income.

- Some people say they, or their family member, are not able to cook for themselves, or even heat up a microwave meal, due to an illness, disability or impairment. This means they would still need help to access a hot meal and may be at risk of self-neglect if they can't afford to pay for meals themselves and aren't safe cooking for themselves.
- It could lead to people eating less food, having few or no hot meals, and eating a much less nutritious diet.
- Poor nutrition could negatively affect people's health and wellbeing, which could have a knock-on effect on NHS services and mean they need more support from adult social care.
- It could affect people's ability to maintain their independence and could force some unnecessarily into residential care.
- It could prove more expensive in the long run if people ended up needing more costly support from adult social care or it caused an increase in their use of NHS services.
- People feel that the service helps to reduce social isolation and ensures that people have regular contact with the outside world. The safe and well check that is embedded in the service is also valued.
- Those living in rural areas could find it harder to get to the shops and there may be fewer viable alternatives to meals services.
- There was concern that stopping the subsidy could make meals services less viable for providers.
- If lunch clubs lose the subsidy it is likely to affect the number of people who attend. This would make them less viable and could force them to close.
- There was strong support across all the surveys for additional support being offered to certain groups of people. Most people thought that people with mobility issues, a physical disability, cognitive impairment, and those on a low income should receive support.
- There is a lot of support across response methods for making the subsidy means tested, rather than stopping it completely. However, some people are concerned about the administrative costs of means testing.
- The Council should make savings in another way, including: in another department; in a different way in adult social care; and cutting/freezing the amount that is paid to senior staff, councillors, and the salary levels for all staff.
- There were comments about how the local situation is affected by national policy and decisions, particularly related to austerity, funding for local government, and what sort of society we want to be. Some people suggested that the Council should be lobbying more strongly for additional funding.



## Themes by response method

This section covers the top themes for each question. Where there weren't any top themes that category has been left out of that section in the table. For a more detailed breakdown of answers including all the data and themes please see the relevant appendix as noted in the table below.

### Client and family survey (see appendix 1)

#### About the respondents:

- half of the respondents receive the subsidy and half were completing the survey as a family member or carer of someone who receives it; and
- nearly two thirds have their meals supplied by Mother Theresa's and over three quarters have been receiving the subsidy for up to three years.

#### If the proposal went ahead top themes:

- nearly two fifths said they would be likely to continue using the service if they had to pay the full cost of the meals; and
- just over two fifths said they would be unlikely to continue using the service.

#### Views on the proposal top themes:

- nearly three fifths of respondents disagree that it is reasonable to ask people to pay the full cost of their meal;
- nearly one fifth agree that it is reasonable;
- the proposal would impact most on certain groups of people, such as older people, those with a disability, or people living in rural areas;
- they, or their family member, would be unable to afford the meals without the subsidy; and
- they are already struggling financially.

#### Additional support to access and prepare food for certain groups top themes:

- most said this support should be available and offered to:
- people with a physical disability or mobility issues;
- people who are poor or managing on a low income;
- people who are unable to buy, prepare, heat up, or cook food for themselves; and
- people with cognitive impairment or lack of capacity, such as those with dementia.

#### How they would be affected top themes:

- the financial impact on them, or their family member, if the subsidy stopped;
- they, or their family member, are not able to cook for themselves;
- they would need help with accessing a meal due to their age, vulnerability, physical disability and/or cognitive impairment; and
- they, or their family member, would be unable to afford the meals without the subsidy.

**Other comments and suggestions top themes:**

- commented on austerity, how the country chooses to spend money, funding provided to local government, and the subsequent impact on the community and the vulnerable.

**Public and people working in social care survey (see appendix 2)****About the respondents:**

- the majority of the respondents completed the survey as a member of the public.

**Views on the proposal top themes:**

- nearly three fifths of respondents disagree that it is reasonable to ask people to pay the full cost of their meal;
- nearly a third agree that it is reasonable;
- it should be means tested instead of stopped completely; and
- the meals service is an important one for vulnerable people, offering a much needed lifeline.

**Additional support to access and prepare food for certain groups top themes:**

- the majority said this support should be available and offered to:
- people who are poor or managing on a low income;
- people with a physical disability or mobility issues; and
- again, some people said it should be means tested instead of stopped completely.

**How they would be affected:**

- people would not be personally affected by the proposal; and
- concerned about the negative impact on older, vulnerable and/or disabled people living in the county.

**Other comments and suggestions top themes:**

- comment on austerity, how the country chooses to spend money, funding provided to local government, and the subsequent impact on the community and the vulnerable; and
- suggestions about the subsidy or other ways of making savings.

**ESCC staff survey (see appendix 3)****About the respondents:**

- nearly two thirds work in a front-line role in adult social care.

**Views on the proposal top themes:**

- nearly two thirds agree that it is reasonable to ask people to pay the full cost of their meal;
- a quarter disagree that it is reasonable;

- everyone else has to pay for their food; and
- it should be means tested instead of stopped completely.

**Additional support to access and prepare food for certain groups top themes:**

- most people said this support should be available;
- it should be based on individual or assessed need;
- it should be offered to people who are unable to buy, prepare, heat up, or cook food for themselves; and
- again, some people said it should be means tested instead of stopped completely.

**How they would be affected top theme:**

- their work wouldn't be affected.

**What would help in their role top theme:**

- have a leaflet with details of local providers that can be posted to people.

**Other comments and suggestions top themes:**

- people would lose the benefit of the 'safe and well' check; and
- good nutrition is important for people's health and staying well.

**Organisation survey (see appendix 4)**

**Views on the proposal top theme:**

- they would prefer the subsidy to remain.

**How they would be affected top theme:**

- concerned that people who need this service would have to go without their meal if the subsidy stopped.

**Other comments and suggestions top theme:**

- it should be means tested instead of stopped completely.

**Other feedback via letter, email etc (see appendix 6)**

**Organisation and group feedback**

**Views on the proposal top theme:**

- they would prefer the subsidy to remain.

**How they would be affected top themes:**

- concerned about the impact on people's family and carers if people stop receiving meals; and
- people in rural locations may find it harder to get to the shops or have to travel further.

**Other comments and suggestions top theme:**

- it should be means tested instead of stopped completely.

**Individual feedback****Views on the proposal top themes:**

- just over two fifths disagree that it is reasonable to ask people to pay the full cost of their meal;
- just over one fifth have mixed views; and
- less than a fifth agree that it is reasonable.

**How they would be affected top themes:**

- concerned about the negative impact on them, their family member and older, vulnerable and/or disabled people living in East Sussex; and
- it would impact on people's health and wellbeing if the subsidy stopped and people couldn't afford to pay themselves.

**Other comments and suggestions top themes:**

- it should be means tested instead of stopped completely; and
- other suggestions about the subsidy or other ways of making savings.

**Lunch club surveys and other feedback (see appendix 8)****About the respondents:**

- most attendees who took part have been going to their lunch club for more than six years; and
- other respondents included the chairman of one of the clubs, district councillors, and members of the public.

**If the proposal went ahead top theme:**

- most people said they would be unlikely to keep attending their lunch club if they had to pay the full cost of meals themselves.

**Views on the proposal top themes:**

- everyone who gave their views disagrees with the proposal to stop the subsidy;
- they are concerned that their local lunch club would be forced to close if the subsidy was stopped; and
- people would miss the social aspect if they couldn't attend.

**How they would be affected top themes:**

- loss of members would make their local club less viable and could force it to close; and
- people would lose the benefits that attendance offers, including social contact and exercise.

**Other comments and suggestions top themes:**

- more options are need for social engagement for older people, not less; and
- closure of the club would leave rural residents facing greater isolation.

## Sample quotes

These comments are a small selection of the comments we received during the consultation. They have been chosen as they either reflect the key themes or offer a specific suggestion.

- “With the increase I would have to stop my carers. As it is more important to eat than have my carers.”
- “Would struggle to afford meals even though [I] only have the cheaper mini meals selection.”
- “My parents are being supported in their own home which is beneficial for the state. They have always been independent and at the age of 89 I think they should be supported otherwise they will need to go into a home. My father is the main carer for his wife who has severe dementia.”
- “I believe the council needs to provide this crucial service to enable people who need additional support in receiving a hot prepared meal.”
- “We know that elderly malnutrition occurs in our communities. This along with poor hydration leads to increase in confusion, infections and falls to name a few issues. Which in turn puts pressure on our already over stretched secondary care services. Does the council's actions and approach support the NHS Ten year plan.”
- “The service users I care for would not be able to afford to continue with the service and would end up eating less and most likely less nutritious food.”
- “So many other ways of obtaining prepared meals at home these days. Supermarket frozen foods home delivery, from Asda to Gousto by way of Wiltshire Farm Foods, Oakhouse etc. The prep and delivery element are redundant. And the choice offered by all these mean, variety – both nutritionally and in terms of budget.”
- “The person delivering the meal is often the only person that an elderly person sees in a day. If you remove that will you replace with a social worker visiting? No! Cheap at twice the price. These are people totally dependent on others. You should not even think of cutting out the support they have left.”
- “Majority of residents will be in receipt of income (state benefits, private income) at a level sufficient / intended to cover basic needs, including food. A meal's cost in range £4 - £8 is higher than can be made at home with ingredients bought at eg supermarkets but includes the preparation and delivery cost. Means testing would add administrative costs and [is] likely to increase costs rather than effect savings. Adult Social Services spending should prioritise medical / personal care.”
- “In theory I agree but hot meals delivered to vulnerable elderly adults are ESSENTIAL. When meals on wheels are not available some elderly are in a position whereby they do not eat properly and end up in hospital suffering from malnutrition. Lack of food / water can cause symptoms similar to dementia and again hospitalisation results so putting more strain on the NHS. Can you not phase in the charges slowly? Many of the adults receiving meals on wheels cannot go shopping for themselves easily.”

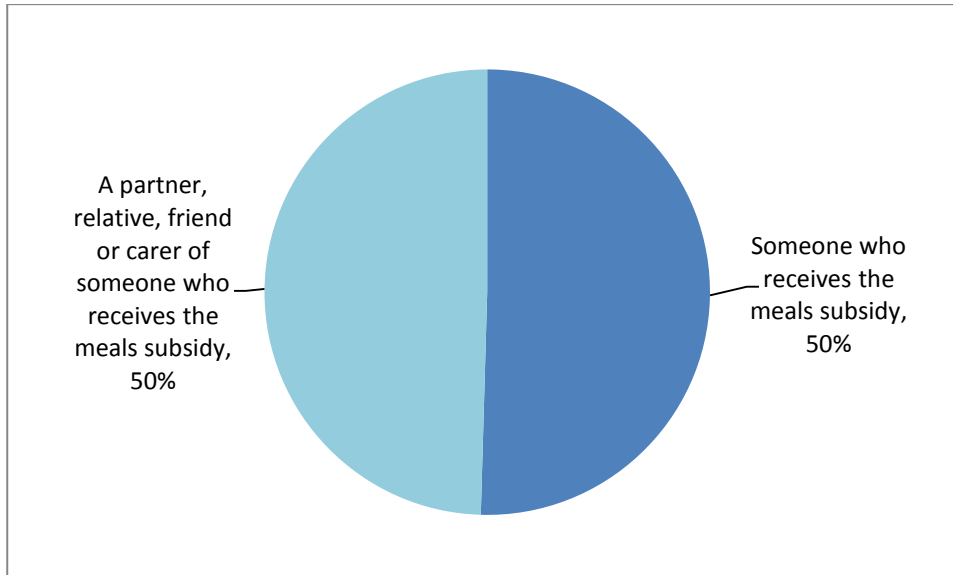
- “It will cost more to stop the meals than continue to [subsidise] them. Older people can be neglectful of nutrition. If they don’t eat properly, resultant problems will ensure higher visits to medical care, including A&E.”
- “Whatever you choose to do, please bear in mind that personal, individual assistance to every current recipient to make their chosen form of ongoing meal arrangements will be vital to avoid anyone ‘falling through the net’ and not having their nutritional needs met...rather than just sending out a letter with a list of instructions.”
- “The financial impact upon recipients of a total immediate subsidy removal will be substantial and detrimental, but a more incremental reduction is more likely to be accommodated by recipients and providers... The advantage of this modus operandi is that East Sussex County Council will then be able to see the actual adverse impact of this much smaller reduction, if any, and then be better able to make a reasoned decision as to whether to make a similar reduction in subsequent years if appropriate.”
- “Mum may attempt to start cooking again which raises health and safety issues due to memory problems and dexterity of hands. Having meals stops her using the gas cooker every day.”
- “It would make me considerably financially vulnerable. I live on my own and rely on their meals, as I am disabled and cannot cook.”
- “As there [are] two of us the cost would be a bit prohibitive.”
- “Additional costs to the most vulnerable people with no access or ability to drive or reach public transport or have internet to have food delivered nor able physically to prepare hot food. This is disgraceful & truly worrying as family member whose father paid taxes all of his life aged 89 and frail. God help the decision makers!!”
- “This has the potential to cause serious harm to not only my MIL [mother-in-law] but others who use this service for its nutritional value. This is my MIL’s only main meal. She has lost weight and her diabetes has never been better because she is eating a hot nutritious meal with veg carbs and protein in equal measure. A balanced meal.”
- “People living on disability benefit do not have sufficient funds to pay the extra charges. Subsidise those on low incomes only. Supply to all those who struggle to cook but give discount to those who cannot afford the full price.”
- “I do not feel that ESCC should ever pay for chilled meal delivery as chilled meals can be done as part of shopping for other everyday items, but the delivery would be for hot meals only, where there is very real concern that the person's nutritional status would be at risk without them. It would be subject to a risk assessment, akin to the risk assessment for a falls detector, and the person would need to meet all criteria to qualify.”
- “Adult Social Care have commented on how unusual it is for someone of her age, with her disabilities, managing to still be at home... At the time of putting the meals into place [she] was struggling to cook for herself and I discovered that she had been living on cornflakes, crackers and sandwiches. She was malnourished, confused and struggling with personal care. Since having the meals she has gained some weight and with the help from the carers is less confused and has regained back some quality of life.”

## Appendix 1: Client and family survey

All comment themes covered by two or more people are included in this report. The raw responses received in the consultation will be made available to Councillors in Members Papers.

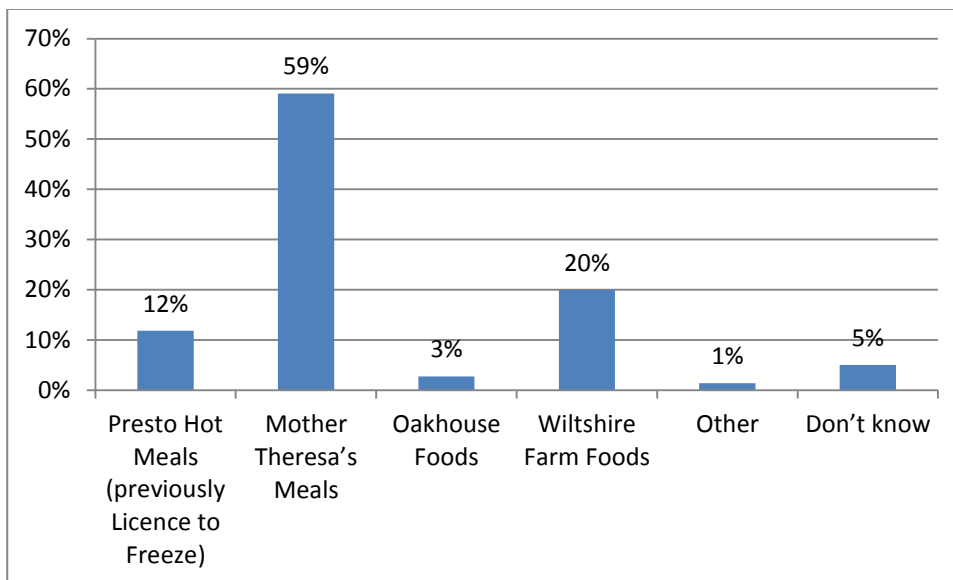
### Are you completing the survey as:

(218 people answered; 10 people did not)



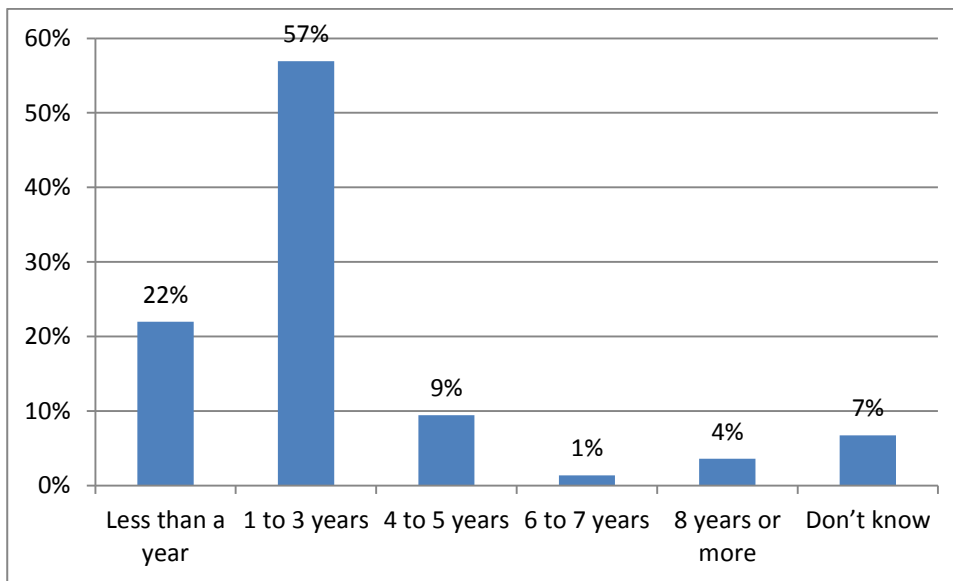
### Which meals in the community service do you use?

(220 people answered; 8 people did not)



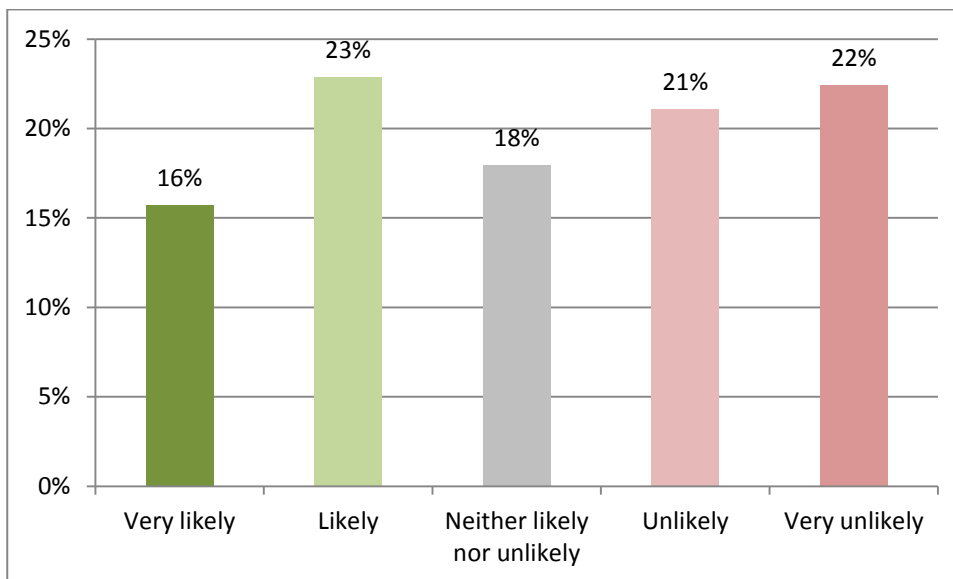
### How long have you been using a meals service?

(223 people answered; 5 people did not)



### How likely would you be to continue using the service if you had to pay the full cost of your meals?

(223 people answered; 5 people did not)



### How would you be affected by the proposal?

(197 people answered; 31 people did not)

**Top themes:** The top theme was the financial impact on people if the subsidy stopped (68 comments). Other top themes included: they, or their family member, are not able to cook for themselves (35); they would need help with accessing a meal due to their age, vulnerability, physical disability and/or cognitive impairment (31); and they, or their family member, would be unable to afford the meals without the subsidy (30).

The other key themes mentioned by more than one person were:

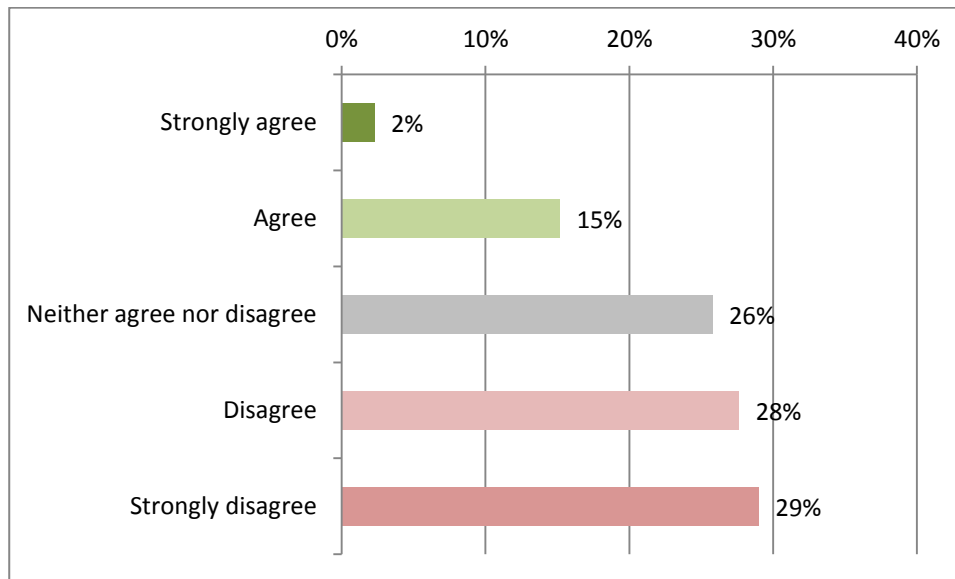
- They, or their family member, would eat fewer, or no, hot meals (20).



- They, or their family member, would eat fewer, or no, nutritious meals (19).
- They, or their family member, would eat less food or not eat (15).
- Poor nutrition could lead to a reduction in their independence, affect their health, or cause or worsen an illness (12).
- They would have fewer community meals delivered to them (11).
- They, or their family member, are unable to do their own shopping (11).
- They, or their family member, aren't safe to cook for themselves (10).
- The family isn't able to support them more due to other commitments or where they live (9).
- Their family or carers would have to help instead and cook more for them (9).
- They would switch to supermarket food instead or get some of their meals from the supermarket (9).
- They would stop having meals in the community if the subsidy wasn't available (8).
- They would have to look at alternatives and see what the best option was (8).
- They, or their family member, could end up in a care home if the subsidy stops (6).
- People need this sort of service (6).
- It could increase the pressure on the NHS if people's health is affected (5).
- They, or their family member, are already paying a contribution for other services they receive and don't feel they can afford to pay more (5).
- A family member or carer is concerned that the person receiving the subsidy won't want to pay and would cancel the service putting them at risk (5).
- They commented on their personal situation (5).
- They would not be affected as their situation has changed (4).
- There would be a financial impact on the family if they had to pay the cost of the meals instead (4).
- They, or their family member, would still need help from care workers to microwave meals (3).
- The proposal would have a negative impact on their family member or friend (3).
- It would increase the risk of self-neglect (3).
- They, or their family member, would lose the benefit of the 'safe and well' check (3).
- They are disgusted/angry/upset about the proposal and the fact it is even being considered (3).
- Supermarket meals are not an option for them or their family member (2).
- Their, or their family member's, dietary needs would make it hard to find an alternative to meals services (2).
- They, or their family member, would pay the full cost as they value the service (2).
- They have seen the benefits the service provides at first hand (2).

## How much do you agree or disagree that it is reasonable to ask people to pay the full cost of their meals?

(217 people answered; 11 people did not)



### Please explain why you agree or disagree:

(179 people answered; 49 people did not)

**Top themes:** The proposal would impact most on certain groups of people, such as older people, those with a disability, or people living in rural areas (29 comments); they, or their family member, would be unable to afford the meals without the subsidy (28); and they are already struggling financially (24).

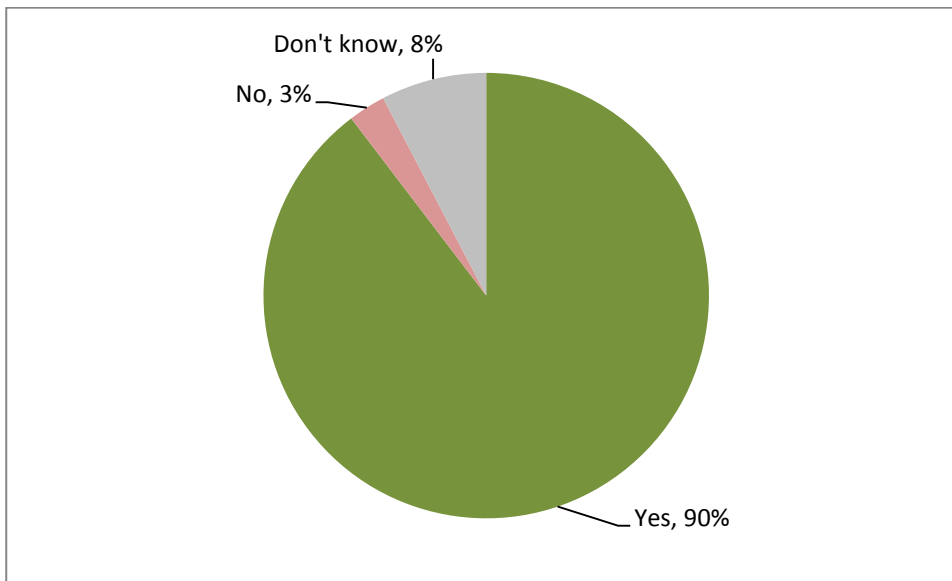
The other key themes mentioned by more than one person were:

- The meals service is an important one for vulnerable people, offering a much needed lifeline (21).
- They commented on their personal situation (20).
- Stopping the subsidy would cause hardship for people with a limited income (16).
- They, or their family member, would eat less food or not eat (15).
- People should pay the full cost if they can afford to (14).
- Make it means tested instead of stopping it completely (14).
- Some people aren't able to cook for themselves (13).
- They recognise the funding pressures the Council is facing and the need to making savings (11).
- Access to the subsidy should be based on need, for example, individual need, age, ability to cook, risk or isolation (10).
- They, or their family member, would eat fewer, or no, nutritious meals (9).
- Poor nutrition could cause or worsen an illness (9).
- They disagree with the proposal to stop the subsidy (8).

- They, or their family member, have paid their tax and National Insurance and deserve this support when they need it (7).
- It could increase the pressure on the NHS if people's health is affected (6).
- They have mixed views about the proposal (6).
- A family member or carer is concerned that the person receiving the subsidy won't want to pay and would cancel the service, putting them at risk (5).
- Rather than stopping the subsidy, they suggest changing the amount of subsidy that is offered (5).
- They, or their family member, are already paying a contribution for other services they receive and don't feel they can afford to pay more, or they don't get any other support (5).
- The carer is concerned that their family member isn't safe to cook for themselves (4).
- Suggestion about the subsidy or other ways of making savings (4).
- People need a hot meal (4).
- They commented on austerity, how the country chooses to spend money, funding provided to local government, and the subsequent impact on the community and the vulnerable (3).
- Meals seem expensive for what they are when the full cost is considered (3).
- Many people would be able to pay the full cost themselves (3).
- People may not be able to remain at home if the subsidy stops and they can't afford to pay for the meals themselves (3).
- The Council should make savings in another way in adult social care or in another department instead (3).
- The cost of the subsidy seems expensive and unsustainable (2).
- Removing the subsidy could increase the risk of malnutrition (2).
- People with a low income may have to choose between eating and heating (2).
- It could increase the pressure on other adult social care services if people still need help (2).
- They agree that the subsidy should be stopped (2).
- Good nutrition is important for people's health and staying well (2).
- It is unfair to subsidise some people (2).
- It should already be means tested (2).
- The value of the contact and/or the 'safe and well' check (2).

## Do you think we should continue to offer additional support to access and prepare food to certain groups of people if the proposal goes ahead?

(222 people answered; 6 people did not)



### If you said 'yes', do you have any suggestions for what criteria we use?

(150 people answered; 78 people did not)

**Top themes:** People with a physical disability or mobility issues (38 comments); people who are poor or managing on a low income (27); people who are unable to buy, prepare, heat up, or cook food for themselves (27); and people with cognitive impairment or lack of capacity, for example, those with dementia (26).

The other key themes mentioned by more than one person were:

- Make it means tested instead of stopping it completely (22).
- Based on people's age (18).
- Offer it to vulnerable people (17).
- It should be based on individual or assessed need (14).
- People who are receiving disability benefits (13).
- People who have a sensory impairment (13).
- It should be based on the impact of removing the subsidy; for example, if it would prevent someone needing more support or if they would be at risk of malnutrition (9).
- Offer it to people who need help from care workers to buy, prepare, heat up, or cook food (8).
- People living on their own (8).
- People need this sort of service (8).
- Stopping the subsidy would have a negative impact on people who receive it (8).
- Suggestion about the subsidy or other ways of making savings (6).

- People who have no family living nearby or no next of kin (5).
- Keep things as they are now and don't stop the subsidy (5).
- Care workers could support people instead (4).
- People who couldn't manage without it or couldn't stay at home without it (4).
- Everyone who needs support should get it (3).
- People who wouldn't eat without the service or would be at risk of not eating (3).
- Those who are unwell or have a long-term condition (2).
- People who need help to maintain a healthy diet (2).
- Offer the service for a short time while a plan is being put in place (2).
- The Council should make savings in another department instead (2).

### Do you have any other comments or suggestions about the proposal?

(106 people answered; 122 people did not)

**Top theme:** They commented on austerity, how the country chooses to spend money, funding provided to local government, and the subsequent impact on the community and the vulnerable (24 comments).

The other key themes mentioned by more than one person were:

- Suggestion about the subsidy or other ways of making savings (13).
- They are disgusted/angry/upset about the proposal and the fact it is even being considered (12).
- People need this sort of service (11).
- They disagree with the proposal to stop the subsidy (9).
- The meals service is an important one for vulnerable people, offering a much needed lifeline (9).
- If the subsidy is stopped it will cost more to support people in other ways (8).
- They commented on austerity, how the country chooses to spend money, funding provided to local government, and the subsequent impact on the community and the vulnerable (7).
- Poor nutrition could lead to a reduction in their independence, affect their health, cause or worsen an illness (6).
- Rather than making savings in this way, look at reducing the amount paid to councillors/senior staff or freeze pay increases for all staff (6).
- The Council should make savings in another way in ASC or in another department instead (5).
- They commented on the value of the service to them or their family member (5).
- Stopping the service would have a negative impact on older people (4).
- The service helps people to maintain their independence and stay living at home (4).

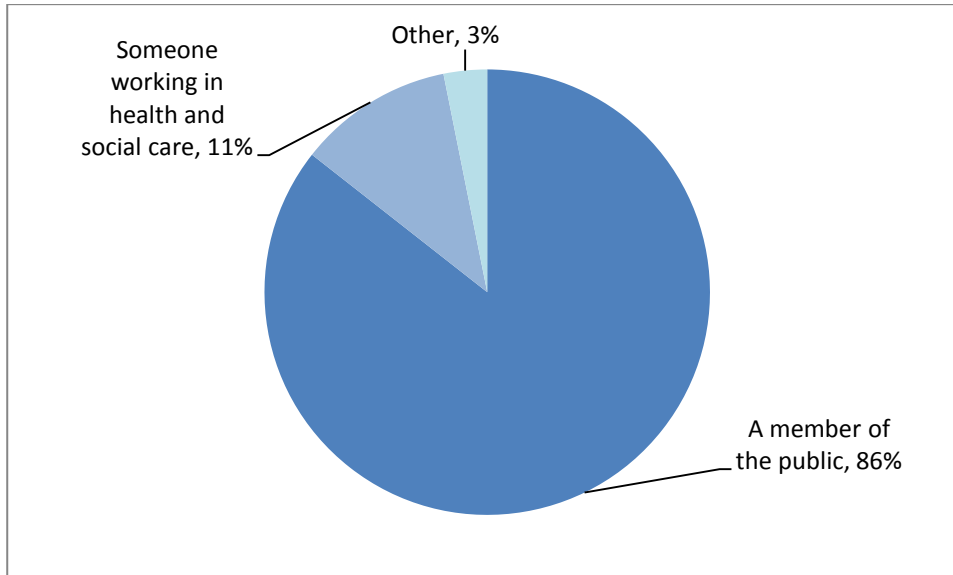
- People may not be able to remain at home and could end up in a care home if the subsidy stops (4).
- They, or their family member, have paid their tax and National Insurance and deserve this support when they need it (3).
- The proposal would impact most on certain groups of people, such as older people, those with a disability, or people living in rural areas (3).
- People would eat less food or not eat (3).
- It could increase the pressure on the NHS if people's health is affected (3).
- They commented on their personal situation (3).
- Make it means tested instead of stopping it completely (3).
- Good nutrition is important for people's health and staying well (3).
- The contact the delivery provides is valuable for people living on their own (3).
- People would be unable to afford the meals without the subsidy (2).
- Not everyone can afford to pay the full cost (2).

## Appendix 2: Public and people working in social care survey

All comment themes covered by two or more people are included in this report. The raw responses received in the consultation will be made available to Councillors in Members Papers.

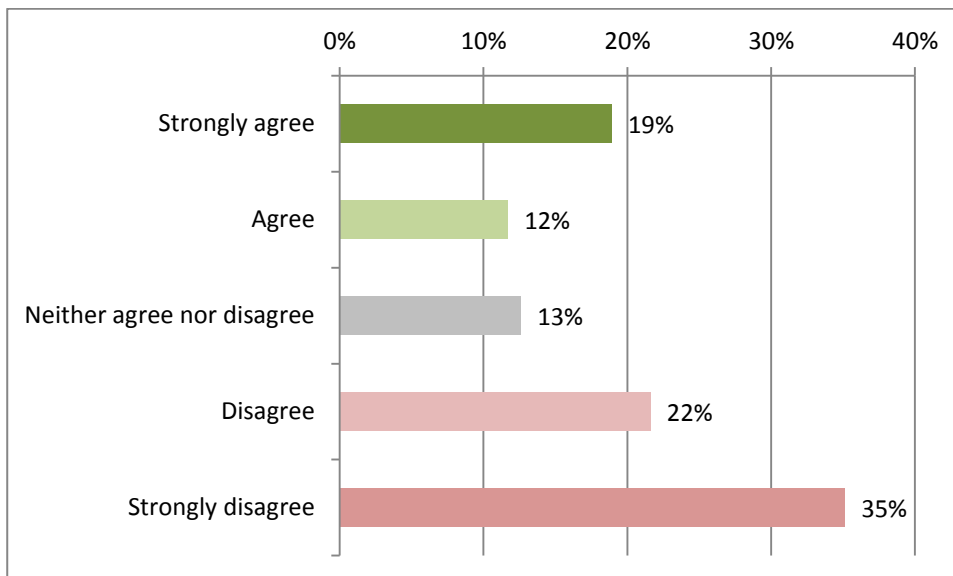
### Are you completing the survey as:

(222 people answered; 2 people did not)



### How much do you agree or disagree that it is reasonable to ask people to pay the full cost of their meals?

(223 people answered; 1 person did not)



## Please explain why you agree or disagree:

(194 people answered; 30 people did not)

**Top themes:** Make it means tested instead of stopping it completely (46 comments); and the meals service is an important one for vulnerable people, offering a much needed lifeline (46).

The other key themes mentioned by more than one person were:

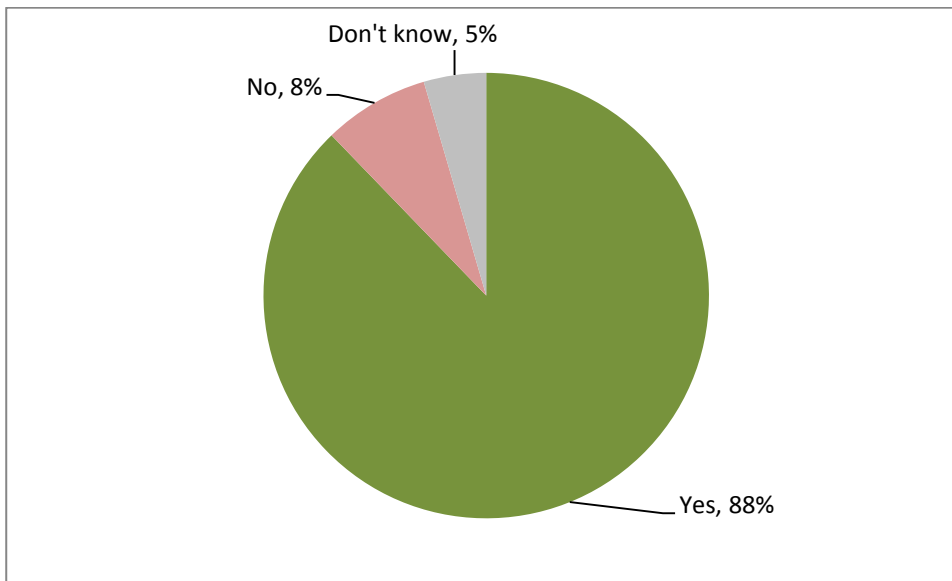
- The proposal would impact most on certain groups of people, such as older people, those with a disability, or people living in rural areas (28).
- People would be unable to afford the meals without the subsidy (27).
- Stopping the subsidy would cause hardship for people with a limited income (22).
- People would eat less food or not eat (19).
- They disagree with the proposal to stop the subsidy (17).
- People are already struggling financially (14).
- It could increase the pressure on the NHS if people's health is affected (14).
- People should pay the full cost if they can afford to (14).
- Some people aren't able to cook for themselves (13).
- Many people could afford to pay the full cost themselves (11).
- Poor nutrition could cause or worsen an illness (11).
- People need a hot meal (11).
- It could increase the pressure on other adult social care services if people still need help (10).
- The value of the contact and/or the 'safe and well' check (10).
- Access to the subsidy should be based on need; for example, individual need, age, ability to cook, risk or isolation (9).
- Everyone else has to pay for their food (9).
- People paid their tax and National Insurance and deserve this support when they need it (8).
- People on a low income already receive benefits which should help to pay for their food (8).
- Suggestion about the subsidy or other ways of making savings (7).
- They have mixed views about the proposal (7).
- The market offers a choice of meals services including cheaper services (7).
- There are many alternatives to meals services and for getting nutritional food delivered (7).
- They recognise the funding pressures the Council is facing and the need to make savings (7).
- They, or their family member, would eat fewer, or no, nutritious meals (6).



- It could increase loneliness if people lose the contact with their delivery driver (6).
- Means testing could be expensive to administer (6).
- Good nutrition is important for people's health and staying well (6).
- People should pay for their own food (6).
- Removing the subsidy could increase the risk of malnutrition (5).
- The Council should make savings in another way in ASC or in another department instead (5).
- They agree it is reasonable to stop offering the subsidy (5).
- They commented on austerity, how the country chooses to spend money, funding provided to local government, and the subsequent impact on the community and the vulnerable (4)
- People would lose the 'safe and well' check (4).
- Commented on the value of the 'safe and well' check (4).
- Meals seem expensive for what they are when the full cost is considered (4).
- Adult social care should prioritise other spending; for example, on personal care (4).
- Some people will be able to afford to pay the full cost, but others won't (4).
- People with a low income may have to choose between eating and heating (3).
- It is unfair to subsidise some people (3).
- It is unfair to stop the subsidy for everyone (3).
- It should already be means tested (3).
- Rather than stopping the subsidy, they suggest changing the amount of subsidy that is offered (2).
- Making it means tested could put people off from applying (2).

## Do you think we should continue to offer additional support to access and prepare food to certain groups of people if the proposal goes ahead?

(222 people answered; 2 people did not)



### If you said 'yes', do you have any suggestions for what criteria we use?

(172 people answered; 52 people did not)

**Top themes:** People who are poor or managing on a low income (43 comments); people with a physical disability or mobility issues (36); and make it means tested instead of stopping it completely (34).

The other key themes mentioned by more than one person were:

- People with cognitive impairment or lack of capacity; for example, those with dementia (23).
- People who are unable to buy, prepare, heat up, or cook food for themselves (18).
- It should be offered to vulnerable people (17).
- It should be based on people's age (17).
- It should be based on individual or assessed need (17).
- Suggestion about the subsidy or other ways of making savings (15).
- People who are receiving disability benefits (14).
- Everyone who needs support should get it (10).
- Offer it to people who need help from care workers to buy, prepare, heat up, or cook food (8).
- People who have no family living nearby or no next of kin (8).
- People who couldn't manage without it or couldn't stay at home without it (7).
- People living on their own (7).
- They disagree with the proposal to stop the subsidy (7).
- Offer the service for a short time while a plan is being put in place (6).

- People need this sort of service (6).
- Keep things as they are now and don't stop the subsidy (6).
- It should be offered based on referrals; for example, from GPs, hospitals and professionals (5).
- Those who are unwell or have a long-term condition (5).
- People who have a sensory impairment (5).
- It should be based on the impact of removing the subsidy; for example, if it would prevent someone needing more support or if they would be at risk of malnutrition (4).
- People who wouldn't eat without the service or would be at risk of not eating (4).
- Stopping the subsidy would have a negative impact on people who receive it (4).
- People who need help to maintain a healthy diet (3).
- Care workers could support people instead (3).
- People should pay for the cost of their food even if they get additional support (3).
- People who couldn't manage without it or couldn't stay at home without it (2).
- People who don't have cooking facilities (2).
- Offer the service for a short time while a plan is being put in place (2).
- Means testing could be expensive to administer (2).
- Ensure the process for deciding who gets additional support is consistent and fair (2).

### How would you be affected by the proposal?

(199 people answered; 25 people did not)

**Top theme:** People said they would not personally be affected by the proposal (117 comments).

The other key themes mentioned by more than one person were:

- They are concerned about the negative impact on older, vulnerable and/or disabled people living in East Sussex (24).
- They don't personally need to access the subsidy at the moment (18).
- They are disgusted/angry/upset about the proposal and the fact it is even being considered (11).
- Stopping the subsidy would help relieve the funding pressure on the Council (8).
- The proposal would have a negative impact on their family member or friend (7).
- The proposal would impact most on certain groups of people, such as older people, those with a disability, or people living in rural areas (7).
- The proposal would affect people they support in a professional capacity (6).

- They commented on austerity, how the country chooses to spend money, funding provided to local government, and the subsequent impact on the community and the vulnerable (6).
- They would need to get the subsidy in future (5).
- They suggest increasing Council Tax to cover the cost of the subsidy or say they are happy for it to be increased (5).
- It could increase the pressure on the NHS if people's health is affected (4).
- People's family or carers would have to help instead and cook more for them (4).
- They aren't affected unless Council Tax increases (4).
- They have seen the benefits the service provides at first hand (4).
- Poor nutrition could lead to a reduction in their independence, affect their health, or cause or worsen an illness (3).
- They disagree with the proposal to stop the subsidy (3).
- People need this sort of service (2).
- People would eat less food or not eat (2).
- It could increase the risk of self-neglect (2).
- There would be a financial impact on the family if they had to pay the cost of the meals instead (2).
- People have paid their tax and National Insurance and deserve this support when they need it (2).
- Stopping the subsidy would ensure other social care services could have the funding they need (2).
- They won't vote for the Conservatives in future (2).
- They agree that the subsidy should be stopped (2).
- They manage with what they have in old age, so feel that others should too (2).
- The subsidy should be stopped as it will help keep Council Tax down (2).

### **Do you have any other comments or suggestions about the proposal?**

(103 people answered; 121 people did not)

**Top themes:** They commented on austerity, how the country chooses to spend money, funding provided to local government, and the subsequent impact on the community and the vulnerable (17 comments); and made a suggestion about the subsidy or other ways of making savings (17).

The other key themes mentioned by more than one person were:

- They disagree with the proposal to stop the subsidy (14).
- The Council should make savings in another way in ASC or in another department instead (12).
- They are disgusted/angry/upset about the proposal and the fact it is even being considered (12).

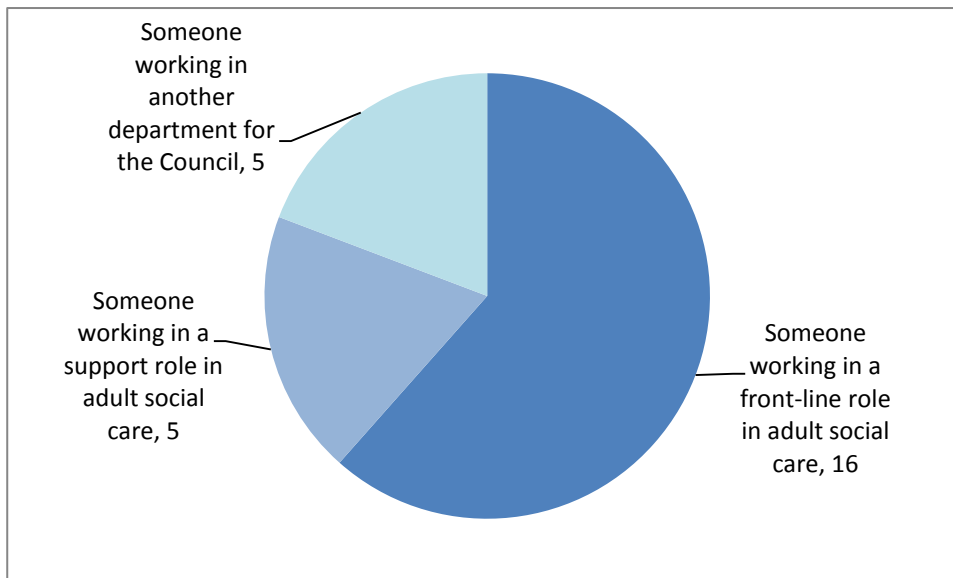
- Make it means tested instead of stopping it completely (10).
- The meals service is an important one for vulnerable people, offering a much needed lifeline (10).
- People need this sort of service (9).
- It could increase the pressure on the NHS if people's health is affected (7).
- They agree it is reasonable to stop offering the subsidy (6).
- They suggest increasing Council Tax to cover the cost of the subsidy or say they are happy for it to be increased (6).
- If the subsidy is stopped it will cost more to support people in other ways (5).
- Rather than making savings in this way, look at reducing the amount paid to councillors/senior staff or freeze pay increases for all staff (5).
- People should pay for their own food (4).
- They are concerned about the negative impact on older, vulnerable and/or disabled people living in East Sussex (3).
- Poor nutrition could lead to a reduction in people's independence, affect their health, cause or worsen an illness (3).
- People would lose the benefit of the 'safe and well' check (3).
- Good nutrition is important for people's health and staying well (3).
- Everyone else has to pay for their food (3).
- People paid their tax and National Insurance and deserve this support when they need it (2).
- People would eat less food or not eat (2).
- People would eat fewer, or no, nutritious meals (2).
- People may not be able to remain at home and could end up in a care home if the subsidy stops (2).
- It could increase the pressure on other adult social care services if people still need help (2).
- The service helps people to maintain their independence and stay at home (2).
- They commented on austerity, how the country chooses to spend money, funding provided to local government, and the subsequent impact on the community and the vulnerable (2).
- Ensure people don't slip through the net (2).
- Look for other services like this that don't need funding (2).
- They raised an issue with the consultation process or information (2).

## Appendix 3: ESCC staff survey

All comment themes covered by two or more people are included in this report. The raw responses received in the consultation will be made available to Councillors in Members Papers.

### Are you completing the survey as:

(26 people answered; 1 person did not)



### How much do you agree or disagree that it is reasonable to ask people to pay the full cost of their meals?

(Everyone answered the question)



### Please explain why you agree or disagree:

(24 people answered; 3 people did not)

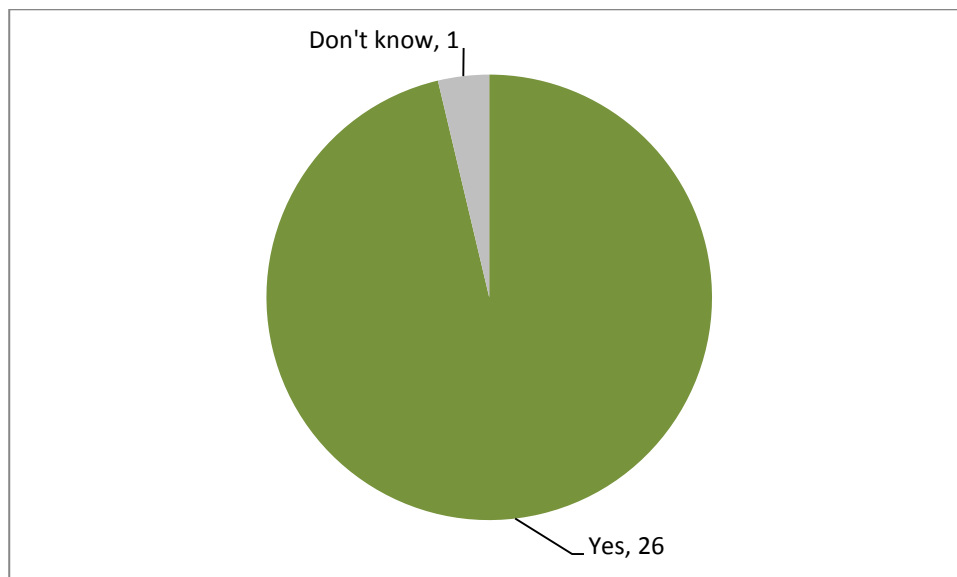
**Top themes:** Everyone else has to pay for their food (6 comments); and make it means tested instead of stopping it completely (5).

The other key themes mentioned by more than one person were:

- They agree with the proposal as long as people get help with cooking if they need it and aren't left to starve (4).
- People should pay the full cost if they can afford to (3).
- They have mixed views about the proposal (3).
- The meals service is an important one for vulnerable people, offering a much needed lifeline (3).
- People would be unable to afford the meals without the subsidy (2).
- Stopping the subsidy would cause hardship for people with a limited income (2).
- The proposal would impact most on certain groups of people, such as older people, those with a disability, or people living in rural areas (2).
- People would eat less food or not eat (2).
- People would eat fewer, or no, nutritious meals (2).
- Access to the subsidy should be based on need; for example, individual need, age, ability to cook, risk or isolation (2).
- Some people aren't able to cook for themselves (2).
- People should pay for their own food (2).

**Do you think we should continue to offer additional support to access and prepare food to certain groups of people if the proposal goes ahead?**

(Everyone answered the question)



**If you said 'yes', do you have any suggestions for what criteria we use?**

(23 people answered; 4 people did not)

**Top themes:** It should be based on individual or assessed need (7 comments); make it means tested instead of stopping it completely (6); and people who are unable to buy, prepare, heat up, or cook food for themselves (6).

The other key themes mentioned by more than one person were:

- Offer it to people who need help from care workers to buy, prepare, heat up, or cook food (3).
- It should be offered to vulnerable people (2).
- Those who are unwell or have a long-term condition (2).
- People who don't have cooking facilities (2).
- People who are poor or managing on a low income (2).
- Ensure the process for deciding who gets additional support is consistent and fair (2).
- People should still pay for their own food even though they need additional support (2).
- Suggestion about the subsidy or other ways of making savings (2).

### How would your work be affected if the proposal went ahead?

(20 people answered; 7 people did not)

**Top theme:** They said their work wouldn't be affected by the proposal (6 comments).

The other key themes mentioned by more than one person were:

- The focus would be on providing information and advice in future (3).
- The assessments required if the subsidy stopped would increase the pressure on social work teams (2).
- Home care is more expensive than offering the meals subsidy (2).
- They said there would be limited impact on their work (2).

### What would help you in your role if the proposal went ahead?

(17 people answered; 10 people did not)

**Top theme:** Have a leaflet with details of local meals service providers that can be posted out to people (3 comments).

The other key theme mentioned by more than one person was:

- Clear communication with people who receive the subsidy about their options (2).

### Do you have any other comments or suggestions about the proposal?

(9 people answered; 18 people did not)

**Top themes:** People would lose the benefit of the 'safe and well' check (2 comments); and good nutrition is important for people's health and staying well (2).

There weren't any other key themes mentioned by more than one person.



## Appendix 4: Organisation and group survey

We received 1 organisation or group response through the survey.

Organisation or group	Response
<b>Bodiam Parish Council</b>	They fear that people who need this service the most would have to go without their meal. They would prefer the subsidy to remain, but means tested so that those most in need would still receive a meal.

## Appendix 5: Equalities information

Everyone who completed the client and carer survey and public survey were given the option of completing the 'about you' equality questions. This section provides the combined responses for both groups.

### Gender

	Respondents		Census
Male	128	28%	48%
Female	265	59%	52%
Prefer not to say	24	5%	N/A
Not answered	35	8%	N/A

### Transgender

Two people (0.4%) identified as transgender, while 81% (364) answered 'no', and 6% (25) chose prefer not to say. 13% (61) people did not answer the question.

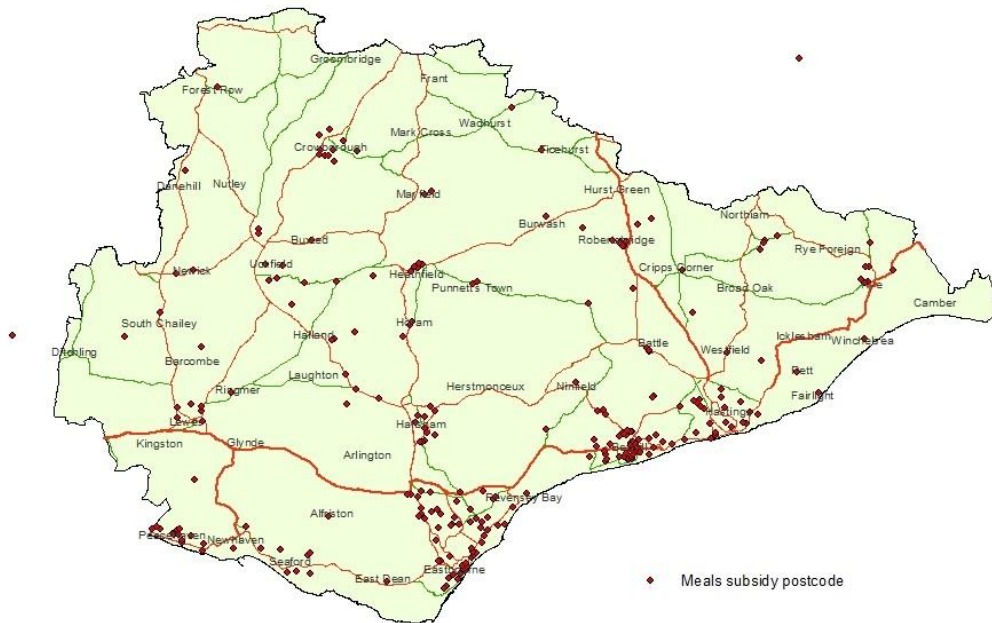
### Age

	Respondents		Census
Under 18	1	0.2%	19.8%
18-24	0	0%	7.3%
25-34	13	3%	9.6%
35-44	21	5%	12.5%
45-54	47	10%	14.2%
55-59	41	9%	6.3%
60-64	43	10%	7.5%
65-74	94	21%	11.2%
75+	114	25%	11.6%
Prefer not to say	33	7%	N/A
Not Answered	45	10%	N/A

## Location of respondent

64% (289) provided their post code, 26% (119) chose prefer not to say. 10% (44) did not answer.

### Meals Subsidy



14/08/2019

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Note: points may represent multiple addresses at the same postcode

## Ethnicity

	Respondents		Census
White British	381	84%	98%
White Irish	2	0.4%	
White Gypsy/Roma	0	0%	
White Irish Traveller	0	0%	
White other*	3	1%	
Mixed White and Black Caribbean	2	0.4%	0.5%
Mixed White and Black African	1	0.2%	
Mixed White and Asian	1	0.2%	
Mixed other*	0	0%	
Asian or Asian British Indian	1	0.2%	0.6%
Asian or Asian British Pakistani	0	0%	
Asian or Asian British Bangladeshi	0	0%	
Asian or Asian British other*	0	0%	
Black or Black British Caribbean	0	0%	0.3%
Black or Black British African	1	0.2%	
Black or Black British other*	0	0%	
Arab	0	0%	0.3%
Chinese	0	0%	
Prefer not to say	18	4%	
Other ethnic group*	0	0%	N/A
Not answered	42	9%	N/A

## Disability

Respondents		
Yes	170	38%
No	207	46%
Prefer not to say	26	6%
Not answered	49	11%

## Impairment type

Please note that this is a multiple choice question. The percentage is calculated based on the total respondent numbers to the survey.

Respondents		
Physical impairment	130	29%
Sensory impairment (hearing and sight)	66	15%
Long standing illness or health condition, such as cancer, HIV, heart disease, diabetes or epilepsy	89	20%
Mental health condition	44	10%
Learning disability	8	2%
Other	10	2%
Prefer not to say	14	3%

## Religion

43% (192) of respondents consider themselves to have a religion or belief, while 38% (170) do not, and 10% (43) chose prefer not to say. 10% (47) did not answer.

### Stated religion or belief

More people answered this question than the previous one about whether they have a religion or belief.

	Respondents		Census
Christian	184	41%	60%
Buddhist	2	0.4%	0.4%
Hindu	0	0%	0.3%
Jewish	2	0.4%	0.2%
Muslim	1	0.2%	0.8%
Sikh	0	0%	0%
Other*	9	2%	0.7%
Not Answered	254	56%	N/A

## Sexuality

	Respondents	
Bi/Bisexual	5	1%
Heterosexual/Straight	319	71%
Gay woman/Lesbian	6	1%
Gay man	3	1%
Other	3	1%
Prefer not to say	53	12%
Not Answered	63	14%

## Marriage or civil partnership

40% (182) of respondents are married or in a civil partnership, while 36% (161) are not and 10% (44) chose prefer not to say. 14% (65) did not answer the question.

## Appendix 6: Other feedback

### Organisation and group feedback

We received responses from the following organisations and groups:

- East Sussex Seniors' Association (ESSA)
- Inclusion Advisory Group (IAG)
- The chairman of Robertsbridge Lunch Club (RLC)

The table below provides a summary of the key points raised by each organisation. The raw responses will be made available to Councillors in Members Papers.

Organisation or group	Date received	Summary
ESSA Health and Community Care Theme Group	5 May	<ul style="list-style-type: none"> <li>• Concerned about the impact on the providers and the viability of their businesses.</li> <li>• Wanted to know if it would be means tested and how this would be done.</li> <li>• Recognised the complexity and hard work and time that is going into the project.</li> </ul>
IAG	5 June	<ul style="list-style-type: none"> <li>• The proposal would have a direct impact on the most vulnerable people who have extremely limited resources.</li> <li>• People in rural locations may find it harder to get to the shops or have to travel further. This may put more pressure on their family and carers.</li> <li>• Concern about increased malnutrition if people can't afford to pay for the meals themselves.</li> <li>• The group felt that rather than stopping the subsidy entirely, it should instead be means tested (eg, if someone gets pension credit or Personal Independence Payment), as some people may own their property but be cash poor. If this isn't an option, then something will need to be considered for those who cannot access food on their own.</li> <li>• If people decide they can't afford to carry on using the service, can this information be shared with their GP.</li> <li>• The impact on carers needs to be considered, as if people cancel their services it is likely to lead to an increased reliance on their family and carers.</li> </ul>
RLC chairman	21 July	<ul style="list-style-type: none"> <li>• The potential impacts include: increased social isolation and greater use of the NHS and social care if people stop having the service and their health deteriorates; meals providers withdrawing from the marketplace or</li> </ul>

		<p>increasing prices; and lunch clubs closing.</p> <ul style="list-style-type: none"><li>• Given that the subsidy is a relatively small component of the budget it should ideally continue as it is.</li><li>• Means testing could cost more money than it saves in administration costs and people would not necessarily apply even if they qualified.</li><li>• Unless it receives more funding or finds another way to raise money or make savings, the Council needs to balance its budget.</li><li>• The financial impact of a total subsidy removal would be substantial and detrimental, so instead of removing the subsidy all at once it is suggested that it is reduced incrementally over four years.</li><li>• This incremental reduction would allow the Council to monitor the impact of the smaller reduction and mitigate against future reductions. It would also lessen the impact on providers.</li></ul>
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## Individual feedback

All comment themes covered by two or more people are included in this report. The raw responses received in the consultation will be made available to Councillors in Members Papers.

About the respondents and feedback	
<b>Number of respondents:</b>	21
<b>When it was received:</b>	May: 1 June: 16 July: 4 Aug: 0
<b>How it was received:</b>	Email: 17 Phone: 4
<b>Who it was from:</b>	Client: 6 Family/friend: 4 Member of public: 8 Worker: 2 Other: 1

### Key themes

Most respondents (17 people) gave their views on the proposal, with the following totals:

- 3 agree with the proposal
- 9 disagree with proposal
- 5 have mixed views

The main themes that came up in the comments were:

Themes	Total respondents
They are concerned about the negative impact on them or their family member and older, vulnerable and/or disabled people living in the county	11
It would impact on people's health and wellbeing if the subsidy stopped and people couldn't afford to pay themselves	8
Make it means tested instead of stopping it completely	6
Suggestion about the subsidy or other ways of making savings	6
Other comment	3
People should pay for their own food	2
ASC should prioritise other spending; for example, on personal care	2
People would be unable to afford the meals without the subsidy	2

### Sample quotes

- "Another cut in the services to the vulnerable. I oppose such a cut."
- "I think stopping the subsidy would be a good move, as it isn't means tested, and seems a lot of money for a meal in the first place."
- "I realise that difficult decisions have to be made but if an older person was to lose some £28 a week (the subsidy for 7 meals a week) and they just receive the state pension of £168.60 then this seems like a significant dent when their income is already low."
- "Her meals are a lifeline and our only way of knowing she will get a hot meal each day... It is not just a hot meal she would miss but she simply forgets to eat, when the carer comes in the afternoons she makes her a sandwich, cuppa soup, etc, but she is not available earlier in the day most days."
- "[T]his specific targeting of and discrimination against the most elderly and vulnerable in the community is utterly disgraceful and you should be ashamed for even contemplating it. In my mother's case she has a number of personal issues - mainly Alzheimer's and has very limited mobility - and is not capable of making a meal herself. She tries to be independent and no further burden on the authorities, but is reliant on this service to have one cooked meal a day."

## Appendix 7: Suggestions across all feedback

### Top themes

The top themes for suggestions covered across all the response methods were:

- Make it means tested instead of stopping it completely (85 comments).
- The Council should make savings in another way in ASC or in another department instead (26).
- Access to the subsidy should be based on need; for example, individual need, age, ability to cook, risk or isolation (22).
- Rather than making savings in this way, look at reducing the amount paid to councillors/senior staff or freeze pay increases for all staff (13).
- Rather than stopping the subsidy, they suggest lowering it (7).
- Means testing could be expensive to administer (6).
- Criteria and not a suggestion in terms of the proposal (6).
- Phase the reduction of the subsidy (5).
- Have a leaflet with details of local meals service providers that can be posted out to people (3).
- The charity sector could help people who can't afford to pay the full cost (3).
- Encourage care homes and pub/restaurant kitchens to provide meals services (2).
- Lobby the government for more funding for adult social care (2).
- Only offer to people on low income/disability benefit/pension credit (2).
- Providers could offer deals on the food and/or free delivery (2).
- A cheaper provider could be used (2).
- Offer support to help people maximise their benefits (2).
- Make sure future access to meals services is flexible in cases of urgent need etc (2).

The lists below are organised by topic and cover suggestions made by one person.

### Suggestions about how the subsidy operates:

- Only offer the subsidy to people aged over 75 years old.
- Make it easier to move between providers.
- Ask people to volunteer to pay towards the cost.
- Only offer the subsidy on weekdays.
- Review how people on low income spend their money before providing the subsidy.
- Review the profits being made by providers.
- Do robust risk assessments to identify the need for the subsidy/service.
- Only offer to people who live on their own.

### **Suggestions about other ways of changing the subsidy:**

- Look at banding the subsidy based on income.
- Provide meals in day centres instead as this would be cheaper and would allow attendees to meet people.
- Stop offering the subsidy to new clients.
- Incrementally reduce the subsidy over four years.

### **Suggestions about other ways of making savings**

- Make savings by combining services with other local authorities.
- Cut free school meals for rich parents instead.
- Find more cost effective providers rather than stopping the subsidy.
- Reduce everyone's social care funding by a little bit instead.
- Reduce the number of employees at the Council.

### **Suggestions about how people could be supported if it went ahead:**

- Offer people cooking lessons.
- Help people with budgeting so they can afford to pay for their meals.
- Purchase microwaves to support people using alternative services.
- People's families could help more with cooking.
- Signpost people to cooking classes.
- Offer vouchers to help people with the cost of meals.
- Make sure information is available for staff and clients about nutrition.

### **Suggestions about alternative ways of supporting people:**

- Encourage community groups and Churches to run lunch clubs.
- Pay care workers a reduced rate for food preparation.
- Offer the subsidy as a short-term option for people who are recovering from a hospital visit or illness.
- Offer meals-based reablement.
- Offer food vouchers/parcels for urgent situations.
- Work with local supermarkets and communities.
- Offer telecheck welfare checks as an alternative to the safe and well check that meals services can provide.

## Appendix 8: Lunch club feedback

Two lunch clubs also receive the subsidy. The feedback in this section covers the responses received from attending one lunch club to tell them about the consultation and through our consultation website.

*All comment themes covered by two or more people are included in this report. The raw responses received in the consultation will be made available to Councillors in Members Papers.*

### Organisation and group responses

We received responses from the following organisations and groups:

- The chairman of Robertsbridge Lunch Club (RLC).

Organisation or group	Date received	Summary
RLC chairman	21 July	<ul style="list-style-type: none"> <li>• The club provides social engagement and ensures people get a good meal when they attend.</li> <li>• He is concerned that people would be unable or unwilling to pay more to attend the lunch club.</li> <li>• Loss of members would make the club less viable and could prove fatal to its ability to keep running.</li> <li>• The loss of the club would be disastrous for the community, as it needs more options for social engagement for older people and not fewer.</li> </ul>

### Robertsbridge Lunch Club survey responses

We attended the lunch club on 10 June 2019. The attendees were told about the proposal and given the opportunity to complete a survey at the club or post it to us afterwards. We received 7 completed surveys.

#### How long have you been going to the lunch club?

	Total respondents
Less than a year	2
2 to 3 years	0
4 to 5 years	0
6 to 7 years	1
More than 8 years	4

### How likely would you be to attend the lunch club if you had to pay the full cost of your meals?

	Total respondents
Very likely	0
Likely	1
Neither likely nor unlikely	0
Unlikely	2
Very unlikely	4

We asked people to tell us why they answered as they did. Of the people who said they would be unlikely or very unlikely to attend the main reason was the expense (3 comments), although one person said they didn't like the meals.

### What would you be concerned about if the proposal went ahead?

The main themes mentioned by more than one person were:

- They would miss the social aspect (3 comments).
- The club could be forced to close (2).
- They would eat their main meal at a different time (2).

### How would you or someone you care for be affected by the proposal?

The main themes mentioned by more than one person were:

- They would miss the social aspect (4 comments).
- They wouldn't get the benefits of the mental stimulation and physical exercise (2).

### Other survey responses about lunch clubs

There were 5 responses received through our website which mentioned the lunch clubs that we subsidise. One person completed the survey for people who receive the subsidy and the rest completed the survey for the public. This section provides a breakdown of these results. The responses are also included in the overall results for the relevant surveys.

### Are you completing the survey as:

- Member of the public (2)
- District Councillor (2)
- Someone who receives the meals subsidy (1)

### How likely would you be to continue using the service if you had to pay the full cost of your meals?

The respondent who completed the survey that included this question, said they would be 'very unlikely' to continue attending the lunch club.

## How much do you agree or disagree that it is reasonable to ask people to pay the full cost of their meals?

- Strongly agree (0)
- Agree (0)
- Neither agree nor disagree (1)
- Disagree (3)
- Strongly disagree (1)

### Please explain why you agree or disagree:

**Top theme:** The meals are too expensive and people wouldn't be able to afford to pay the full cost (3 comments).

The other key theme mentioned by more than one person was:

- Stopping the subsidy could impact on people's health, resulting in an increase in pressure on NHS services (2).

### How would you be affected by the proposal?

Most of the respondents aren't personally affected by the proposals, but they are concerned about the impact on their local area.

**Top theme:** The removal of the subsidy would mean the lunch club has to close and people would lose the benefits it offers (3 comments).

The other key themes mentioned by more than one person were:

- Closure of the lunch club would leave rural residents facing greater isolation and remove an opportunity for social contact (2).
- The proposal would impact most on certain groups of people, such as older people, those with a disability or people living in a rural area (2).

### Do you have any other comments or suggestions about the proposal?

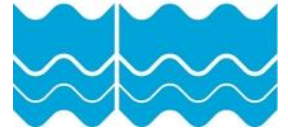
**Top themes:** If removal of the subsidy leads to closure of the clubs or people not attending it would affect their access to nutritious hot meals (2 comments); and could lead to illness and more hospital attendances (2).

### Sample quotes

- "I attend a Monday Lunch Club which would fold if this subsidy is withdrawn."
- "I am really concerned about groups such as lunch clubs, which could not sustain any increased cost for users. It doesn't take much thought to understand the value of these clubs or the challenge of raising funds. There is recently a study which shows how a hot meal daily correlates with keeping elderly out of hospital."
- "[I]f your subsidy is cut in my village, it would mean that Age UK would not continue and there would be a group of rural residents facing greater isolation... A recent study showed that a hot meal decreases the risk of hospitalisation."
- "This is for the participants the only social event of the week and especially in rural areas loneliness and lack of social contact is increasing. We also know how much such interaction supports mental and physical health."

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**Appendix 2****Equality Impact Assessment****Project or Service Template**

Name of the proposal, project or service
<b>Removal of Meals in the Community Subsidy</b>

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

**Contents**

Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)	3
Part 2 – Aims and implementation of the proposal, project or service .....	6
Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics. ....	9
Part 4 – Assessment of impact .....	11
Part 5 – Conclusions and recommendations for decision makers .....	25
Part 6 – Equality impact assessment action plan.....	27



## **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

## Equality Impact Assessment

- 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 is 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.

## Equality Impact Assessment

- 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.**

Removal of Meals in the Community Subsidy

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

The proposal is to withdraw the subsidy that supports clients to pay for their meals; instead clients would pay the full cost of this service.

Meals in the community services enable people to have hot, chilled or frozen meals delivered to their home on a daily or weekly basis. We have a good range of service providers in East Sussex, ensuring people can access high quality, nutritious food.

Currently, Adult Social Care (ASC) subsidises the cost of meals and our proposal would mean that people would pay the full cost of their meal if they wanted to carry on using this sort of service. It's important to say that we are not closing any services, just proposing to stop offering the subsidy of £4.10 per meal.

In line with the Care Act 2014, we would continue to offer information about services to all residents and help people to access services if they were eligible to receive support from us. It's also possible that a small group of people may need additional support with their meals due to their disability or because they are particularly vulnerable.

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

Caroline Moyes - Project Manager, Housing Support Solutions, Adult Social Care and Health (ASCH).

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

There are currently 679 clients in receipt of the subsidy, which supports them to have hot, chilled or frozen meals delivered to their home on a daily or weekly basis. In addition, two lunch clubs (28 clients) in the county receive the subsidy. (*data summary in appendix 1*)

There are four main meal providers, who are on an approved provider list, with a contract in place, these are:

- Mother Theresa's (frozen & hot meal delivery)
- Presto Hot Meals previously Licence to Freeze (frozen & hot meal delivery)

## Equality Impact Assessment

- Wiltshire Farm Foods (frozen meal delivery)
- Sussex Oakhouse (frozen meal delivery)

The full cost of a meal from different providers ranges from £3 for a frozen meal to £8 for hot a meal delivery.

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

If the proposal went ahead, we would write to everyone currently receiving the subsidy and let them know when it would be stopping. They would then have time to make a decision about what they wished to do next.

Our assessment team would be available to talk to people and their families about what the decision meant for them and look at their options. Where appropriate, this would include doing an assessment of their social care needs or helping them to maximise their income.

It's important to say that we are removing the subsidy and not the services. People would have the option of paying the full cost of their meal and continuing with the service.

In some circumstances, for people most at risk and unable to afford a meals service, we will continue to provide a subsidy.

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

There are four main meal providers, who are on an approved provider list, with a contract in place, these are described in 2.2.

We have been working closely with the providers to understand the impact of the proposals on them. Providers have told us they are confident that they can continue to deliver services and have indicated they will consider offering deals over the transition period.

Other agencies, including community and voluntary organisations can signpost people to meal services but this does not include eligibility for the ASC subsidy.

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

Providing a subsidy for meals in the community is not a statutory obligation, so the removal of the subsidy is not affected by any legislation.

Under the Care Act, we are required to provide information about services and ensure people who are eligible for support from us can manage and maintain their nutrition. We are not required to pay for or subsidise people's meals.

Instead, government rules on financial assessments set out how much of someone's income we can take into account when working out what they

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should pay towards the cost of their social care support. Everyone gets a set protected amount within the assessment to make sure they are still able to pay for their food, electricity, gas, water, and household insurance, plus day-to-day items such as groceries.

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

Clients are referred for meals in the community through the assessment and care management process. The need for support to access a delivered meal will be identified through assessment and be set out in an individual's support plan. People can also self-refer as private clients.

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

Referral is through the assessment and care management process to assess their eligible social care needs. The need for support to access a hot delivered meal will be identified through assessment and be set out in an individual's support plan. There is no financial assessment, as access to the service is not means tested; the subsidy is applied if someone is eligible for a community meal. People can also self-refer as private clients but do not have access to the subsidy.

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

When clients have been assessed for the provision of a community meal, a referral is made to the Brokerage team who will arrange the new service.

The provider will contact the client directly to help them to select from the menu. Meals are delivered daily, weekly or fortnightly. Mother Teresa and Presto are the main two providers and meals are either delivered frozen or as a daily hot meal, below provides a breakdown of this:

- 679 clients
- 79% (536) have 7 meals delivered a week
- 10% (71) have less than 5 meals delivered a week
- 54% (367) have had the service for over a year
- 150+ clients receive meals from Presto
- 390+ from Mother Teresa's, these are the two main meal providers
- Approximately 10% of clients receive frozen meals from both Wiltshire Farm Foods and Sussex Oakhouse.

All providers might be asked to provide a safe and well check if this is requested by the practitioner in the individual's support plan. This is within the current subsidised rate.



### 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 <b>X</b> marked against them			
	Employee Monitoring Data	x	Staff Surveys
<b>x</b>	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
<b>x</b>	Complaints		Risk Assessments
<b>x</b>	Service User Surveys	x	Research Findings
<b>x</b>	Census Data	x	East Sussex Demographics
<b>x</b>	Previous Equality Impact Assessments		National Reports
<b>x</b>	Other organisations Equality Impact Assessments		Any other evidence?

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

There have been no complaints of discrimination against the existing suppliers. However, a request for one client to have Halal meals was not possible. This has been explored with the meal providers and can be arranged with some notice due to low demand.

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

We attended some meetings in the planning stage of the consultation – these are listed in the table below:

Date attended	Who was there
30/01/2019: Staff engagement event	ASC staff and managers.
28/02/2019: Mother Teresa's Meals	Meal provider managers and staff
05/03/2019: Licence to Freeze, Sussex Oakhouse & Wiltshire Farm Foods	Meal provider managers and staff
09/04/2019: Ticehurst Lunch Club	Club members, staff and volunteers
10/06/2019: Robertsbridge Lunch Club	Club members, staff and volunteers

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We consulted for 10 weeks on the proposal. The consultation started on 28 May and closed on 6 August.

The consultation summary and surveys were available on our consultation website ([www.eastsussex.gov.uk/mealsubsidy](http://www.eastsussex.gov.uk/mealsubsidy)). People also had the option of filling in a paper survey or giving us their feedback over the phone, by email, or by letter.

We wrote to everyone currently receiving the subsidy to let them know about the consultation. Where people didn't have capacity to take part, or contacting them would be inappropriate, we wrote to their families and carers where this was possible.

The consultation has also been promoted through a press release, via social media, in email briefings, in our e-newsletters to staff and the public, in e-newsletters run by other organisations, and at relevant groups and forums.

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

Over 500 responses were received during the meals subsidy consultation, with a good level of response from people receiving the subsidy and their families and carers. There were a number of themes relating to the negative impact of the proposal that were raised consistently across the various response methods and different groups of respondents. In particular, people are concerned about:

- The fact that the proposal would impact most on certain groups of people, including the vulnerable, older people, those with a disability and people living in rural areas.
- The financial impact on people currently receiving the subsidy and their family and carers and the affordability of meals services for some people if the subsidy isn't available, particularly those who qualify for pensions credit and disability benefits.
- People eating less food, having few or no hot meals, and eating a much less nutritious diet, which could affect their health and wellbeing. This could mean that they need more support from adult social care and the NHS.
- Some people are not able to cook for themselves, or even heat up a microwave meal, due to an illness, disability or impairment. This means they would still need help to access a hot meal and may be at risk of self-neglect if they can't afford to pay for meals themselves and aren't safe cooking for themselves.
- The level of help that people need from their families and carers may increase, putting more pressure on them.
- Those living in rural areas could find it harder to get to the shops and there may be fewer viable alternatives to meals services.
- The service often enables people to maintain their independence and stay living safely in their own home, so stopping the subsidy could lead to people being forced unnecessarily into residential care.
- Stopping the subsidy could make meals services less viable for providers.

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- Lunch clubs would likely to see a drop in numbers if the subsidy stopped, which would make them less viable and could force them to close.

### 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?**

According to the 2011 Census, 23% of residents in East Sussex are aged 65+ and 77% are aged under 65.

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

As expected, the majority of clients are older, and the data shows that nearly half of the clients who receive a subsidy are aged 85+.

Of the 679 clients -

- 74% are over 75
- 47% are over 85
- Only a small number of working age people receive this service

**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?**

The Meals in the Community service is predominantly a service provided for older people and so the subsidy currently benefits older people.

For some older people, the removal of the subsidy would have a disproportionate impact, particularly if they feel unable, or unwilling, to pay to continue the service and are unable to make meals for themselves because of physical and mental health issues.

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

Older age groups will likely be impacted the most due to the service being primarily used by them. Age can be a factor that can affect people's financial circumstances, and make it more likely that they will have a disability-related illness, and/or a long-term condition.

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

All clients will still be able to access the meals in the community services directly. There are also a number of alternatives available both for delivery and in the community at a range of price points (see appendix 2 for market analysis). Most people will be required to pay the full charge for the provision

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of service they choose. In some circumstances, for people most at risk and unable to afford a meals service, we will continue to be provided.

### **f) Provide details of the mitigation.**

If the proposal went ahead, we would write to everyone currently receiving the subsidy and let them know when it would be stopping. They would then have time to make a decision about what they wished to do next.

Our assessment team would be available to talk to people and their families about what the decision meant for them and look at their options. In some cases individuals may still need additional support to access a nutritional meal; this will be decided at the point of their assessment.

Where there is an identified risk, we would not withdraw the subsidy until alternatives had been agreed as part of the person's care and support plan.

The work carried out would include:

- Reviewing client records to assess for risk.
- Working with providers to identify suitable options.
- Helping and supporting clients and their carers by signposting information and advice via the Support with Confidence and East Sussex 1 Space Directory.
- Carrying out telephone and face to face assessments.
- Providing support to ensure current clients are in receipt of all eligible benefits to maximise their income, this could include specialist advice and support from key voluntary sector providers

Over time, identified gaps in alternative meal provision will be recorded in the ASC needs and desired services directory.

### **g) How will any mitigation measures be monitored?**

Mitigations will be monitored through the:

- Care management assessment and reviewing process
- Complaints and appeals process
- ASC operational management team
- Safeguarding procedures
- Provider forums

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

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

2011 Census figures show that the day to day activities of 48% of those aged 65+ and 19% of those aged under 65 in East Sussex are limited to some extent due to a long term health problem or disability.

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

The table below provides a breakdown by % of the primary support reason:

<b>Primary Support Reason (Long Term Support)</b>	<b>Number of clients</b>	<b>%</b>
Learning Disability Support	5	0.7%
Mental Health Support	51	7.5%
Physical Support - Access and Mobility Only	241	35.5%
Physical Support - Personal Care Support	289	42.6%
Sensory Support - Support for Dual Impairment	0	0.0%
Sensory Support - Support for Hearing Impairment	9	1.3%
Sensory Support - Support for Visual Impairment	7	1.0%
Social Support - Substance Misuse Support	4	0.6%
Social Support - Support for Social Isolation / Other	5	0.7%
Social Support - Support to Carer	2	0.3%
Support with Memory and Cognition	66	9.7%
<b>Total</b>	<b>679</b>	

**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?**

The majority of people who access the service have either a physical or mental disability, including dementia and frailty.

There are a proportion people who will be unable to prepare a meal (including use of a microwave) and require assistance to manage and maintain their own nutrition.

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

People told us in the consultation that if the subsidy is stopped, they will still need help to access food because of their disability and frailty.

For some people, the removal of the subsidy would have a disproportionate impact. This may be particularly the case if they are unable to make meals for themselves because of physical and mental health issues and feel unable, or unwilling, to pay to continue the service.

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

**e)** All clients will still be able to access the meals in the community services directly. There are also a number of alternatives available both for delivery and in the community at a range of price points (see appendix 2 for market analysis). Most people will be required to pay the full charge for the provision of service they choose. In some

circumstances the provision of meals may be incorporated within their care and support plan.

### f) Provide details of any mitigation.

If the proposal went ahead, we would write to everyone currently receiving the subsidy and let them know when it would be stopping. They would then have time to make a decision about what they wished to do next.

Our assessment team would be available to talk to people and their families about what the decision meant for them and look at their options. In some cases individuals may still need additional support to access a nutritional meal; this will be decided at the point of their assessment.

Where there is an identified risk, we would not withdraw the subsidy until alternatives had been agreed as part of the person's care and support plan.

The work carried out would include:

- Reviewing client records to assess for risk.
- Working with providers to identify suitable options.
- Helping and supporting clients and their carers by signposting information and advice via the Support with Confidence and East Sussex 1 Space Directory.
- Carrying out telephone and face to face assessments.
- Providing support to ensure current clients are in receipt of all eligible benefits to maximise their income, this could include specialist advice and support from key voluntary sector providers

Over time, identified gaps in alternative meal provision will be recorded in the ASC needs and desired services directory.

### g) How will any mitigation measures be monitored?

Mitigations will be monitored through the:

- Care management assessment and reviewing process
- Complaints and appeals process
- ASC operational management team
- Safeguarding procedures
- Provider forums

## 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?

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The overall population of East Sussex is 527,209 (2011 Census data) and is projected to continue increasing over the next few years. The population by ethnic group for East Sussex is shown in the table below:

Ethnic group in 2011 by districts (%)	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
England & Wales	56075912	45134686	531087	57680	2485942	1224400	4213531	1864890	563696
South East	8634750	7358998	73571	14542	380709	167764	452042	136013	51111
<b>East Sussex</b>	<b>526671</b>	<b>482769</b>	<b>3966</b>	<b>815</b>	<b>17872</b>	<b>7473</b>	<b>9143</b>	<b>2912</b>	<b>1721</b>
Eastbourne	99412	86903	978	66	5561	1791	2795	783	535
Hastings	90254	80624	702	150	3155	1948	2126	1065	484
Lewes	97502	90218	757	97	3087	1275	1400	416	252
Rother	90588	85279	596	134	1942	1031	1103	305	198
Wealden	148915	139745	933	368	4127	1428	1719	343	252

95.7% White  
 0.2% Black  
 0.4% Asian  
 0.5% Mixed race  
 3% Other /unknown

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

Currently there is low uptake of the subsidy from the BME population in the County. The majority of users are White British (93.4% identify themselves as being white or white British).

**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 is no direct impact on the BME clients using this service, other than if clients are unable or unwilling, to pay to continue the service but are unable to make meals for themselves because of physical and mental health issues.

Currently there is limited provision of meals that cater for specific requirements. Future services will need to develop more options, for example provision of Halal and/or Kosher.

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

There may be a positive impact in that more community meal options can be signposted and referred to offer more choice and variety. There may only be a

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negative impact if the provision of special meals i.e. halal, kosher, has an increased cost implication.

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

All clients will still be able to access the meals in the community services directly. There are also a number of alternatives available both for delivery and in the community at a range of price points (see appendix 2 for market analysis). Most people will be required to pay the full charge for the provision of service they choose. In some circumstances, the provision of meals may be incorporated within their care and support plan.

### **f) Provide details of any mitigation.**

If the proposal went ahead, we would write to everyone currently receiving the subsidy and let them know when it would be stopping. They would then have time to make a decision about what they wished to do next.

Our assessment team would be available to talk to people and their families about what the decision meant for them and look at their options. In some cases individuals may still need additional support to access a nutritional meal; this will be decided at the point of their assessment.

Where there is an identified risk, we would not withdraw the subsidy until alternatives had been agreed as part of the person's care and support plan.

The work carried out would include:

- Reviewing client records to assess for risk.
- Working with providers to identify suitable options.
- Helping and supporting clients and their carers by signposting information and advice via the Support with Confidence and East Sussex 1 Space Directory.
- Carrying out telephone and face to face assessments.
- Providing support to ensure current clients are in receipt of all eligible benefits to maximise their income, this could include specialist advice and support from key voluntary sector providers.

Over time, identified gaps in alternative meal provision will be recorded in the ASC needs and desired services directory.

### **g) How will any mitigation measures be monitored?**

Mitigations will be monitored through the:

- Care management assessment and reviewing process
- Complaints and appeals process
- ASC operational management team
- Safeguarding procedures
- Provider forums



**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 2011 Census shows that 52% of East Sussex residents are female and 48% male. Figures relating to transgender are not currently collected.

59% women and 41% male are identified as carers (2001 Census).

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

62% of people receiving the subsidy are female and 38% are male.

We have no data in relation to 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?**

This proposal may have a disproportionate impact on women. Data shows that there are more women using the service, reflecting the fact that women tend to live longer. This means more women will be affected financially by an increase in costs.

There may also be more of an impact on women in their caring role.

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

Women are more represented in the over 65 age group than men and therefore more likely to be impacted by the proposal. Whilst both men and women may face a financial impact; with more women living longer and on their own the financial impact may be greater. It is likely that older women are more at risk of financial hardship, due to lower pension income and more women living on their own.

Adult Social Care does not hold data on clients who fall under the transgender protected characteristic. We do not envisage any inequalities caused by this proposal other than financial impact.

Female carers may be more affected if clients do not want to or feel unable to pay the additional costs for the service and look to their carers to provide a meal.

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

All clients will still be able to access the meals in the community services directly. There are also a number of alternatives available both for delivery and in the community at a range of price points (see appendix 2 for market analysis). Most people will be required to pay the full charge for the provision

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of service they choose. In some circumstances the provision of meals may be incorporated within their care and support plan.

### **f) Provide details of any mitigation.**

If the proposal went ahead, we would write to everyone currently receiving the subsidy and let them know when it would be stopping. They would then have time to make a decision about what they wished to do next.

Our assessment team would be available to talk to people and their families about what the decision meant for them and look at their options. In some cases individuals may still need additional support to access a nutritional meal; this will be decided at the point of their assessment.

Where there is an identified risk, we would not withdraw the subsidy until alternatives had been agreed as part of the person's care and support plan.

The work carried out would include:

- Reviewing client records to assess for risk.
- Working with providers to identify suitable options.
- Helping and supporting clients and their carers by signposting information and advice via the Support with Confidence and East Sussex 1 Space Directory.
- Carrying out telephone and face to face assessments.
- Providing support to ensure current clients are in receipt of all eligible benefits to maximise their income, this could include specialist advice and support from key voluntary sector providers.

Over time, identified gaps in alternative meal provision will be recorded in the ASC needs and desired services directory.

### **g) How will any mitigation measures be monitored?**

Mitigations will be monitored through the:

- Care management assessment and reviewing process
- Complaints and appeals process
- ASC operational management team
- Safeguarding procedures
- Provider forums

## **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?**

According to the 2011 Census, almost half of East Sussex residents are married or in a civil partnership.

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

We do not have data for this protected characteristic. Anecdotally the consultation has highlighted instances where a joint subsidy is helping support both people living at home.

**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 may impact couples where they are both in receipt of a subsidised meal and therefore are more likely to receive the increase in costs.

**d) What is the proposal, project or service's impact on different Marital Status/Civil Partnership?**

Both men and women may face a financial impact and where a couple are receiving the subsidy this could have an increased negative financial impact.

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

All clients will still be able to access the meals in the community services directly. There are also a number of alternatives available both for delivery and in the community at a range of price points (see appendix 2 for market analysis). Most people will be required to pay the full charge for the provision of service they choose. In some circumstances the provision of meals may be incorporated within their care and support plan.

**f) Provide details of any mitigation.**

If the proposal went ahead, we would write to everyone currently receiving the subsidy and let them know when it would be stopping. They would then have time to make a decision about what they wished to do next.

Our assessment team would be available to talk to people and their families about what the decision meant for them and look at their options. In some cases individuals may still need additional support to access a nutritional meal; this will be decided at the point of their assessment.

Where there is an identified risk, we would not withdraw the subsidy until alternatives had been agreed as part of the person's care and support plan.

The work carried out would include:

- Reviewing client records to assess for risk.
- Working with providers to identify suitable options.
- Helping and supporting clients and their carers by signposting information and advice via the Support with Confidence and East Sussex 1 Space Directory.
- Carrying out telephone and face to face assessments.

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- Providing support to ensure current clients are in receipt of all eligible benefits to maximise their income, this could include specialist advice and support from key voluntary sector providers.

Over time, identified gaps in alternative meal provision will be recorded in the ASC needs and desired services directory.

### **g) How will any mitigation measures be monitored?**

Mitigations will be monitored through the:

- Care management assessment and reviewing process
- Complaints and appeals process
- ASC operational management team
- Safeguarding procedures
- Provider forums

### **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?**

Due to the age of the clients, this protected characteristic is not relevant.

### **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 2011 Census states that 60% of East Sussex residents are Christian, 2% other religions, 30% have no religion, and 8% not known.

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

Data for existing clients regarding religious belief is incomplete with no data available for 45% of clients. Of the 55% recorded this is broken down as follows:

- 41.5% Christian
- 0,3% Jewish
- 0.1% Sikh
- 45% No religion

#### **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 may be a positive impact as more community meal options can be signposted and referred to, offering more choice and variety.

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There may also be a negative impact if the provision of special meals has an increased cost implication i.e. provision of Halal and Kosher meals.

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

As the market and options increase with more choice of meal providers, types of delivery, use of supermarkets, it is envisaged that specific dietary requirements will be better catered for.

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

All clients will still be able to access the meals in the community services directly. There are also a number of alternatives available both for delivery and in the community at a range of price points (see appendix 2 for market analysis). Most people will be required to pay the full charge for the provision of service they choose. In some circumstances the provision of meals may be incorporated within their care and support plan.

### **f) Provide details of any mitigation.**

If the proposal went ahead, we would write to everyone currently receiving the subsidy and let them know when it would be stopping. They would then have time to make a decision about what they wished to do next.

Our assessment team would be available to talk to people and their families about what the decision meant for them and look at their options. In some cases individuals may still need additional support to access a nutritional meal; this will be decided at the point of their assessment.

Where there is an identified risk, we would not withdraw the subsidy until alternatives had been agreed as part of the person's care and support plan.

The work carried out would include:

- Reviewing client records to assess for risk.
- Working with providers to identify suitable options.
- Helping and supporting clients and their carers by signposting information and advice via the Support with Confidence and East Sussex 1 Space Directory.
- Carrying out telephone and face to face assessments.
- Providing support to ensure current clients are in receipt of all eligible benefits to maximise their income, this could include specialist advice and support from key voluntary sector providers.

Over time, identified gaps in alternative meal provision will be recorded in the ASC needs and desired services directory.

### **g) How will any mitigation measures be monitored?**

Mitigations will be monitored through the:

- Care management assessment and reviewing process

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- Complaints and appeals process
- ASC operational management team
- Safeguarding procedures
- Provider forums

### **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?**

We do not envisage any inequalities for this protected characteristic for this proposal.

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

**There are - Rural Areas and Carers.**

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

##### **Carers:**

- The majority of carers in East Sussex are of working age, with 26 per cent being over 65<sup>1</sup>. The peak age for caring is 50-64 both locally and nationally<sup>1</sup>.
- 2,000 (3%) of carers in East Sussex are aged over 85 years<sup>1</sup>
- 50% of carers being supported by the current Carers Centre and 55% of carers known to Adult Social Care are aged over 65.
- The 2011 Census identified that 58% of carers are women and 42% men in East Sussex.
- Service data from the Carers Centre for East Sussex shows that 73% of carers supported are female and 27% male.
- Of those carers known to ASC, 67% are female and 32% male.

##### **Rural:**

- According to the 2011 Census, 26% of East Sussex residents live in rural areas.

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

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<sup>1</sup> 2011 Census

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**Carers** - We know that carers often rely on the current service to enable them to go to work or do other activities as it provides a meal and an assurance that the cared for person will be checked on in the day.

Recent studies have found that BME carers fail to access support because they are often unaware that such support exists. This was also evidenced in the 2015 EIA for Meals in the Community.

**Rural**- 22% (150) meals subsidy clients live in rural areas

**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, both for rural population and carers

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

**Carers:** There is the potential for negative impact if the service is cancelled by the client because of financial concerns. This is because carers have said they rely on the service to ensure the cared for person is safe, receiving a hot meal and having a safe & well. Carers who work or don't live locally will likely see a greater impact.

**Rural Population:** There is the potential for negative impact if there is insufficient coverage into rural areas. People living in rural areas may be disproportionately adversely affected by the proposals as alternative providers or options may not be as available.

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

All clients will still be able to access the meals in the community services directly. There are also a number of alternatives available both for delivery and in the community at a range of price points (see appendix 2 for market analysis). Most people will be required to pay the full charge for the provision of service they choose. In some circumstances the provision of meals may be incorporated within their care and support plan.

**f) Provide details of the mitigation.**

If the proposal went ahead, we would write to everyone currently receiving the subsidy and let them know when it would be stopping. They would then have time to make a decision about what they wished to do next.

Our assessment team would be available to talk to people and their families about what the decision meant for them and look at their options. In some cases individuals may still need additional support to access a nutritional meal; this will be decided at the point of their assessment.

Where there is an identified risk, we would not withdraw the subsidy until alternatives had been agreed as part of the person's care and support plan.

## Equality Impact Assessment

The work carried out would include:

- Reviewing client records to assess for risk.
- Working with providers to identify suitable options.
- Helping and supporting clients and their carers by signposting information and advice via the Support with Confidence and East Sussex 1 Space Directory.
- Carrying out telephone and face to face assessments.
- Providing support to ensure current clients are in receipt of all eligible benefits to maximise their income, this could include specialist advice and support from key voluntary sector providers.

Over time, identified gaps in alternative meal provision will be recorded in the ASC needs and desired services directory.

### **g) How will any mitigation measures be monitored?**

Mitigations will be monitored through the:

- Care management assessment and reviewing process
- Complaints and appeals process
- ASC operational management team
- Safeguarding procedures
- Provider forums

**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.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (client unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp; 7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>



<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (client property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

## 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.

<b>X</b>	<b>Outcome of impact assessment</b>	Please explain your answer fully.
<b>x</b>	<b>A No major change</b> – 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.	If the proposal went ahead, all clients and their carers would be contacted about what happens next and this will include making arrangements to discuss what alternative options they would like to consider.
	<b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	As part of this, it may be necessary to carry out a review of clients eligible social care needs or helping them to maximise their income. Where required support will be provided to ensure they are in receipt of all eligible benefits. In
	<b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance	

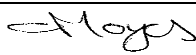
## Equality Impact Assessment

	equality, provided you have satisfied yourself that it does not unlawfully discriminate	<p>some cases individuals may still need additional support to access a nutritional meal; this will be decided at the point of their assessment.</p> <p>We would not withdraw the subsidy on an individual basis until alternatives had been identified and set out in the person's support plan.</p>
	<p><b>D Stop and remove the policy/strategy</b> – 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 <i>must</i> be removed or changed.</p>	

### 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?

This will be through the reviewing process and the ASC operational and commissioning management teams.

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

<b>Date completed:</b>		<b>Signed by (person completing)</b>	 Caroline Moyes
		<b>Role of person completing</b>	Project Manager, Housing & Support Solutions.
<b>Date:</b>		<b>Signed by (Manager)</b>	

## 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:**

Page 83 Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
Understanding the individual needs of the current cohort of clients: to address any financial or care and support needs.	Desk analysis of current client support plans and initial assessment reviews.	ASC Operational Head of Service	Autumn 2019		
Providing financial advice and support to maximise benefits where need identified as part of the client and carer review	Clients signposted to appropriate voluntary community sector services through review process i.e. Homeworks / STEPS where specialist help	Head of Service – Operations, ASC	October 2019 – March 2020		

Equality Impact Assessment

and assessment process.	and support can be given to maximise benefits and income.				
Develop practice guidance on allocation of subsidy to those who are most at-risk.	Monitor implementation of proposal to end subsidy to develop criteria for the proposed guidance	Head of Service – Operations, ASC	October 2019 – March 2020		

## 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)
Clients may not be able to afford to pay the full cost of a meal should the subsidy be removed.	Financial	Clients and their carers will be supported with advice and help to maximise their benefits, this may include financial hardship assessments.	EqIA		
Alternative meal provision does not include a 'safe and well check' that was previously arranged as part of a client's support plan.	Legal	As part of the initial client and carer desk review, those with higher needs will be prioritised plus all current service providers have agreed to help identify those clients they feel are the most vulnerable so they can be prioritised for face to face assessment/review	EqIA		
Safeguarding risks to client as clients may choose not to continue with	Legal	Safeguarding adults remains a priority to Adult Social Care and any risk for the client will be	EqIA		

alternative meal provision put in place.		monitored through assessment and review processes.			
Additional strain on carers' physical and mental well-being	Moral	Carers to be contacted as well as the carer-for as part of the service and care review. Any carer support to be identified via the offer of a carers assessment and signposted to Care for the Carers if appropriate.	EqlA		
Clients stop their service directly with the provider.	Legal	Agree a with providers that they alert Health and Social Care Connect as soon as this happens as a potential safeguarding alert and that clients are not at risk of malnutrition and self-neglect.	ASC Operational Team Management		
Providers business risk of future viability due to lack of ESCC referrals and loss of business income.	Moral	Work with providers to consider deal options for clients and promoting their service model through Support with Confidence for example.	Commissioning and Brokerage management procedures.		
Increased loneliness, social isolation – people not attending lunch clubs due to cost	Moral	Consider alternative meal options and refer to alternative community meal providers – use of volunteers.			

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Subsidised Community Meals – Data Summary (this data has also been incorporated into the EqIA)

**As at July 2019 there were 679 clients receiving meals.**

- 74% were over 75
- 47% were over 85
- Only a small number of working age people receive this service
- 24% (162) have no other support in their care package. A number of these clients may have additional services that support them in the community but are not delivered in person (such as one-off pieces of equipment and / or adaptations).
- 22% (150) live in rural areas
- 93.4% identify themselves as being white or white British
- 79% (536) have 7 meals delivered a week
- 10% (71) have less than 5 meals delivered a week
- 54% (367) have had the service for over a year
- 69% (466) have been reviewed within the last 12 months (since 1<sup>st</sup> July 2018)



## Market Analysis

Market analysis work has been carried out to determine potential capacity in the market to deliver a range of meal options. This information will be used to support Adult Social Care assessment team to consider a range of alternative options with individuals as part of their discussions and review of services.

### Current providers

- Mother Theresa's
- Presto Hot Meals previously Licence to Freeze (frozen & hot meal delivery)
- Wiltshire Farm Foods (frozen meal delivery)
- Sussex Oakhouse

Prices range from £3 to £8 per meal.

All these providers have stated that offers could be discussed with current clients to reduce any significant cost increase.

### Alternative options

ESCC has previously purchased microwaves to heat delivered meals and this therefore could potentially be an option for some clients.

Use of supermarket ready meals with different deals and price:

- Iceland from £1 with free next day delivery if spend £35 on-line.
- Cook - £4.50 standard meal order on line – spend £30 for free delivery or collect in store – Battle, Lewes, Eastbourne – covers East Sussex. Delivers three days a week.
- Tesco average meal price £3.50
- Marks & Spencer's ready meals and home cooked range from £4 for an individual meal

### Lunch Clubs:

Chailey every third Thursday

Brede every fourth Tuesday

Pevensy Mondays

Hastings every first Thursday

Hailsham Dementia lunch & supper club every 1<sup>st</sup> day of the month

Further details can be found on the East Sussex directory of care, support and wellbeing services [1space.eastsussex.gov.uk](https://1space.eastsussex.gov.uk)

Good Neighbourhood schemes – volunteers who can collect shopping, provide transport and light tasks around the home – again these can be found on [1space.eastsussex.gov.uk](https://1space.eastsussex.gov.uk)

**Personal Assistants** can also prepare meals alongside other services i.e. shopping, transport

The East Sussex Support with Confidence directory lists all approved PAs - [Support with Confidence Directory](#)

**Direct Payment** for clients to arrange their own meal choices.

**Means Testing** for meal provision.

### **Additional market development:**

A range of community based initiatives are also being explored which have the potential to add capacity for a range of meals opportunities on a smaller scale localised basis.

- Discussions with an Extra Care Housing restaurant provider to expand the use of these facilities for both eat in and delivered meals options.
- Opportunities in a range of care settings to provide meals for people in local communities.

**Report to:** Lead Member for Adult Social Care and Health

**Date of meeting:** 24 September 2019

**By:** Director of Adult Social Care and Health

**Title:** Changes in approach to supporting Working Age Adults

**Purpose:** To consider proposed changes in how Working Age Adults are supported to meet eligible care needs and achieve proposed savings

---

## RECOMMENDATIONS

- 1) **Agree the proposed changes in practice outlined in this report that will meet eligible care needs and ensure appropriate support is offered to Working Age Adults;**
  - 2) **Agree the phased approach to implementing the proposals through carrying out individual reviews of all current care plans; and**
  - 3) **Delegate to the Director of Adult Social Care and Health authority to take all necessary actions to give effect to the implementation of the above recommendations.**
- 

## 1. Background

1.1 On 5<sup>th</sup> February 2019, the County Council agreed its budget for 2019/20. This included a savings proposal for a reduction in spend on Working Age Adult Nursing, Residential and Community based services. The Lead Member for Adult Social Care and Health agreed at their meeting on 24<sup>th</sup> May arrangements for a consultation on the proposal to take place between 4<sup>th</sup> June and 13<sup>th</sup> August 2019.

1.2 The budgeted spend on this area of care was nearly £50m in 2018/19. Proposals in this paper would reduce this spend by a total of £495,000 by 2020/21. It is proposed to save £247,000 from the budget this year and a similar amount next year. Overall this represents approximately a 1% reduction in total budget.

## 2. Supporting information

2.1 The Council currently supports over 2,500 working age adults receiving long-term support. In East Sussex, the proportion of working age adults who receive this support is greater, and the spend is higher, than comparative local authorities. We also have a relatively high number of working age adults, as a proportion of our population, who are receiving their support in a residential or nursing care setting.

2.2 In January 2019, Adult Social Care undertook an audit of 50 current working age adult clients. This work focussed on key assessment documents, reviews and support plans, alongside other case information, as required. It identified a number of practice areas where improvements can be made to achieve better outcomes for people. These changes will

focus on existing practice and improving the quality and consistency of our assessment and support plans.

2.3 The audit found that there was an opportunity to more effectively build on people's strengths and maximise their independence whilst focusing our support on their Care Act eligible needs. This includes considering whether residential and nursing care is the best and most cost-effective way of supporting people. Within wider care practice there has been a move towards a strength-based approach that takes account of wider support networks and community, as well as working with people to find solutions to their challenges.

2.4 In reviewing packages of care there is also an opportunity to more effectively consider people's changing needs when their future support arrangements are being considered.

### **3. Consultation Responses**

3.1 Consultation on the proposed changes ran from 4<sup>th</sup> June to 13<sup>th</sup> August. The responses received during the public consultation are in the Members and Cabinet Rooms for Members consideration. The summary of the consultation and responses is attached as Appendix 1 and Members must have regard to this.

3.2 Over 70 responses to the consultation were received from organisations, groups and individuals, with nearly two fifths coming from people who receive support and their families and carers.

3.3 Themes that emerged from the consultation include:

- There are particular concerns that the proposals come from an expectation that savings are made, as people feel it should be about what is needed and not about making cuts;
- People are generally supportive of the proposed approach and feel that in principle it is a reasonable step to take;
- People and their families are worried that their support will be changed in a way that will mean their needs aren't met, which would have a negative impact on their daily life;
- Respondents feel strongly that the focus must be on the individual and any reviews should be about people's needs and the best way of meeting these;
- The main challenge in supporting people in new ways is likely to be whether the right sort of support and services for this age group are available to meet demand; and
- It could be particularly challenging in rural areas, as services may be more limited.

### **4. Equalities Impact Assessment**

4.1 In considering the proposals in this report, the Lead Member is required to have 'due regard' to the duties set out in Section 149 of the Equality Act 2010 (the Public Sector Equality Duty). Equality Impact Assessments (EqIAs) are carried out to identify any adverse impacts that may arise as a result of the proposals for those with protected characteristics and to identify appropriate mitigations. The full EqIA is attached at Appendix 2. The Lead Member must read the full version of the EqIA and take its findings into consideration when determining these proposals.

4.2 In summary, it highlights that the proposals affect working age adults and disabled people disproportionately. It is anticipated that the proposal to implement strength-based practice and to review cases will have a positive impact overall as working age adults receiving Adult Social Care support will have a review, which looks at their circumstances and ensures that their support is the best and most cost effective way of meeting their eligible needs.

4.3 The Action Plan attached to the EqIA sets out how the proposal will be implemented.

## **5. Proposal**

5.1 We propose to review the services available in the community that support people to stay at home or in supported accommodation. This will help us to understand the effectiveness of the options and whether more work is needed to develop the market. This will be important if we are to avoid an overreliance on residential and nursing care. As part of this work we will also work with providers to understand why residential and nursing costs are higher in East Sussex, including looking at what their service offers to see if this is different to lower cost placements in other areas.

5.2 We would carry out a programme of reviews of the support we provide to individual working age adults. This will be achieved through prioritising groups based on their main support need, the cost of their care package, the area of the county they live in or the type of support they get.

5.3 The aim of the reviews would be to ensure that:

- funded support is focused on meeting Care Act eligible needs,
- people's needs and the outcomes that their support will help to achieve are clearly set out,
- people's strengths are considered and opportunities for improving their independence are fully explored, and
- people's support is the best and most cost effective way of meeting their eligible needs.

As with any review, this might mean people's support plan would need to change and the level of support they get might change.

## **6. Conclusion and reasons for recommendations**

6.1 This report has set out the rationale for changing the approach to how services are delivered to Working Age Adults. The report has also highlighted comparatively higher spend of ESCC than similar authorities and a need to change practice to be more responsive to individual strengths and needs.

6.2 There is a strong rationale for the changes proposed based upon the initial audit of cases and comparative analysis undertaken, along with the consultation and EQIA.

6.3 These changes will see the budget reduced by £495,000 by 2020/21, which will be achieved by changes to people's care packages. All changes to services will be based on an individual's strengths and needs and will be implemented after review of individual cases.

**KEITH HINKLEY**

**Director of Adult Social Care & Health**

Contact Officer: Tom Hook, Assistant Director

Tel. No. 07895 331141

Email: tom.hook@eastsussex.gov.uk

APPENDICES

Appendix 1 - Consultation Report

Appendix 2 - Equality Impact Assessment

**Appendix 1****ASC savings consultation 2019  
Support for working age adults****Date:** August 2019**Document summary**

Results from the ASC savings consultation on support for working age adults carried out between June and August 2019.

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## About this document:

<p><b>Enquiries:</b> Author: Community Relations Team Telephone: 01273 481 242 Email: <a href="mailto:consultationASC@eastsussex.gov.uk">consultationASC@eastsussex.gov.uk</a></p> <p><b>Download this document</b> From: <a href="http://www.eastsussex.gov.uk/WAA">www.eastsussex.gov.uk/WAA</a></p>	<p><b>Version number: 1</b></p> <p><b>Related information</b></p>
<p><b>Accessibility help</b></p> <p>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.</p>	

## Background

**We want to improve the way we support working age adults, building on their strengths, providing care that maximises their independence and supporting more people to stay living at home. This will ensure our limited budget is spent on meeting eligible needs in the best and most cost-effective way.**

A working age adult is someone aged between 18 and 64. Long-term care means someone has met the Care Act eligibility criteria to receive ongoing support from us.

### Why we consulted

Our research showed that we spend more on packages of care for working age adults than similar local authorities. We are providing long-term care to more people and have a higher number who are receiving their care in a residential setting.

We had a budgeted spend on working age adults of nearly £50 million net last year. There are currently over 2,500 working age adults receiving a long-term package of care from us. We are planning to save £247,000 from the budget this year and a similar amount next year.

We want to use this consultation to share our research and find out what partners, providers and people think about what we are proposing to do next.

Please note that we have continued to review people's needs as normal during the consultation period.

### What we did

We consulted on support for working age adults between 4 June and 13 August 2019.

The consultation was promoted through a press release, via social media, in email briefings, in our enewsletters to staff and the public, in enewsletters run by other organisations, and at relevant groups and forums.

We targeted the following stakeholders:

- organisations such as partners, providers, voluntary organisations, and groups,
- people working at the Council and working in social care and health for other organisations, and
- people who receive support, their families and carers, and members of the public.

Everyone had the option of completing an online or paper survey, or giving us their feedback over the phone, by email, or by letter.

## Respondent numbers and response methods

The table below shows the different ways that respondents shared their views. In some cases people may have taken part using more than one response method.

How they took part	Total respondents
Survey for people who receive support, their family and carers, people working in health and social care, and members of the public	63
Survey for East Sussex County Council staff	8
Survey for organisation and group responses	0
Other feedback (Email, letter, call, video, feedback form)	Individuals: 3 Organisations or groups: 3
<b>Total responses</b>	<b>77</b>

## About this report

The main report covers key messages from across the consultation and the top themes covered in each of the various response methods. The appendices provide the full results, including data and comment themes for each of the different response methods.

Please note that comments may cover multiple themes, so the number of people answering a question won't reflect the number of respondents for the identified comment themes.

## What happens next

The Council's Lead Member for adult social care will consider the recommendations, the consultation results and the Equality Impact Assessment on 24 September 2019. The raw responses received in the consultation will be made available to Councillors in Members Papers.

## Key messages

This section provides a summary of the key messages from the consultation. These reflect the feedback received from organisations, groups and individuals across surveys and other feedback such as emails.

- Some people felt the results were to be expected given our location, the cost of housing, and people's level of need.
- Those who were surprised to find that we are an outlier in terms of spend, tended to cite the fact that we have more older people living in the county.
- People are generally supportive of the action plan and feel that in principle it is a sensible approach to take.
- There is concern about the fact that the proposals come with savings attached, as people feel it should be about what is needed and not about making cuts.
- The focus must be on the individual and reviews should be about people's needs and aims and the best way of meeting those.
- People are worried that their support, which they feel is working well, would change or be reduced, and this would affect their daily living and quality of life.
- The families and carers of people receiving support are concerned about it reducing and more pressure being put on them. This is a particular concern for older parents who are caring for grown-up children.
- Due to the need to make savings, the review process would cause uncertainty and stress for people who receive support and their families and carers.
- The right sort of support and services for this age group need to be widely available if more people are to have their needs met by support provided in the community.
- People feel that the infrastructure and accommodation options may not be there to support people in the new ways that are proposed.
- It could be particularly challenging to change the way we support working age adults living in the rural areas of the county, as the availability of accommodation, support and services may be more limited.
- The main suggestion was to cut/freeze pay for workers, such as senior staff, councillors, and pay for all staff.
- Statutory partners are keen to be involved in any future work and consulted further, particularly in relation to housing and accommodation support.

## Themes by response method

This section covers the top themes for each question. Where there weren't any top themes that category has been left out of that section in the table. For a more detailed breakdown of answers including all the data and themes please see the relevant appendix as noted in the table below.

### Clients, public etc survey (see appendix 1)

#### About the respondents:

- the respondents were mainly spread across members of the public, clients and carers.

#### Results of the research top themes:

- people weren't surprised about the results, typically due to our location, the cost of housing, the demographics of the county and people's level of need; and
- people were surprised that we are an outlier, partly because we have more older people living in the county than most other areas.

#### The action plan top themes:

- it is a good action plan and it makes sense to look at the identified areas; and
- reviews should focus on the individual and their needs and aims, and not be about making savings.

#### The main challenges top themes:

- ensuring that services are available to support more people and their carers in the community, providing packages that meet their needs, and offering them choice; and
- the impact on people who receive support and their families, including uncertainty and stress during a time of change.

#### Other comments and suggestions top themes:

- people made suggestions about other ways of doing things; in some cases these related to national policy decisions, while in others it was local issues such as other ways of making savings or how support is provided.

### ESCC staff survey (see appendix 2)

#### About the respondents:

- most of the staff respondents work in adult social care.

#### Results of the research top themes:

- people weren't surprised by the results given our population and people's level of need; and

- people were surprised to find out the Council is an outlier in terms of its spend.

**The action plan top themes:**

- people agree with the action plan and think it should go ahead.

**The main challenges top themes:**

- deciding who gets support and the risk that people don't get the support they need; and
- whether services are available to deliver what is needed.

**How we prioritise reviews top themes:**

- by cost of package; or
- primary support need.

**Other feedback via letter, email etc (see appendix 4)**

**Organisation and group feedback**

**The main challenges top themes:**

- concern about whether services, infrastructure and accommodation options are there to support people in the new ways that are proposed; and
- the challenges faced in different localities, particularly the rural areas of the county.

**Other comments and suggestions top themes:**

- statutory partners are keen to be involved in any future work and consulted further; and
- concern about the funding cuts impacting on people's ability to meeting their housing costs.

**Individual feedback**

**The main challenges top themes:**

- concern about whether there are suitable services available, both in the community and residential services, that can appropriately support this age group.

**Sample quotes**

These comments are a small selection of the comments we received during the consultation. They have been chosen as they either reflect the key messages or top themes.

- "Not surprised. South east has higher concentration of people and is more expensive to live in general."
- "I'm a little surprised that it is working age adults on which you spend more than other councils on care packages, given the county's demographic. This may indicate you are doing better than other councils, or that your criteria are less stringent."
- "What exactly do you mean by similar authorities? We may have a different

demographic and there [may be] many reasons we spend more. Maybe other authorities are not funding enough. Care must always be person centre[d]. How can you compare unless you are doing it on an individual basis.”

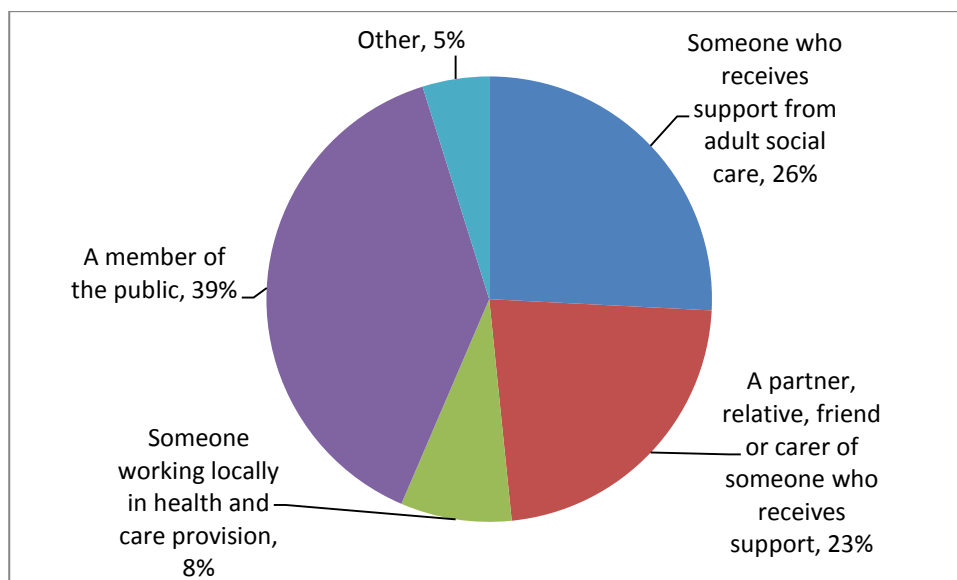
- “It makes me scared you are going to cut my care package. I am a severely disabled mum with two children. I have impairment affecting ... [my] limbs and work part time. In order to get to work I need help to wash and dress. Without my care package I cannot work.”
- “Rather than concentrating on the cuts and providing only information relating to the expense created by support, why not provide those involved in the consultation with an example of your plans for alternative support when you make the cuts proposed?”
- “Keep communicating with us with clarity. This is extremely stressful.”
- “I am somewhat surprised you are not already continually reviewing the aspects as proposed! It is surely obvious that support should be tailored to changing individual need. Individual assessment reviews (formal or informal) are subjective and therefore it is essential staff are professional and maintain core values and policy without fear or favour.”
- “Reviews are important, but you need to review every person as an individual. The outcome of the reviews should not be linked to saving money but to what a person needs.”
- “Everyone should have an individual care plan. Why lump everyone into a one size fits all box. All disabilities are individual. Even those with the same disability have different needs.”
- “I think it can only be considered sensible to see how other councils are keeping their cost down and adopt good practice when found.”
- “It is sensible to review people’s care packages – we meet a number of people who receive support from the County Council but find it difficult to see how their package has been worked out and sometimes why they receive a lot more support than others in similar positions.”
- “You have cut all services that could be accessed. My relative ... is not old enough to access the care/support he would benefit from as he is too young. He is very isolated in a social housing bungalow out of town.”
- “With regards to looking at community services; for LD these were massively cut in the last round with Choices going entirely. Ordering/grouping reviews makes them less personalised, not more; plus the level of support can go up as well as down.”
- “[P]ackages of care should be the last resort following an Occupational Therapist’s assessment and intervention in relation to the 10 Outcomes and well-being. OTs should be consulted when planning packages of care and when considering long-term care.”
- “One of the main challenges in supporting people differently is the limited availability of all forms of accommodation across the Wealden District and the County as a whole. This means that households living within residential settings wishing to transition to independent living may be impacted upon by the availability of accommodation.”

## Appendix 1: Clients and public etc survey

All comment themes covered by two or more people are included in this report. The raw responses received in the consultation will be made available to Councillors in Members Papers.

### Are you completing the survey as:

(62 people answered; 1 person did not)



### What do you think about the results of our research?

(56 people answered; 7 people did not)

**Top themes:** There was a fairly even split between people who weren't surprised about the results, typically due to our location, the cost of housing, the demographics of the county and people's level of need (14 comments); and people who were surprised that we are an outlier, partly because we have more older people living in the county than most other areas (11).

The other key themes mentioned by more than one person were:

- About how services help support people and concern from people who receive support and the public about the impact on people if people's support is reduced (9).
- More detail is needed to understand the differences; for example, the statistics should be compared by age profile and type of disability, or what people need help with (5).
- The reasons why the Council might spend more on supporting people, such as the cost of housing and the population demographics (5).
- Community support and person-centred care should be the focus (4).
- The research is irrelevant, as it's just about cutting services (2).
- Concerned at the amount that is being spent on this type of support (2).



- It isn't relevant to compare support against what other local authorities are providing (2).
- Services that are being provided by other organisations and funded by the Council aren't always up to the job (2).

### What do you think about the proposed action plan?

(59 people answered; 4 people did not)

**Top theme:** People felt that it was a good action plan and that it made sense to look at the identified areas, particularly reviewing the support people get (18 comments).

The other key themes mentioned by more than one person were:

- A review should focus on the individual and their needs and aims and not be about making savings (11).
- It is really about cuts and not about improving support and services (7).
- They worried about what it would mean for them if their support was cut (5).
- The Council should already be reviewing regularly to make sure people's needs are met (4).
- More care in the community is good in principle, but it must be recognised that sometimes residential care is more appropriate, and it mustn't put more pressure on families (3).
- Rather than cut support, look at reducing salaries paid to top council employees (2).
- There isn't enough detail in the action plan (2).

### What will the main challenges be in supporting people differently?

(55 people answered; 8 people did not)

**Top theme:** Ensuring that the services are available to support more people and their carers in the community, providing packages that meet their needs, and offering choice to people (15 comments).

The other key themes mentioned by more than one person were:

- The impact on people who receive support and their families, including uncertainty and stress, more pressure put on families, and changes to the people who support them (12).
- Ensuring those who need support get a care package that meets their needs and doesn't leave them unable to cope (7).
- Communication can be hard during a time of change and not everyone will accept the need to make changes (7).
- Attracting and retaining enough trained staff to provide community services (6).
- To provide support that is still person-centred and focused on need (6).
- The Council should work with the voluntary sector more to support this group of people (2).
- The limited budget (2).

## Do you have any other comments or suggestions?

(38 people answered; 25 people did not)

**Top theme:** The top theme was people making suggestions; in some cases this was about national policy and decisions, while in others it was local issues such as other ways of making savings or how support is provided (9 comments).

The other key themes mentioned by more than one person were:

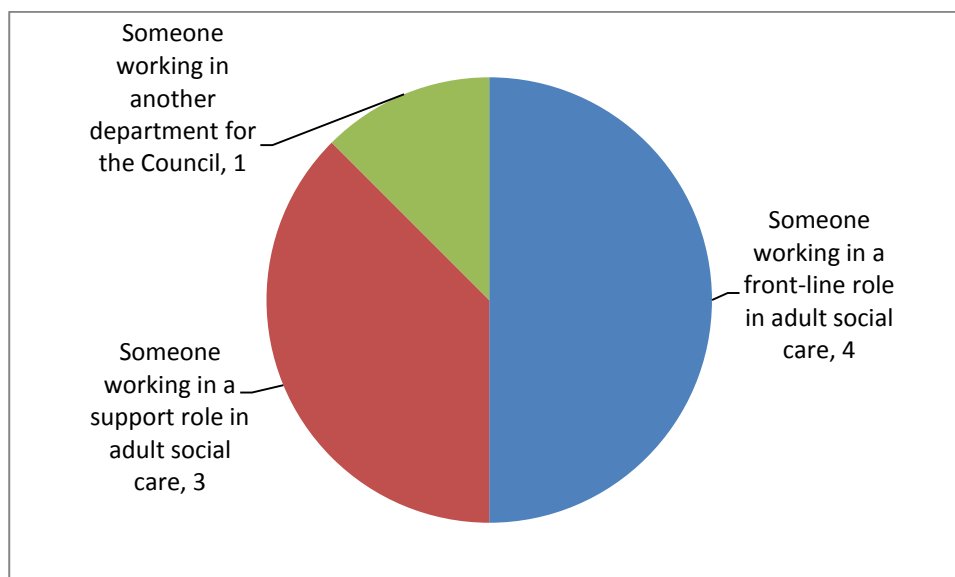
- The need to focus on the individual and what they want to achieve (5).
- The Council should lobby the government for more funding for East Sussex (2).
- Concerned about the impact of reductions on people and their support (2).
- The consultation should have provided information about the plan and what the alternative support would look like (2).
- It is short sighted to keep reducing funding and could be more expensive in the longer term (2).

## Appendix 2: ESCC staff survey

All comment themes covered by two or more people are included in this report. The raw responses received in the consultation will be made available to Councillors in Members Papers.

### Are you completing the survey as:

(Everyone answered the question)



### What do you think about the results of our research?

(Everyone answered the question)

**Top themes:** There was an even split between people who said they weren't surprised by the results given our population and people's level of need (3 comments); and people who were surprised to find out the Council is an outlier in terms of its spend (3).

There weren't any other key themes mentioned by more than one person.

### What do you think about the proposed action plan?

(Everyone answered the question)

**Top theme:** People agree with the action plan and think it should go ahead (4 comments).

The other key themes mentioned by more than one person were:

- Concern that previous cuts have reduced the services available to support people, particularly for learning disability clients (3).
- Reducing packages could increase the number of people without any support and increase the risk of neglect (2).

### What will the main challenges be in supporting people differently?

(Everyone answered the question)

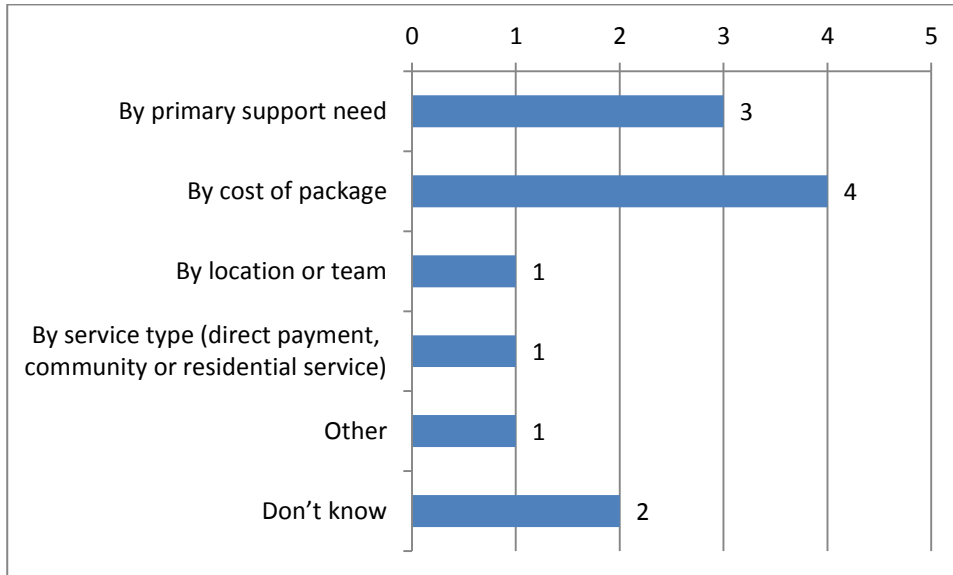
**Top themes:** Deciding who gets support and the risk that people don't get the support they need (3 comments); and whether services are available to deliver what is needed (3).

The other key theme mentioned by more than one person was:

- People being resistant to change and managing the culture shift to the new way of working (2).

### How do you think we should prioritise any reviews programme?

(Everyone answered the question)



### Do you have any other comments or suggestions?

(5 people answered; 3 people did not)

There weren't any other key themes mentioned by more than one person.

## Appendix 3: Equalities information

All individuals who completed a survey, apart from Council staff, were given the option of completing the 'about you' equality questions. This section provides the combined responses for both groups.

### Gender

	Respondents		Census
Male	17	27%	48%
Female	36	57%	52%
Prefer not to say	7	11%	N/A
Not answered	3	5%	N/A

### Transgender

No one identified as transgender, while 81% (51) answered 'no' and 16% (10) chose prefer not to say. 3% (2) people did not answer the question.

### Age

	Respondents		Census
under 18	0	0%	19.8%
18-24	1	2%	7.3%
25-34	6	10%	9.6%
35-44	4	6%	12.5%
45-54	12	19%	14.2%
55-59	9	14%	6.3%
60-64	6	10%	7.5%
65-74	15	24%	11.2%
75+	2	3%	11.6%
Prefer not to say	6	10%	N/A
Not Answered	2	3%	N/A

## Location of respondent

62% (39) provided their post code, 33% (21) chose prefer not to say. 5% (3) did not answer.

### Working Age Adults



14/08/2019

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Note: points may represent multiple addresses at the same postcode

## Ethnicity

	Respondents		Census
White British	52	83%	98%
White Irish	0	0%	
White Gypsy/Roma	0	0%	
White Irish Traveller	0	0%	
White other*	0	0%	
Mixed White and Black Caribbean	0	0%	0.5%
Mixed White and Black African	0	0%	
Mixed White and Asian	0	0%	
Mixed other*	2	3%	
Asian or Asian British Indian	0	0%	0.6%
Asian or Asian British Pakistani	0	0%	
Asian or Asian British Bangladeshi	0	0%	
Asian or Asian British other*	0	0%	
Black or Black British Caribbean	0	0%	0.3%
Black or Black British African	0	0%	
Black or Black British other*	0	0%	
Arab	0	0%	0.3%
Chinese	0	0%	
Prefer not to say	6	10%	
Other ethnic group	1	2%	N/A
Not Answered	2	3%	N/A

## Disability

Respondents		
Yes	23	37%
No	34	54%
Prefer not to say	4	6%
Not answered	2	3%

## Impairment type

Please note that this is a multiple choice question. The percentage is calculated based on the total respondent numbers to the survey.

Respondents		
Physical impairment	14	22%
Sensory impairment (hearing and sight)	3	5%
Long standing illness or health condition, such as cancer, HIV, heart disease, diabetes or epilepsy	6	10%
Mental health condition	7	11%
Learning disability	8	13%
Other	4	6%
Prefer not to say	0	0%



## Religion

46% (29) of respondents consider themselves to have a religion or belief, while 38% (24) do not, and 11% (7) chose prefer not to say. 5% (3) did not answer the question.

### Stated religion or belief

Fewer people answered this question than the previous one about whether they have a religion or belief.

	Respondents		Census
Christian	24	38%	60%
Buddhist	1	2%	0.4%
Hindu	0	0%	0.3%
Jewish	0	0%	0.2%
Muslim	0	0%	0.8%
Sikh	0	0%	0%
Other*	3	5%	0.7%
Not Answered	35	56%	N/A

## Sexuality

	Respondents	
Bi/Bisexual	3	5%
Heterosexual/Straight	42	67%
Gay woman/Lesbian	1	2%
Gay man	0	0%
Other	0	0%
Prefer not to say	12	19%
Not Answered	5	8%

## Marriage or civil partnership

41% (26) of respondents are married or in a civil partnership, while 38% (24) are not, and 17% (11) chose prefer not to say. 3% (2) people did not answer the question.

## Appendix 4: Other feedback

### Organisation and group feedback

We received responses from the following organisations and groups:

- Inclusion Advisory Group (IAG)
- Rother District Council (RDC)
- Wealden District Council (WDC)

The table below provides a summary of the key points raised by each organisation. The raw responses will be made available to Councillors in Members Papers.

Organisation or group	Date received	Summary of key points
IAG	5 June	<ul style="list-style-type: none"> <li>• More proactive, strength based assessments would be beneficial.</li> <li>• People want to stay in the community and not go into care, but the infrastructure for people to stay in the community is decreasing, generating more work for carers.</li> <li>• Suggestions included: mental health support groups to help people while they are waiting to be seen by a medical professional; and more work-at-home options, so people can feel they are still contributing to the community.</li> </ul>
WDC	7 Aug	<ul style="list-style-type: none"> <li>• Recognise that there are a number of headline issues that need to be considered, including ageing population, rural challenges, access to care, user choice, no “one size fits all” solutions, Brexit, and potential funding changes, and ESCC needs to find a way to prioritise adults in need of care and support.</li> <li>• Any service reviews should take into account the variety of demands and unique circumstances evident in the different districts and boroughs across East Sussex to ensure that the needs of those in rural districts are taken into account alongside those in urban areas.</li> <li>• Local authorities and wider organisations need to be involved at an early stage as any changes will impact on what is delivered and how support is given to individuals.</li> <li>• Regarding the action plan, they offer support in seeking to identify different types of settings which may be able to bring the costs of care and support down for the authority.</li> <li>• One of the main challenges is the limited availability of</li> </ul>

		<p>all forms of accommodation across the Wealden District and the county as a whole. Households living within residential settings wishing to transition to independent living may be impacted upon by the availability of accommodation.</p> <ul style="list-style-type: none"> <li>• Another challenge is the availability of support and care providers in the community.</li> <li>• They offer support on working together on both issues and looking at providing purpose-built accommodation within the district.</li> <li>• They suggest some additional areas that could be considered for the action plan, including: improved partnership working; streamlining services; prevention; and self-serve advice and support.</li> </ul>
RDC	13 Aug	<ul style="list-style-type: none"> <li>• The research is limited, as it does not provide data specific to Rother and it is not always clear what services people are receiving. This makes it harder to understand the impact of the proposed cuts.</li> <li>• Concerned that the level of mental health support packages being provided appears low compared with other support groups, and given the levels of increased mental health cases they have seen approach them as homeless.</li> <li>• Approximately a third of all cases currently in temporary accommodation have a mental health issue, yet do not appear to meet the required threshold for qualifying support needs.</li> <li>• Their housing team do not have the skill sets to deal with such cases. This gap in service provision could be further exacerbated by these cuts, putting clients at risk of being unable to sustain future tenancies.</li> <li>• Concerned about the impact on learning disability clients, particularly in terms of putting their housing at risk as this is not an area of need the housing team are appropriately equipped to respond to.</li> <li>• The action plan is welcomed as a sensible rational approach for reviewing areas of potential higher spend.</li> <li>• A predetermined saving is assumed, whereas in reality reviews could well lead to increases in eligible support needs.</li> <li>• Not clear what services in the community will plug the gap, how sustainable it is to rely on existing services given wider cuts, or how additional or future needs identified will be met.</li> </ul>

		<ul style="list-style-type: none"> <li>• Rother is predominately rural and of particular concern would be the loss of funding to vulnerable residents living in rural communities who already face existing barriers due to the lack of voluntary services compared with urban areas, and issues around costs of transport/ reduced public transport services, increased fuel poverty, putting this client group at greater risk of the funding cuts proposed.</li> <li>• A key concern is that the funding cuts may impact on the ability for clients to meet their housing costs, particularly as Local Housing Allowance rates are low relative to market levels in the Rother district. Sustaining housing provision is paramount to meeting the client's wider support needs.</li> <li>• It is difficult at this stage to fully assess the impact on their residents and their ability/capacity to appropriately respond. They request that there should be further consultation with partners before the action plan is implemented.</li> <li>• They want to understand if the proposals in the consultation will impact on existing work they are doing around specialist accommodation in the county for people with autism/mental health and forensic needs.</li> </ul>
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## Individual feedback

All comment themes covered by two or more people are included in this report. The raw responses received in the consultation will be made available to Councillors in Members Papers.

About the respondents and feedback	
<b>Number of respondents:</b>	3
<b>When it was received:</b>	June: 0 July: 2 Aug: 1
<b>How it was received:</b>	Email: 3
<b>Who it was from:</b>	Carer: 1 Member of public: 1 Worker: 1

**Top theme:** Concern about whether there are suitable services available, both in the community and residential services that can appropriately support this age group (2).

There weren't any other key themes mentioned by more than one person.

### Sample quotes

- "... Over the years so many good services have been cut or removed such as Day centres, weekend support clubs such as Youthability and Circles, Opportunity Playgroups, community physiotherapy, community nursing team, occupational therapy, and speech and language therapy. These all provided essential support to disabled people in the community and their families. If these had not been removed then fewer disabled people would have needed to use the more expensive care and nursing homes..."
- "... [W]e have seen increasing referrals for WAA into our home, and the conversation that takes place every single time with brokerage is about the nature of the other older adults in our service and their impact on a younger individual ... with the inevitable answer being there's a lack of available services for that age range. This service gap needs to be filled. A suitable range of residential services for WAA that focuses on recovery and reablement in a more appropriate clientèle range. Surely this would benefit their recovery and prospects in a service that is specifically geared to support this age group."

## Appendix 5: Suggestions across all feedback

The top themes for suggestions covered across all the response methods were:

- Cut/freeze pay for workers, such as senior staff, councillors, and pay for all staff (4).
- Look at cutting other costs. Examples given were expensive leaflets and improving the service provided by the Blue Badges team (2).

The lists below are organised by topic and cover suggestions made by one person.

### Suggestions about service provision:

- Better auditing of residential services to improve care and support.
- Improved partnership working with greater awareness and alignment of services from statutory and third sector partners and social prescribing.
- Mental health support groups to help people while they are waiting to be seen by a medical professional.
- Decision makers to spend time with clients to understand how they experience services.
- Better oversight of direct payments.
- Reduce respite costs by looking at supported accommodation models.
- Look at encouraging market development of residential services targeted at working age adults and focusing on recovery and reablement.
- Self-serve advice and support be offered through improved digital resources to support clients where appropriate.
- More community volunteers to support people and plug gaps.

### Suggestions about assessments and support planning:

- Challenge bad practice in assessment through a stronger complaints system.
- Look at how changes to packages of care are agreed to streamline and improve the process.
- Involve Occupational Therapists in planning all packages of long-term care.
- Make sure people are receiving all the benefits they are entitled to.
- Staff need a clear and consistent message to share with clients about what is changing and why.

### More general suggestions relating to national policy and decisions:

- Provide a salary for family members for providing home care as much cheaper than residential care.
- National funding of social care would be fairer.
- More work-at-home options, so people can feel they are still contributing to the community.
- Create a single local authority across Sussex to save money.

**Appendix 2**



# Equality Impact Assessment

## Project or Service Template

Name of the proposal, project or service
<b>Support for Working Age Adults</b>

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

### Contents

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

Part 2 – Aims and implementation of the proposal, project or service ..... 4

Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics..... 7

Part 4 – Assessment of impact ..... 8

Part 5 – Conclusions and recommendations for decision makers ..... 18

Part 6 – Equality impact assessment action plan..... 20

## 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 21st Century 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 is 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.

Support for Working Age Adults

In accordance with the Care Act 2014, Adult Social Care is introducing a strength-based practice approach for working with working age adults in how they are assessed and reviewed for care plan. A strengths, or asset-based approach to social work practice aims to put individuals, families and communities at the heart of care and wellbeing, and in doing so strengthen relationships between members of that community and build social capital. This work will be characterised by:

- Diverting people to alternative support including, community and family support, self-help and universal services
- Helping people at the right time so that short term help is provided to promote independence and is then reduced over time
- Focusing on restoration, reablement, recuperation, recovery and rehabilitation
- Assessing for long term needs when an individual is at their best
- Reviewing in a culture of strength-based practice, which is a “collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person’s strengths and assets.”<sup>1</sup>

The key elements of this programme which will deliver savings as part of the 2019/20 RPPR will be (please see ANNEX 1 – Action Plan for Supporting Working Age Adults):

**1. Strengthened Authorising Principles** We will produce guiding principles to underpin support planning practice and care funding decision making. Scope of principles will cover legal (Care Act), financial, management and good practice considerations. Principles to ensure County Council is compliant with its Care Act duties, is consistent, promotes wellbeing, strengths-based practice and can demonstrate it has considered what services, facilities and resources are already available in the area including housing, friends, families and community options (FFC), Funding Nursing Care (FNC) and Continuing Healthcare (CHC) to support people living in their own homes, where appropriate.

**2. Review Process and Documentation** Task group to be set up to review use and functionality of assessment, review and support plan tools including Resource Allocation System (RAS) and refresh practice guidance. This will need to involve the SCIS team. Revised guidance on using tools to be produced by group to support a lean and streamlined approach to practice.

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<sup>1</sup> Social Care Institute for Excellence (2015) *Care Act 2014: What is a strengths-based approach?* London: SCIE. Available online: [www.scie.org.uk/care-act-2014/assessment-and-eligibility/strengths-based-approach/what-is-a-strengths-based-approach.asp](http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/strengths-based-approach/what-is-a-strengths-based-approach.asp)

**3. Culture and Practice Improvement** – This programme will equip practitioners to take a strengths-based approach, ensuring people who need care and support have real choice and control, implementing a rigorous approach to reviews and assessments.

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

The Council currently supports over 2500 working age adults receiving long-term support. In East Sussex, the proportion of working age adults who receive this support is greater, and therefore spend higher, than comparative local authorities. We also have a relatively high number of working age adults, as a proportion of our population, who are receiving their support in a residential or nursing care setting.

We have provisionally budgeted to save £247,000 in 2019/20 and £248,000 in 2020/21. We had a budgeted spend of nearly £50 million on working age adult care packages in 2018/19. In order to implement these savings, the Council's proposal is to evolve our approach to supporting working age adults by reducing the reliance on residential care and providing community-based alternatives and also by finding alternatives to funded care services for clients with lower levels of needs. This is not a fundamental change to any existing policy.

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

Steve Hook, Head of Access, Care Management and ASC Financial Services

Leon Gooding, Head of Service Mental Health

Leigh Prudente, Head of Service for Learning Disability Assessment and Care Management & Transitions

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

- All working age adults will be potentially affected by the project.
- Working age adults using our support services and their carers will be affected
- Adult Social Care staff who conduct assessments will also be affected because the way in which they conduct those assessments will change in accordance with strengths-based practice.

**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 implementation of this proposal will be done by the Operations Team.

Mark Stainton, Assistant Director – Operations, Adult Social Care and Health will be responsible for implementation.

The proposal will be implemented by:

- ensuring that care packages are focused on support needs that are covered by the national eligibility criteria set out in the Care Act;
- looking at ways of using short-term care packages and reablement to help people become more independent and need less long-term support;
- finding ways of meeting people's needs more cost-effectively, so that our spend is more in line with similar local authorities;
- working with providers to understand why residential costs are higher in East Sussex; and
- moving people from residential care to supported housing, thereby increasing their quality of life and enhancing their rights as tenants.

To achieve the above, we will review all packages of care and conduct reviews in a phased manner, with all case reviews taking place by April 2020.

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

We will be working in partnership with our existing providers for services for working age adults. We are also working with the five district and borough councils in East Sussex to formulate an Accommodation Strategy that will help us arrange better and cheaper housing for those in need of supported care provision.

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

Any changes brought in as a result of the consultation will be made while maintaining compliance with the Care Act 2014 and Equality Act 2010.

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

All working age adults can access HSCC for support and get referred to relevant teams for accommodation-based or mental health and learning disability support. The current proposal is to work with existing clients to reduce spend and to implement strengths-based practice in assessments and reviews.

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

All existing service users will be reviewed in a phased approach.

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

The services are provided in clients' homes and in supported accommodation or in the community where individual clients may need those services. Since the current proposals will be reviewing existing clients' needs and care packages, those will also be delivered in the same way.

## 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 <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
<b>x</b>	Service User Data		Contract/Supplier Monitoring Data
<b>x</b>	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
	Complaints		Risk Assessments
	Service User Surveys		Research Findings
	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.

No complaint has been received about this proposal.

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

We undertook a county-wide consultation over ten weeks from May 28<sup>th</sup> to August 13<sup>th</sup>. The consultation summary and surveys were available on our consultation website ([www.eastsussex.gov.uk/waa](http://www.eastsussex.gov.uk/waa)). People also had the option of filling in a paper survey or giving us their feedback over the phone, by email, or by letter.

The consultation has also been promoted through a press release, via social media, in email briefings, in our e-newsletters to staff and the public, in e-newsletters run by other organisations, and at relevant groups and forums.

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

We received over 70 responses during the consultation. While people recognised that there would be positive impacts from the proposal, there was concern about the fact that they come with savings attached. People felt strongly that any reviews should be focused on people's needs and the best way of meeting those, not on making cuts. People are generally supportive of the action plan, although they question whether the right sort of support and services for this age group are available to meet demand, particularly in rural areas. Clients and carers are concerned that support will be changed in a way that will mean their needs aren't met, which would have a negative impact on their daily life.

## 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 552,259. East Sussex has a higher than average older population with around 25.4% of people aged over 65, compared to the national average of 18%. There are 294, 807 people aged 45+ (53.3%) (*ONS Mid-Year Population Estimates in June 2018*) in East Sussex, and 21,816 (4%) 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 2018 and how there is a growing older population.

	All people	0-15	16-29	30-44	45-64	65+
East Sussex	552,259	94,004	77,123	86,325	154, 337	140,470
Eastbourne	103,251	17,725	15,737	17,820	26,436	25,533
Hastings	92,813	17,274	15,363	16,541	25,627	18,008
Lewes	102,257	17,651	13,780	16,275	28,724	25,827
Rother	94,997	14,156	11,770	11,976	26,997	30,098
Wealden	158,941	27,198	20,473	23,713	46,553	41,004

*Population estimates by age for East Sussex and districts.*

*This is the latest data released in June 2018.*

*(source: ONS Mid-Year Population Estimates)*

Age group	All people	0-15	16-29	30-44	45-64	65+
Geography						
<u>East Sussex</u>	100.0	17	14	15.6	27.9	25.4
Eastbourne	100.0	17.2	15.2	17.3	25.6	24.7
Hastings	100.0	18.6	16.6	17.8	27.6	19.4

Lewes	100.0	17.3	13.5	15.9	28.1	25.3
Rother	100.0	14.9	12.4	12.6	28.4	31.7
Wealden	100.0	17.1	12.9	14.9	29.3	25.

*Percentage of population estimates by age for East Sussex and districts. This is the latest data released in June 2018.*

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

All working age people in the ages of 18 and 64 who are currently receiving support from East Sussex County Council will be affected. This is the breakdown of ages of people who currently seek support services from ESCC:

18-25	14%
26-32	15%
33-41	14%
42-49	15%
50-57	23%
58-64	19%

By definition, WAA is age-restrictive and anything we do will have an impact on the working age population. We will have to justify and mitigate any actions taken. Note the higher proportion of older (50+) WAA affected.

Age	Number of clients	Per 1,000 population
18 - 25	386	8.9
26 - 32	414	10.9
33 - 41	390	7.6
42 - 49	428	7.5
50 - 57	642	9.8
58 - 64	526	10.4
<b>TOTAL</b>	<b>2786</b>	<b>9.1</b>

In terms of rate per 1,000 population of working age adults receiving long term support, the biggest rates per 1,000 population supported are those aged 26 to 32, then those 58 to 64, and then those aged 50 to 57.

**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, this review of services will impact on working age adults.

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

Only working age adults in the ages of 18 and 64 years will be affected by this proposal.

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

All care packages will be reviewed and any potential negative impact will be ameliorated.

**g) Provide details of the mitigation.**

If the proposal went ahead, we will:

1. Produce guiding principles to underpin support planning practice and care funding decision making.
2. We will set up task group to review use and functionality of assessment, review and support plan tools including Resource Allocation System and refresh practice guidance.
3. We will train practitioners to take a strengths-based approach, ensuring people who need care and support have real choice and control, implementing a rigorous approach to reviews and assessments.

**h) How will any mitigation measures be monitored?**

Mitigations will be monitored through:

- Care management and reviewing process
- Complaints and appeals process
- ASC operational management team
- Safeguarding procedures

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

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

Part 4 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 proposal, project or service?

32% have a physical support need  
 13% have a mental health support need  
 1% have a sensory support need  
 2% have support with memory and cognition  
 46% have a learning disability

The majority of people who access the service have either a physical or mental disability. Some of this will fall under the Care Act responsibilities

and this is what we need to sift through and find out eligible WAAs or the extent of support provided.

**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, people with some form of disability are more likely to be using services from ESCC and hence will be more likely to be affected by this review.

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

Care packages for working age adults will be reviewed with the view of providing comprehensive support.

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

All care packages will be reviewed and any potential negative impact will be ameliorated.

**f) Provide details of any mitigation.**

If the proposal went ahead, we will:

1. Produce guiding principles to underpin support planning practice and care funding decision making .
2. We will set up task group to review use and functionality of assessment, review and support plan tools including Resource Allocation System and refresh practice guidance.
3. We will train practitioners to take a strengths-based approach, ensuring people who need care and support have real choice and control, implementing a rigorous approach to reviews and assessments.

**g) How will any mitigation measures be monitored?**

Mitigations will be monitored through:

- Care management and reviewing process
- Complaints and appeals process
- ASC operational management team
- Safeguarding procedures

**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?**

Population estimates by ethnic groups in 2011 in East Sussex and its districts (source: ONS Census 2011): [number](#) and [percentage](#)

**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	<a href="#">All White</a>	British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	<a href="#">All Mixed</a>	<a href="#">All Asian or British</a>	<a href="#">All Black or British</a>	<a href="#">Other ethnic group</a>
<a href="#">England and Wales</a>	86.0	80.5	0.9	0.1	4.4	2.2	7.5	3.3	1.0
<a href="#">South East</a>	90.7	85.2	0.9	0.2	4.4	1.9	5.2	1.6	0.6
<a href="#">East Sussex</a>	96.0	91.7	0.8	0.2	3.4	1.4	1.7	0.6	0.3
<a href="#">Eastbourne</a>	94.1	87.4	1.0	0.1	5.6	1.8	2.8	0.8	0.5
<a href="#">Hastings</a>	93.8	89.3	0.8	0.2	3.5	2.2	2.4	1.2	0.5
<a href="#">Lewes</a>	96.6	92.5	0.8	0.1	3.2	1.3	1.4	0.4	0.3
<a href="#">Rother</a>	97.1	94.1	0.7	0.1	2.1	1.1	1.2	0.3	0.2
<a href="#">Wealden</a>	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 proposal, project or service?**

The breakdown by ethnic background for those working age adults using care packages currently is:

White British	91.5%
White other	2.9%
BME	5.6%

- 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 is proportionate representation of ethnic minority people in line with the overall population. People belonging to ethnic minority are not likely to be disproportionately affected.

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

The proposal is not likely to have a negative impact on those who are from different ethnic backgrounds.

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

All care packages will be reviewed and any potential negative impact will be ameliorated.

- f) **Provide details of any mitigation.**

If the proposal went ahead, we will:

1. Produce guiding principles to underpin support planning practice and care funding decision making.
2. We will set up task group to review use and functionality of assessment, review and support plan tools including Resource Allocation System and refresh practice guidance.
3. We will train practitioners to take a strengths-based approach, ensuring people who need care and support have real choice and control, implementing a rigorous approach to reviews and assessments.

- g) **How will any mitigation measures be monitored?**

Mitigations will be monitored through:

- Care management and reviewing process
- Complaints and appeals process
- ASC operational management team
- Safeguarding procedures

#### 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?**

46.2% Female

53.8% Male

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

<b>Gender</b>	<b>Number of clients</b>	<b>Per 1,000 population</b>
Female	1288	8.3
Male	1498	10.0
<b>TOTAL</b>	<b>2786</b>	<b>9.1</b>

**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?**

It is not foreseen that there will be any negative impact on gender as a protected characteristic.

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

The proposal is not likely to have an impact on different genders differently.

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

All care packages will be reviewed and any potential negative impact will be ameliorated.

**f) Provide details of any mitigation.**

If the proposal went ahead, we will:

1. Produce guiding principles to underpin support planning practice and care funding decision making.
2. We will set up task group to review use and functionality of assessment, review and support plan tools including Resource Allocation System and refresh practice guidance.
3. We will train practitioners to take a strengths-based approach, ensuring people who need care and support have real choice and control, implementing a rigorous approach to reviews and assessments.

**g) How will any mitigation measures be monitored?**

Mitigations will be monitored through:

- Care management and reviewing process
- Complaints and appeals process
- ASC operational management team
- Safeguarding procedures

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

We do not have data on this protected characteristic but it is not foreseen that people in this characteristic will be impacted specifically by this proposal.

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

We do not have data on this protected characteristic but it is not foreseen that people in this characteristic will be impacted specifically by this proposal.

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

The data regarding religious belief is incomplete with no data available for 40% of service users.

Of the remaining 60%, this is the breakdown:

- 38% Christian
- 0.4% Jewish
- 0.9% Muslim
- 0.1% Sikh
- 16% No religion

It is not foreseen that people in this characteristic will be impacted specifically by this proposal.

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

- Heterosexual 13%
- LBG 0.2%
- Not obtained 85%

It is not anticipated that these specific proposals will have an impact on this protected characteristic.

**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.**

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



## 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	<b>A No major change</b> – 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 outcome of this Equality Impact Assessment is that the proposals will have a positive impact on those receiving care packages from ESCC as they will undergo a review following the strength-based approach.
	<b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
	<b>C Continue the policy/strategy</b> - 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	
	<b>D Stop and remove the policy/strategy</b> – 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 <i>must</i> 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?

This will be done through the reviewing process and the ASC operational and commissioning management teams.

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

## Equality Impact Assessment

<b>Date completed:</b>		<b>Signed by (person completing)</b>	
		<b>Role of person completing</b>	
<b>Date:</b>		<b>Signed by (Manager)</b>	

## 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.

x
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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:**

Page 139	Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
	Develop a phased approach to start the review process of existing clients in receipt of care packages	Develop a methodology to achieve the aim of reviewing 2500+ cases of those currently in receipt of care packages	Head of Operations, ASC	October 2019 – March 2020		

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### 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)
While undertaking a review of care packages, it is possible that the care packages may have an increase in financial terms. This is a financial risk to the organisation but overall good for the clients being reviewed.	Financial	Yes	DMT	Head of Operations, ASC	



APPENDIX 1

**Working Age Adults Action Plan – Draft V3 March 2019**

1.0 Authorisation Process	Lead Officer	Target Completion Date	Additional Information	Status (RAG)
<p><b>1.1 Authorisation Principles:</b></p> <p>Produce guiding principles to underpin support planning practice and care funding decision making. Scope of principles to cover legal (Care Act), financial, management and good practice considerations.</p> <p>Principles to ensure LA is compliant with its Care Act duties, is consistent, promotes wellbeing, strengths based and can demonstrate it has considered what services, facilities and resources are already available in the area including housing, friends, families and community options (FFC), FNC and CHC to support people living in their own homes where appropriate.</p>	<p>George Kouridis / Jane Goldingham</p>	<p>28/3/19</p> <p><b>*1/6/19</b></p>	<p>PM's (SP's in MH) to scrutinise all care funding requests for practice quality and against a standard checklist before being presented to panel/OM's and/or HOS to make a care funding decision.</p>	<p>Draft with HoS OMT 2 July</p>
<p><b>1.2 Roles and Responsibilities:</b></p> <p>Produce standard terms of reference (ToR) for Panel Chairs setting out:</p> <ul style="list-style-type: none"> <li>- Role of the panel</li> <li>- Functions of the panel</li> <li>- Responsibilities of the panel (team/service based).</li> <li>- Documentation required</li> <li>- Panel Membership and roles. (Chair, PM, OM, SP, Finance, Commissioning, Supply Management</li> <li>- Accountability and scrutiny of panel decision making (placements are time limited, outcomes focused and reviewed in a timely manner)</li> </ul>	<p>George Kouridis / Jane Goldingham</p> <p><b>*GK discuss with HoS seek agreement to take through guidance group</b></p>	<p>28/3/19</p> <p>23/4 HoS OMT</p>	<p>ToR to ensure mechanism is in place for scrutiny to give assurance that all options have been considered and the most cost effective care and support funding decisions are made.</p>	<p>Paper Agreed at previous HoS</p>

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Page 144	<p><b>1.3 Process and Documents (Practice Quality Assurance):</b></p> <p>1. Review and update existing support planning checklist to incorporate authorisation principles (see 4.1.A above) and the following minimum practice standards for PM/OM to scrutinise:</p> <ul style="list-style-type: none"> <li>- Practice quality - eligibility threshold, strengths based, promotes wellbeing and is outcomes focused</li> <li>- Ax and SP is compliant with Care Act, MCA and MH principles (see 4.1 above), duties and responsibilities</li> <li>- All funding streams have been considered and the outcome is recorded in the Ax (i.e. FNC, CHC, s117, 3<sup>rd</sup> party top up, charitable, input from Link Workers)</li> <li>- All zero cost and self-care options have been considered including FFC</li> <li>- Health care needs are identified and excluded from ASC funding consideration.</li> </ul> <p>2. Develop an operational process for PM (SP in MH) to scrutinise Ax and SP pre-panel.**</p>	<p>Leon Gooding and Steve Hook to initiate</p> <p>Assessment &amp; Care Management Operations Managers &amp; HoS.</p> <p>*GK discuss with HoS seek agreement to take through guidance group</p> <p>**This will be considered through the support planning workshops as detailed</p>	<p>23/4/19</p> <p>23/4 HoS OMT</p>	<p>Focus of checklist is to ensure:</p> <p>People are supported at home where appropriate; 24 hour care should always be the last resort; strengths based approach to Ax and SP.</p> <p>Checklist must be streamlined and lean to support efficient practice.</p>	<p>Paper Agreed at previous HoS</p> <p>JLW to present options at July HOS for action 2 then take to Aug ACM OMT single v local process</p>



		below			
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 145</p>	<p><b>1.4 Budget Management:</b></p> <p>Finance and HoS to review and agree a standardised finance report for panel to enable funding decision makers to monitor and control expenditure against team / service level efficiency target and to identify when corrective action needs to be taken. To monitor expenditure, the following information needs consideration for inclusion in the report</p> <ul style="list-style-type: none"> <li>• budget for the area of activity for the full year and profiled for the year to date with projected seasonal variances.</li> <li>• actual expenditure to date</li> <li>• future expenditure commitments</li> <li>• balance of annual budget remaining.</li> <li>• Forecast outturn.</li> <li>• Weekly Control expenditure amount (including deceased)</li> <li>• analysis and explanation of any positive or negative variances when comparing expenditure and forecast outturn to budget, together with a documented action plan in order to address adverse variances.</li> </ul>	<p>Martin Halson</p> <p>*George to link with Martin</p>	<p>*17/19</p> <p>23/4/19</p> <p>*18/4/19</p>	<p>Finance panel member to take an active role in panel in supporting the funding decision maker with budgetary control.</p> <p>(see Roles and Responsibilities Above)</p>	
<p>1.5</p>	<p><b>MH Services:</b></p> <p>MH services to implement a single countywide panel to have oversight of all funded care requests including all current and future East Sussex funded accommodation placements for mental health service users. Ensuring placements are time limited, outcomes focused and reviewed in a timely manner. The panel will also support quality assurance of Care Act and associated assessment by all referrers.</p>	<p>Leon Gooding</p> <p>*George to link with Leon</p>	<p>From 1/4/19</p> <p>*18/4/19</p>	<p>Learning from single panel to be shared at HoS OMT.</p>	<p>Implemented, LG requested to present learning to HOS</p>


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1.6	<b>F. CHC and s117:</b>  1. Produce quarterly financial reports to HoS OMT on CHC and s.117.	Martin Halson and Pauline Smart  *George to link with MH / PS	From 1/4/19  *18/4/19		
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2.0	Process and Documentation (including LAS functionality) R	Agencies involved/ Lead person	Target Date	Additional Information	Status (RAG)
Page 146	Task group to be set up to review use and functionality of assessment, review and support plan tools including RAS and refresh practice guidance. This will need to involve the SCIS team. Revised guidance on using tools to be produced by group to support a lean and streamlined approach to practice.	Froud Radford / JLW  Assessment & Care Management Operations Managers  Workshops have been set up as per the attached, with a view to having best practice agreements on support planning to inform the training planned for July	Guidance by 01/7/19	Refreshed guidance to focus on using existing LAS tools correctly and proportionately.	JLW – functionality review completed by workforce group – change output document and user testing. Launch 9/19.  Review document to be discussed by JLW at

		 Workshops planned			HOS OMT
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3.0	Culture and Practice issues	Agencies involved/ Lead person	Target Date	Additional Information	Status (RAG)
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3.1	Training package with refreshed practice guidance to be set up for managers and staff to reinforce what a 'good' assessment and support plan should look like; eligibility thresholds; and to ensure the right level of quality assurance is in place to meet our legal duties under the Care Act. Training needs to support a lean and streamlined approach to practice.	Sara Lewis / PSW  Assessment & Care Management Operations Managers   JLW - Training dates have been scheduled as per the attached   <div style="text-align: center;">                           Training dates                     </div>	Guidance to be completed by 23/4/19   Training to Start by 1/5/19   *	Training to be provided to OM's first so they can deliver training to workforce.   Training to focus on eligibility threshold, strengths based and outcomes focused practice.	JLW - Training dates scheduled 12-31 July – 2 sessions per locality
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3.2	<p><b>Training</b></p> <p>Further training package with practice guidance to be set up to support culture shift and focus on strengths based approaches to practice with a focus on identifying and using community alternatives rather than defaulting to the LA to meet needs.</p> <p>OM to ensure all team members including managers to attend training in year 2019-20.</p>	Sara Lewis / PSW	Ongoing.	This has already started as part of the shift in practice.	*this has been done already - JLW
3.3	<p><b>Communication:</b></p> <p>Provide series of information briefings to ASC workforce setting out the refreshed authorisation approach, what is required from frontline practice and training package to support staff.</p>	<p>All Heads of Service</p> <p>*GK to get high level timeline agreed at 23/4 HoS</p> <p>*Gk to share with JLW</p> <p>*JLW to send out detailed comms after Hos Comms</p>	<p>First brief 19/3/19</p> <p>Second Brief</p> <p>23/4/19</p>	Briefings to be presented and discussed in team meetings by OM / PM	

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4.0 Comparison with other LA	Agencies involved/ Lead person	Target Date	Additional Information	Status (RAG)
<p>4.1</p> <p>A back office exercise is undertaken by Performance Team to look at clients receiving Long Term Support with a PSR of Social Support (approximately 150 cases) and recode these where necessary prior to submission of the 2018-19 SALT return.</p>	Steve Darvill	31/3/19	This work is in progress and will also do the same for OP prior to submission of the 2018/19 SALT return	Completed – see attached updates
<p>Page 149</p> <p>Mapping to be undertaken by the Performance Team to illustrate where clusters of both high and low cost packages are in East Sussex.</p>	Steve Darvill	23/4/19		Completed – see attached updates

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